

Garage Information Reference



In addition to the information contained on the insurance application, the following information is required when completing the policy screens for **Garage** operations in TravelersExpress® for Master PacSM and Workers' Compensation.

The information requested in this document is specifically designed to assist you with gathering information so that you may obtain a **Master Pac** and/or Workers' Compensation quote. The information gathered with this document is not intended to supplement or replace the insurance application. The data captured should be entered into the TravelersExpress® system to start the quoting process. While completion of this document is not required, if you elect to use it, a copy should be kept in your file for the account.

Insured Information

- Federal Employers Identification Number (FEIN) _____
- Legal Entity: Association Corporation Individual Ltd. Liability Corp. (LLC) Ltd. Liability Partnership (LLP) Partnership Ltd. Partnership (LP) Joint Venture Trust or Estate Other:
- Year business established or acquired by the current owner: ____
 - If less than 3 years, Does the current ownership have 3 years management experience in a related field: Yes No
 - Is this a franchised operation: Yes No

General Operations

- Hours of Operation: No later than 10pm No later than Midnight No later than 2am Past 2am 24 Hours
 - Are extended hours of operation limited to credit card only gas pumps: Yes No
- Towing service: Yes No If yes: # tow trucks: ____ 24-hour? Yes No DOT or Auto Club Towing: Yes No
- Spray-painting performed in NFPA and OSHA approved booths with automatic fire suppression system: Yes No N/A
- Does the applicant work on vehicles other than private passenger vehicles and light or medium trucks: Yes No
- Enter the number of owned autos used in the business (not including trailers), 0 if none, or Unknown if not known ____
- Ground transportation, including an employee van pool, regularly for 6 or more employees in a single automobile: Yes No
- Are operations subcontracted or are independent contractors used for service, maintenance, or repair work: Yes No
 - If yes, Subcontractors required to provide proof of General Liability limits at least equal to the applicant's: Yes No
 - Are independent contractors and subcontractors required to provide proof of WC insurance: Yes No
- Applicant has no operations or subcontracted operations found on the list of ineligible operations below: Yes No
 - 24-Hour operations (except credit ONLY gas pumps)
 - Airbag disabling
 - Armed security guards
 - Auto dismantlers, rebuilders or restorers
 - Auto or truck rental, leasing, loaning (ride sharing) operations
 - Guard dogs on premises
 - Car washes (as the predominant operation or more than one bay as an ancillary operation)
 - Custom fabrication of motor vehicles or motorcycles
 - Equipment or tool rentals
 - Gas stations with norepair operations
 - Installation of tires not sold by insured
 - Mobile "business on wheels" with no garage operation as a base
 - Home- based businesses
 - Ownership or sponsorship of racing vehicles
 - Parking garages or operations
 - Pick-up or delivery of customers' vehicles
 - Propane line installation or servicing
 - Sales of auto, boat, motorcycle or recreational vehicles (used auto sales not exceeding 15 vehicles per year is acceptable)
 - Salvage or wrecking operations or yards
 - Service or repair of:
 - Emergency vehicles (i.e. police cars, EMT vehicles, small ambulances, etc.)
 - Motorcycles
 - Off-road vehicles
 - Recreational vehicles (RV's)
 - Split ring or metal-locking rim truck wheels
 - Vehicles over 20,000 GVW
 - Vehicles used for racing
 - Rental of self-service bays
 - Tire recapping or vulcanizing
 - Tire sales in excess of 25% of total annual revenue
 - Towing operations (as the predominant operation or more than one tow truck as an ancillary operation)
 - Transportation of freight and cargo including auto transportation services (Drive-Away or Haul-Away contractors)
 - Transportation of passengers (except courtesy transport of auto service customers)
 - Vehicle repossessions carried out by employees

Master Pac

[▼ Jump to Workers' Compensation](#)

General Operations

- Gas Sales: Yes No If yes, gallons of gasoline sold annually: # _____
- Total annual sales from tire sales: \$ _____ • Total number of used vehicles sold annually: # _____
- Ownership or sponsorship of racing vehicles: Yes No
- Disposal of hazardous materials and waste in accordance with all local, state and federal guidelines: Yes No
- Total annual sales from the operation of a convenience store in conjunction with the repair garage: \$ _____

Premises Protection

- Percentage of building sprinklered: 100% 80% to 99% <80% None
 If percentage of building sprinklered is 80% to 99% or 100%: Life Safety only Automatic Fire Protection/Extinguishing

If the building has an automatic sprinkler system, the following confirmations are needed:

- This building has a fully functioning automatic fire protection or extinguishing sprinkler system covering 80-90%, or 100% of the building area : Yes No
- I acknowledge that the Protective Safeguards Endorsement will be added to this policy and the insured's rights to payment for a fire loss may be affected by the terms of this endorsement and I have advised / notified the insured of the potential coverage limitations: Yes No
- If a contractor is responsible for sprinkler system maintenance and inspection, indicate frequency:
 Yes – Monthly Yes – Quarterly Yes – Semi-Annually Yes – Annually Not Maintained/Inspected
- Sprinkler system installed for present occupancy: Yes No

