

Garage Keepers, Auto Repair, Service Stations

Applicant Name:

Rental Operations: Please provide the details of this operation in a narrative presented with this application.

Do you operate a **Rental or Leasing** operation at any location scheduled on this policy? Yes No

Do you have a **General Liability Policy** in place covering this operation? Yes No

Storage Operations:

Garage Keepers Questionnaire:	Lot 1		Lot 2		Lot 3	
	Yes	No	Yes	No	Yes	No
Storage Facility:						
Completely Fenced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completely Lighted at Night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance Camera Equipped?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility equipped with Intrusion Alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot Attended During Business Hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guard/Night watchmen on duty at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers are accessible at each yard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer's Keys are kept locked in a secure location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage Keepers Questionnaire:					Yes	No
Do you deliver or pickup customer's vehicles by driving the auto?					<input type="checkbox"/>	<input type="checkbox"/>
Are ALL buildings equipped with sprinkler protection?					<input type="checkbox"/>	<input type="checkbox"/>
Are ALL buildings supplied with the proper type and number of fire extinguishers?					<input type="checkbox"/>	<input type="checkbox"/>

Service Station Operations: Please provide the details of this operation in a narrative presented with this application.

Do you have a **General Liability Policy** in place covering this operation? Yes No

Voluntary Repossession: Please provide the details of this operation in a narrative presented with this application.

Who issues the assignment to pick up a car? _____

What portion of the total revenue does this operation represent? _____ %

Has the debtor been properly notified and agreed to the surrender of the vehicle? Yes No

Applicant Name:

Auto Repairs: Garage Liability Questionnaire:

Yes No

- Do you sell used auto parts? Yes No
- Do you sell and install tires? New Used Yes No
- Do you sell manufactured recapped tires for private or commercial vehicles? Yes No
- Are ALL of your service and repair mechanics Professionally Certified? Yes No
- Do you own or lease any cranes? Yes No
- Do you perform any type of welding at any locations scheduled on this policy? Yes No
- Do you have any dogs on premises during or after hour? Yes No
- Do you have gas sales at any location scheduled on this policy? Yes No
- Are there any under ground storage tanks at any location scheduled on this policy? Yes No
- Do you own or lease out limousines, van, or buses? Yes No
- Do you own or operate a car wash at any location scheduled on this policy? Yes No
- Do you restrict the public from entering your garage work area? Yes No
- Do you provide an area for customers to wait while their vehicle is repaired? Yes No
- Do you operate a Convenience Store at any location scheduled on this policy? Yes No
- Is the facility inspected by a governmental agency on an annual basis? Yes No
- Do you retain written records on all repairs performed by your operation? Yes No
- What portion of the total revenue does this operation represent? _____ %

- Are repairs performed on private passenger autos? Yes No
- Are repairs performed on commercial autos or heavy equipment? Yes No
- Do you own, sponsor, or work on "race cars"? Yes No

Describe the types of the repairs performed?

How many service bays do you have?

How many of those bays have a lift system for hoisting automobiles?

Do you engage in the Sale or Service of:

- ATV's Motorcycles Gray Market Vehicles
 Boat's Stretch Vehicles Kit Cars
 R V's Van Conversion

Salvage, Scrap Metal or Junkyard: Please provide the details of this operation in a narrative presented with this application.

- Do you have General Liability Policy in place covering this operation? Yes No
- Do you or have you ever owned or leased a crushing machine? Yes No
- Do you allow third party vendors to perform crushing on your property? Yes No
- What portion of the total revenue does this operation represent? _____ %

Applicant Name:

Truck/Equipment Hauling: Please provide the details of this operation in a narrative presented with this application.

Do you have contracts to haul goods for specific customers? Yes No
Are all drivers performing this work CDL Class "A" licensed drivers? Yes No
What is the MAXIMUM distance for these trips? _____ miles
What portion of the total revenue does this operation represent? _____ %

What commodities do you haul? _____

Auto Body Shop: Please provide the details of this operation in a narrative presented with this application.

Do you have a paint booth? Yes No
Do you have a UL approved Paint Booth? Yes No
Do you paint cars outside of the booth? Yes No
Do you have a Frame Straightening Machine? Yes No
Do you weld any parts together during repair? Yes No
What portion of the total revenue does this operation represent? _____ %

Please provide the name and description of the Frame Straightening Machine. _____

Involuntary Repossession: Please provide the details of this operation in a narrative presented with this application.

Do you perform Involuntary Repossessions? Yes No

The Policies are Subject to Audit:

Location 1: General Liability Section: Depending on the Carrier, General Liability may replace Garage Liability on our policies. Please complete the following questions that pertain to the garage operations.

