

# Garage Application



AmTrust North America  
An AmTrust Financial Company

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## General Information

FEIN#: \_\_\_\_\_  
 Applicant name: \_\_\_\_\_  
 Doing business as (DBA): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Website address: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_  
 Effective date: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 Years in business: \_\_\_\_\_

If less than 3 years, please provide industry experience:

### Lines of business

Property       Garage/Auto       Workers' Comp       EPLI       Umbrella       Other

### Legal status

Individual       Partnership       Corporation       LLC       Other

### Description of operations

Franchise auto dealer       Non-franchise auto dealer       Non-dealer (describe below)

## General Rating Information

Coverage	Symbols	Limits / Deductibles
Liability	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 32	Each accident limit \$ _____ Aggregate limit \$ _____ Deductible \$ _____
PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
Added PIP	<input type="checkbox"/> 25 <input type="checkbox"/> 27	
Medical	<input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 27 <input type="checkbox"/> 32	\$ _____
Uninsured	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$ _____
Underinsured	<input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/> 27	\$ _____
Garagekeepers <input type="checkbox"/> Specified perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	<input type="checkbox"/> 30 <input type="checkbox"/> 32	Per auto deductible \$ _____ Per occurrence deductible \$ _____
Physical damage <input type="checkbox"/> Specified perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	<input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 31 <input type="checkbox"/> 32	Per auto deductible \$ _____ Per occurrence deductible \$ _____
Towing & labor	<input type="checkbox"/> 23 <input type="checkbox"/> 27	

## Misc. Coverage Information

Coverage	Desired Limits	Valuation / Deductible
<input type="checkbox"/> EPLI	\$ _____	Deductible \$ _____
<input type="checkbox"/> Umbrella	\$ _____	\$10,000 SIR mandatory
<input type="checkbox"/> Other: _____	_____	_____

## Location Information

### Location #1

Same as mailing address       Other, see below

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## Employee count (complete employee list required)

Class of Employee	Total Employees
Class 1A – Owners/Employees Furnished an Auto for personal use & all employees who's principal duty it is to operate an auto	
Class 1B – Full time salespersons and managers not furnished for personal use	
Class 1B – Part time salespersons and managers not furnished for personal use	
Class 1C – All others full time	
Class 1C – All others part time	
Non-employee – under age 25	
Non-employee – all other	

### Garagekeepers:

Garagekeepers limit per location: \_\_\_\_\_ Maximum limit per auto: \_\_\_\_\_

Specified perils     Comprehensive     Collision     Direct primary     Direct excess     Legal liability

Are vehicles stored overnight?     Yes     No    Lot protection:     Building     Fenced     Unprotected

Comprehensive deductible:

\$100/\$500     \$250/\$1,000     \$500/\$2,500     \$1,000/\$5,000     \$2,500/\$12,500     \$5,000/\$25,000

Collision deductible:

\$100     \$250     \$500     \$1,000     \$2,500     \$5,000

### Dealers open lot:

Dealers open lot limit per location: \_\_\_\_\_ Maximum limit per auto: \_\_\_\_\_

Specified perils     Comprehensive     Collision     Standard open lot     Non-standard open lot     Building

Standard open lot: Open parking or storage lots enclosed on all sides by a metal cyclone fence not less than six feet in height or bounded on one or more sides by the wall or walls of a building with no unprotected opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended.

Non-standard open lot: Any other type of protection or fencing or unprotected lot.

Comprehensive deductible:

\$100/\$500     \$250/\$1,000     \$500/\$2,500     \$1,000/\$5,000     \$2,500/\$12,500     \$5,000/\$25,000

Collision deductible:

\$100     \$250     \$500     \$1,000     \$2,500     \$5,000

False pretense:  Yes  No

Additional garage coverages:

## Property

Location #: \_\_\_\_\_ Building #: \_\_\_\_\_

Square feet: \_\_\_\_\_ Year built: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Building updates:

Plumbing:  Yes  No Year of update: \_\_\_\_\_ HVAC:  Yes  No Year of update: \_\_\_\_\_