Storage Practices

- Bulk storage of new or used tires: Yes No
- If location TIV >\$1,000,000, type of flammable materials storage (check all that apply):
 UL Listed Flammable Storage Cabinet Enclosed Room Outside Storage

Miscellaneous Operations

- Welding: Yes No
- Car wash: Yes No If yes: Total annual sales from car wash: \$ _____ : Attended Self Service

Workers' Compensation

General Operations

- Vehicle repair area is equipped with proper exhaust ventilation in accordance with OSHA ventilation standards Yes No
- Employees use personal protective equipment in accordance with applicable OSHA eye and face protection standards Yes No
- Operations involve storage, treatment, or transportation of asbestos, lead, or other hazardous materials Yes No
- Enter the maximum number of employees per shift at any one location _____
- Safety program or safety training provided: Yes No
- Employees routinely drive vehicles to carry out daily job responsibilities: Yes No If yes, # of drivers: _____
 - Motor Vehicle Reports reviewed on drivers: Yes No
- Any owned leased or aircraft used in business: Yes No
- Coverage requested for all states (except monopolistic fund states) and locations with known business operations: Yes No
 - Describe Exceptions: _____
 - Does the applicant have coverage for states and locations not included in this request: Yes No
 - Enter Carrier Name: _____

• Do employees travel outside the U.S.: Yes No

○ If yes, will employees travel to countries, nations or regions on the following list? Yes No

<input type="checkbox"/> Afghanistan	<input type="checkbox"/> El Salvador	<input type="checkbox"/> Malawi	<input type="checkbox"/> Sierra Leone
<input type="checkbox"/> Algeria – Kabyle region and overland travel anywhere in Algeria	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> Mali	<input type="checkbox"/> Somalia
<input type="checkbox"/> Angola	<input type="checkbox"/> Eritrea	<input type="checkbox"/> Mauritania	<input type="checkbox"/> Sri Lanka – Northern or Eastern provinces
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Ethiopia	<input type="checkbox"/> Mauritius	<input type="checkbox"/> Sudan / South Sudan
<input type="checkbox"/> Benin	<input type="checkbox"/> Gabon	<input type="checkbox"/> Mayotte	<input type="checkbox"/> Syria
<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Georgia	<input type="checkbox"/> Mexico	<input type="checkbox"/> Tanzania
<input type="checkbox"/> Burundi	<input type="checkbox"/> Ghana	<input type="checkbox"/> Mozambique	<input type="checkbox"/> The Gambia
<input type="checkbox"/> Burma (Myanmar)	<input type="checkbox"/> Guinea	<input type="checkbox"/> Niger	<input type="checkbox"/> Timor
<input type="checkbox"/> Cameroon	<input type="checkbox"/> Guinea – Bissau	<input type="checkbox"/> Nigeria	<input type="checkbox"/> Togo
<input type="checkbox"/> Cape Verde	<input type="checkbox"/> Haiti	<input type="checkbox"/> North Korea	<input type="checkbox"/> Tunisia
<input type="checkbox"/> Central African Republic	<input type="checkbox"/> Honduras	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Uzbekistan – Surkhandarya Province
<input type="checkbox"/> Chad	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Papua new Guinea	<input type="checkbox"/> Uganda
<input type="checkbox"/> Columbia – small towns & rural areas	<input type="checkbox"/> Iran	<input type="checkbox"/> Philippines – Island of Mindanao & the Sulu Archipelago	<input type="checkbox"/> Venezuela
<input type="checkbox"/> Comoros	<input type="checkbox"/> Iraq	<input type="checkbox"/> Reunion	<input type="checkbox"/> Yemen
<input type="checkbox"/> Congo	<input type="checkbox"/> Israel – West Bank & Gaza	<input type="checkbox"/> Rwanda	<input type="checkbox"/> Zambia
<input type="checkbox"/> Congo, Democratic Republic	<input type="checkbox"/> Jamaica	<input type="checkbox"/> Saint Helena	<input type="checkbox"/> Zimbabwe
<input type="checkbox"/> Cote d'Ivoire	<input type="checkbox"/> Kenya	<input type="checkbox"/> Sao Tome and Principe	<input type="checkbox"/> Rural or Underdeveloped areas of Tropical Nations/Regions not listed above
<input type="checkbox"/> Cuba	<input type="checkbox"/> Kosovo	<input type="checkbox"/> Saudi Araia	
<input type="checkbox"/> Djibouti	<input type="checkbox"/> Kyrgyzstan	<input type="checkbox"/> Senegal	
	<input type="checkbox"/> Lebanon	<input type="checkbox"/> Seychelles	
	<input type="checkbox"/> Liberia		
	<input type="checkbox"/> Libya		
	<input type="checkbox"/> Madagascar		

○ Will employees travel to countries, nations or regions under a U.S. State Department Travel Warning? Yes No
See [U.S. Department of State Travel Warnings](#)

○ Enter the estimated number of trips during the next policy year: _____

○ Enter the countries, nations or regions where employee(s) travel: _____

○ Will any foreign trip be longer than 90 consecutive days (12 weeks): Yes No

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