Auto Repair and Body Shops (10073)	Gross Revenues: \$ _____
Automobile Parts (10071) (New or Incidental Exposures Only)	Gross Revenues: \$ _____
Building Not Fully Occupied by the Insured (45539) (Lessor's Risk Only)	Square Footage: _____
Storage Operations (46622) (Storage Area Including the inside garage)	Storage Area: _____
Tire Dealers (18616) (Incidental Exposures Only)	Gross Revenues: \$ _____
Trucker (99793) (Tower with No Storage Lot or Repair Exposure "Pure Tower") (Gross Payroll other than drivers)	Gross Non-Driver Payroll: \$ _____
Vacant Building (68606) (Other than Not for Profit)	Square Footage: _____
Vacant Land (49451) (Other than Not for Profit)	Square Footage: _____

Additional Exposures are subject to underwriter approval:
Other Exposures: _____ ISO General Liability Code: _____

Description: _____

Applicant Name:

The Policies are Subject to Audit:

Location 2: General Liability Section: Depending on the Carrier, General Liability may replace Garage Liability on our policies. Please complete the following questions that pertain to the garage operations.

Auto Repair and Body Shops (10073)	Gross Revenues: \$_____
Automobile Parts (10071) (New or Incidental Exposures Only)	Gross Revenues: \$_____
Building Not Fully Occupied by the Insured (45539) (Lessor's Risk Only)	Square Footage:_____
Storage Operations (46622) (Storage Area Including the inside garage)	Storage Area:_____
Tire Dealers (18616) (Incidental Exposures Only)	Gross Revenues: \$_____
Trucker (99793) (Tower with No Storage Lot or Repair Exposure "Pure Tower")	Gross Non-Driver Payroll:: \$_____
(Gross Payroll other than drivers)	
Vacant Building (68606) (Other than Not for Profit)	Square Footage:_____
Vacant Land (49451) (Other than Not for Profit)	Square Footage:_____

Additional Exposures are subject to underwriter approval:
Other Exposures:_____ ISO General Liability Code: _____

Description:_____

These Policies are Subject to Audit:

Location 3: General Liability Section: Depending on the Carrier, General Liability may replace Garage Liability on our policies. Please complete the following questions that pertain to the garage operations.

Auto Repair and Body Shops (10073)	Gross Revenues: \$_____
Automobile Parts (10071) (New or Incidental Exposures Only)	Gross Revenues: \$_____
Building Not Fully Occupied by the Insured (61217) (Lessor's Risk Only)	Square Footage:_____
Storage Operations (46622) (Storage Area Including the inside garage)	Storage Area:_____
Tire Dealers (18616) (Incidental Exposures Only)	Gross Revenues: \$_____
Trucker (99793) (Tower with No Storage Lot or Repair Exposure "Pure Tower")	Gross Non-Driver Payroll:: \$_____
(Gross Payroll other than drivers)	
Vacant Building (68606) (Other than Not for Profit)	Square Footage:_____
Vacant Land (49451) (Other than Not for Profit)	Square Footage:_____

Additional Exposures are subject to underwriter approval:
Other Exposures:_____ ISO General Liability Code: _____

Description:_____

DATE(MM/DD/YYYY)

AGENCY Wright Insurance Agency		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

COVERAGES / LIMITS

DRIVER INFORMATION ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN/NO-FAULT	DOC	USE VEH#	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES													Y/N
1. WITH THE EXCEPTION OF ANY ENCUMBRANCES, ARE ANY VEHICLES NOT SOLELY OWNED BY AND REGISTERED TO THE APPLICANT?													
VEH#	NAME OF OTHER OWNER						VEH#	NAME OF OTHER OWNER					
2. DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS?													
3. IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?													
4. ARE ANY VEHICLES LEASED TO OTHERS?													
5. ARE ANY VEHICLES CUSTOMIZED, ALTERED OR HAVE SPECIAL EQUIPMENT?													
VEH#	DESCRIPTION				COST	VEH#	DESCRIPTION				COST		
					\$						\$		
6. ARE ICC, PUC OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194)													
7. DO OPERATIONS INVOLVE TRANSPORTING HAZARDOUS MATERIAL?													

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y/N										
8. ANY HOLD HARMLESS AGREEMENTS?											
9. ANY VEHICLES USED BY FAMILY MEMBERS? IF SO, IDENTIFY.											
10. DOES THE APPLICANT OBTAIN MVR VERIFICATIONS?											
11. DOES THE APPLICANT HAVE A SPECIFIC DRIVER RECRUITING METHOD?											
12. ARE ANY DRIVERS NOT COVERED BY WORKERS COMPENSATION?											
13. ANY VEHICLES OWNED BUT NOT SCHEDULED ON THIS APPLICATION?											
14. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? <small>APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 39 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.</small>											
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15. HAS AGENT INSPECTED VEHICLES?											
16. ARE ALL VEHICLES TO BE INCLUDED IN THIS POLICY PART OF A FLEET?											
DESCRIPTION OF GARAGE / STORAGE LOCATIONS	MAXIMUM DOLLAR VALUE SUBJECT TO LOSS \$										

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT	ACORD 45 attached for additional names										
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REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)