Electrical:  Yes  No Year of update: \_\_\_\_\_ Roof:  Yes  No Year of update: \_\_\_\_\_

Is electrical panel manufactured by either Zinsco or Federal Pacific?  Yes  No

Construction:  FRAME  JM  NC  Masonry NC  Modified fire resistive  Fire resistive

Is the building sprinklered?  Yes  No

Does the building have a fire alarm?  Yes  No  Local alarm  Central station

Does the building have a burglar alarm?  Yes  No  Local alarm  Central station

Deductible:  \$250  \$500  \$1,000  \$2,500  \$5,000  \$10,000

Co-insurance:  80%  90%  100%

Property / Inland Marine / Crime Coverages	Desired Limits	Valuation / Deductible
<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other _____ Deductible \$ _____
<input type="checkbox"/> Personal property of the insured	\$ _____	<input type="checkbox"/> RC <input type="checkbox"/> ACV <input type="checkbox"/> other _____ Deductible \$ _____
<input type="checkbox"/> Business income	\$ _____	<input type="checkbox"/> Monthly limit: _____ <input type="checkbox"/> ALS
<input type="checkbox"/> Employee tools	\$ _____	Deductible \$ _____
<input type="checkbox"/> Employee dishonesty	\$ _____	Deductible \$ _____
<input type="checkbox"/> Forgery	\$ _____	Deductible \$ _____
<input type="checkbox"/> Money / securities (inside and outside)	\$ _____	Deductible \$ _____
<input type="checkbox"/> Other: _____	\$ _____	Deductible \$ _____

What is the building valuation based on?

What are desired BPP limits based on?

What are the annual sales?



## Survey of Hazards

### General Underwriting Questions

1. Does applicant have an established store front?  Yes  No
2. Does applicant share a premises with any other occupants?  Yes  No
3. Any guard dogs on premises?  Yes  No
4. Is applicant a subsidiary of another entity or have any subsidiaries?  
If yes, explain: \_\_\_\_\_  Yes  No
5. Does applicant subcontract any work?  
If yes, explain: \_\_\_\_\_  Yes  No
6. Has coverage been declined, canceled or non-renewed in last 3 years?  
If yes, explain: \_\_\_\_\_  Yes  No
7. Does applicant have any other business ventures not included in this submission?  
If yes, explain: \_\_\_\_\_  Yes  No
8. Has applicant had a foreclosure, repossession or bankruptcy in the last 5 years?  Yes  No
9. Has applicant had a judgment in the last 5 years?  Yes  No
10. Are there currently serviced, charged and operable fire extinguishers on premises?  Yes  No
11. Does applicant store all flammable liquids in a UL-listed fire cabinet?  Yes  No
12. Does applicant use UL-listed metal containers with self closing lids?  Yes  No
13. Does applicant have no-smoking signs posted?  Yes  No
14. General housekeeping practices  Moderate  Formal  Informal
15. Employee safety training practices  Moderate  Formal  Informal
16. Describe type of mechanic certification (ie: ASE certified): \_\_\_\_\_
17. Describe key control procedures: \_\_\_\_\_
18. Does applicant have underground gasoline storage tanks?  Yes  No  
If yes, please describe: Age of tanks: \_\_\_\_\_ Tank construction: \_\_\_\_\_  
Describe leak monitoring method: \_\_\_\_\_

### Prior Carrier / Loss History (minimum 3 years)

Prior carrier	Policy term	Date of loss	Description of loss	Amount paid	Amount reserved	Policy premium

### Types of Vehicles:

Sales:	%	Repair:	%	Type of Vehicles
_____	%	_____	%	Private passenger autos, pickups, vans, SUVs
_____	%	_____	%	RVs, motorhomes, campers (incl. supplement)
_____	%	_____	%	Heavy truck / semi-trailers (incl. supplement)
_____	%	_____	%	Boats (describe): _____
_____	%	_____	%	Power sports (jet skis, ATVs, UTVs)
_____	%	_____	%	Motorcycles (include supplement)
_____	%	_____	%	Golf carts
_____	%	_____	%	Antique or classic cars
_____	%	_____	%	Bucket trucks, man lifts
_____	%	_____	%	Contractors equipment (describe): _____
_____	%	_____	%	Agricultural equipment – any farm implements? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Types of Vehicles continued:**

