



### Garage Application

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

Broker: USG Insurance Services, Inc.                      Retailer: \_\_\_\_\_

Contact Name: \_\_\_\_\_                      Location: \_\_\_\_\_

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?                                    |  | 8. Repossess vehicles for others?                                   |
| 2. Sponsor sporting or social events?                                 |  | 9. Engage in fuel conversion?                                       |
| 3. Sponsor or own any race cars?                                      |  | 10. Have guard dogs?  |
| 4. Sponsor driver's education cars?                                   |  | 11. Operate petroleum or LPG trucks?                                |
| 5. Install, service or repair air bags?                               |  | 12. Engage in auto pawning?   |
| 6. Structurally alter or convert vehicles from their original design? |  | 13. Sell vehicles with salvaged titles?                             |
| 7. Allow test driving of vehicles unaccompanied?                      |  | 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
<b>GARAGE LIABILITY:</b>	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

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

<b>DEALERS OPEN LOT:</b>	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

**PRIOR CARRIER AND LOSS HISTORY**

List prior carrier and loss history for the past 3 years. If no losses, please indicate.

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_

Date of Loss	Amount paid/reserve	Description of loss including driver

If there is no prior insurance, check the box.

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duty appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all term thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature