

6501 E. Belleview Ave #550
Englewood, CO 80111
Ph. 720-922-7376

Garage Application

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Contact Name: _____
Phone Number: _____
Insured Name: _____ Insured Website: _____
Insured Address: _____
Proposed Policy Period _____ to _____
Location #1 _____
Location #2 _____

** List all additional locations on a separate sheet of paper. **

Individual Partnership Joint Venture Corporation Other _____

Inspection and Audit Contact / Phone Number _____
Years in business _____ Years of experience in this field _____
Description of Operations and Exposure _____

NATURE OF BUSINESS

Dealer: Wholesale Retail Non-Franchised Franchised with _____
Non-Dealer: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO	YES	NO
1. Engage in any other operations?				
2. Sponsor sporting or social events?				
3. Sponsor or own any race cars?				
4. Sponsor driver's education cars?				
5. Install, service or repair air bags?				
6. Structurally alter or convert vehicles from their original design?				
7. Allow test driving of vehicles unaccompanied?				
8. Repossess vehicles for others?				
9. Engage in fuel conversion?				
10. Have guard dogs?				
11. Operate petroleum or LPG trucks?				
12. Engage in auto pawning?				
13. Sell vehicles with salvaged titles?				
14. Allow customers in the work area?				
15. Rent, lease or load vehicles, machinery or equipment to others?				

Explain all "YES" responses: _____

		Limit of Liability		Deductible
GARAGE LIABILITY:	Auto	_____	Each Accident	_____ BI
	Other Than Auto	_____	Each Accident	_____ PD
	Other Than Auto	_____	Aggregate Limit	

PERSONAL INJURY PROTECTION OR NO-FAULT COVERAGE: _____ Per Statute

MEDICAL PAYMENTS: _____ Auto
 _____ Garage Operations

UNINSURED MOTORISTS COVERAGE: _____ Each Accident
UNDER INSURED MOTORISTS COVERAGE: _____ Each Accident

GARAGE KEEPERS:	Limit of Coverage		Deductible	
	Legal	_____	Limit Per Location	_____
Direct Excess	_____	Limit Per Auto	_____	Collision
Direct Primary				
Comprehensive	In-Tow Coverage			
Specified Causes	_____	Limit Per Tow Truck	_____	# of Tow Trucks
	_____		_____	

DEALERS OPEN LOT:	Limit of Coverage		Deductible	
	Comprehensive	_____	Limit Per Location	_____
Specified Causes	_____	Limit Per Auto	_____	Collision

Additional Insured	Name _____
	Address _____
Waiver of Subrogation	Insurable Interest _____

Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) _____ Hired Auto
 Fire Legal Liability Limit _____ Personal Injury Liability

ADDITIONAL COVERAGES:

- Truth In Lending E&O
- Federal Odometer Statute E&O
- Title E&P
- Insurance Agents E&O
- False Pretense