Sales:	%	Repair:	%	Type of Vehicles
_____	%	_____	%	Emergency vehicles (describe): _____
_____	%	_____	%	Buses (list all types): _____
_____	%	_____	%	Trailers (other than semi)
_____	%	_____	%	Other (describe): _____
_____	%	_____	%	Total percentage all operations combined should equal 100%

**Dealer operations: Percentage of new autos vs. used autos: New:** \_\_\_\_\_ **Used:** \_\_\_\_\_

- If non-franchise, is applicant part of the National Independent Auto Dealers Association or a Certified Master Dealer?  Yes  No
- Does applicant sell autos on consignment?  Yes  No
- Does applicant operate as an auto auction?  Yes  No
- Are all test drives accompanied by an employee?  Yes  No
- Any overnight test drives allowed?  Yes  No
- Number of vehicles sold per month: \_\_\_\_\_
- Maximum radius of pick up & delivery: \_\_\_\_\_
- Does applicant rent or lease vehicles?  Yes  No
- Does applicant offer loaner vehicles?  Yes  No If yes: Is there a loaner contract in place?  Yes  No
- Does applicant obtain proof of insurance?  Yes  No Does applicant verify valid driver's license?  Yes  No

**Non-dealer Operations – complete approximate percentage for all operations**

Airbag installation, service or repair: _____ %	Parking lots & garages (self park) _____ %
Alarm, stereo or navigational system: _____ %	Parts sales (uninstalled): _____ %
Auto dismantling / salvage yard: _____ %	Gross receipts: \$ _____
Body shop: (answer questions below) _____ %	Parts Manufacturing / rebuilding: _____ %
Brake repair: _____ %	Gross receipts: \$ _____
Car wash – full service: _____ %	Describe parts: _____
Convenience store: _____ %	Performing enhancements: _____ %
Gross receipts: \$ _____	Any turbo or nitrous installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Detailing: _____ %	Propane sales: _____ %
Drive-away contractor services: _____ %	Is tank barricaded on all sides? <input type="checkbox"/> Yes <input type="checkbox"/> No
Frame straightening: _____ %	Trained technician dispensing fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any frame cutting or welding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tire dealer – (complete supplement) _____ %
Fuel tank repair: _____ %	Towing – (complete supplement) _____ %
Gasoline station – full service: _____ %	Trailer hitch installation: _____ %
Gallons of gas sold annually: \$ _____	Transmission: _____ %
Ignition interlock systems: _____ %	Upholstery: _____ %
Impound yards: _____ %	Valet parking (complete supplement): _____ %
Lift / lowering kits: _____ %	Vehicle conversions – structural: _____ %
Machine shop – rebuilding: _____ %	Welding: _____ %
Mobile auto repair: _____ %	Window Tinting: _____ %
Oil / luge services: _____ %	Windshield installation / repair: _____ %
Other (describe): _____ %	_____ %

**Paint and body shop operations:**

- 1. Is spray booth NFPA compliant?  Yes  No
- 2. Is booth protected by an automatic sprinkler or dry chemical fire suppression system?  Yes  No
- 3. Is paint mixing area enclosed in a non-combustible enclosure with self-closing metal door?  Yes  No
- 4. Is paint mixing area protected by an automatic sprinkler or dry chemical fire suppression system?  Yes  No
- 5. Does mixing area have explosion proof electrical systems?  Yes  No
- 6. NFPA compliant powered ventilation in booth and mixing room?  Yes  No
- 7. Are all filters regularly cleaned and changed?  Yes  No
- 8. Maximum gallons of flammable solvent based liquid maintained at any one time: \_\_\_\_\_

**Please provide the following information to complete:**

Producer's name: \_\_\_\_\_ Producer's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_