

# ***SUPPLEMENTAL APPLICATION FOR GARAGEKEEPERS LEGAL LIABILITY***

Submitted By: \_\_\_\_\_

Agency: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_



**Applicant's Instructions:**

- 1. Answer all questions. If a question does not apply, please write N/A or Not Applicable.
- 2. Please read carefully the statement at the end of this application.

Please Type or Print

(Please note that you can fill this form out on your computer, or you can print and fill it out by hand)

**1. Applicant**

Proposed Effective Date: \_\_\_\_\_

A. Full name of all entities of the applicant: \_\_\_\_\_  
\_\_\_\_\_

B. Principal address: \_\_\_\_\_  
\_\_\_\_\_

C. Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**2. Description**

1. Address of location(s) where customers' autos are kept for service or safekeeping.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Description of location(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have a standard contract with customers who leave their auto for service or safekeeping?  
If yes, please attach.  Yes  No

4. Describe procedures for your security measures for each covered location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are customers' auto's keys kept in a secure place?  Yes  No

6. Are customers' autos left inside a building or in a secured or fenced area?  Yes  No

7. What alarm or security systems are at the location? \_\_\_\_\_  
 \_\_\_\_\_
8. What is the maximum number of customers' autos at each location at any one time? \_\_\_\_\_
9. What is the average number of customers' autos at each location at any one time? \_\_\_\_\_
10. What is the average value of customers' autos at each location? \_\_\_\_\_
11. Have you had any loss(es) associated with customers' autos within the past 5 years?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Additional Explanation to the Questions Designated**

**PLEASE PROVIDE ADDITIONAL COMMENTS THAT WOULD FURTHER CLARIFY THE INFORMATION ABOVE OR ADDRESS CHARACTERISTICS OF YOUR FIRM NOT SPECIFICALLY ADDRESSED HEREIN.**

Question No.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach additional pages as necessary.

**3. Acknowledgements, Authorization and Signature**

**By signing this Application, you represent and agree to each of the following four (4) items:**

1. You have made a comprehensive internal inquiry or investigation to determine whether anyone in your firm is aware of any actual or alleged fact, circumstance, situation, act, error or omission which may reasonably be expected to result in a claim, and have fully and completely divulged any and all such situations in this Application; and
2. Each of the statements and answers given in this Application, are:
  - a. Accurate, true and complete to the best of your knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations you are making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the insurance company to provide insurance, and any policy issued by the insurance company is issued in specific reliance upon these representations.
3. This Application, along with any other Application or Supplemental Applications are hereby deemed to be attached to the policy contract, and incorporated into the policy contract, whether or not any of the other Supplemental Applications are physically attached to a particular copy of the policy contract, and regardless of whether any of the other Supplemental Applications are signed or dated.

4. You agree to promptly report to the Company, in writing, any material change in your operations, conditions, or answers provided in this Application, or any other Application or Supplemental Application, that may occur or be discovered after the completion date of said Application(s), but before the inception date of the policy. Upon receipt of any such written notice, the Company has the right, at its sole discretion, to modify or withdraw any proposal for insurance.

**NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**FRAUD WARNING (not applicable in Nebraska, Vermont or Virginia): Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.**

IMPORTANT NOTICE: Failure to report any claim made against you during your current policy term, or facts, circumstances or events which may give rise to a claim against you to your current insurance company BEFORE expiration of your current policy term may create a lack of coverage.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL ATTACH TO THE POLICY.

General Star Indemnity Company is a "non-admitted" or "surplus lines" insurer in all states except Connecticut, and is not subject to the financial solvency regulation and enforcement which applies to licensed companies. The insurance company does not participate in any state insurance guarantee fund; therefore, these funds will not pay your claims or protect your assets if the insurance company becomes insolvent and is unable to make payments as promised. Your agent or broker can verify with the State Insurance Commissioner that General Star Indemnity Company is an approved surplus lines insurer in the state. This information applies to General Star National Insurance Company in Connecticut only.

An authorized representative who is an active owner, officer, or partner of your firm must sign this Application within thirty (30) days prior to the policy inception date.

\_\_\_\_\_  
Signature of Owner, Officer or Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name and Title