

**GARAGE LIABILITY NON-DEALER SERVICE RISK  
SUPPLEMENTAL APPLICATION**

(Use with ACORD Commercial Insurance Application - Applicant Information Section)

**Applicant's Name:** \_\_\_\_\_

**PART ONE: Coverage**

Non-Dealer Liability Coverage Requested:	
Coverage	Limits of Liability
<input type="checkbox"/> Liability Non-Dealers Garage Operations	Non-Owned Auto Only and Garage Operations - Other Than Auto \$ _____ Each Accident \$ _____ Policy Aggregate
<input type="checkbox"/> Premises Medical Payments	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000
<input type="checkbox"/> Personal Injury Liability	Included in Liability - Non-Dealers Garage Operations Each "Accident" Limit - Other Than "Auto" ( <input type="checkbox"/> must be checked for coverage to be included)
<input type="checkbox"/> Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
<input type="checkbox"/> Broadened Coverage	If Broadened Coverage is marked by an 'x' then Personal Injury Liability is included in the Each "Accident" "Garage Operations" Limit of Liability above.  Fire Legal Liability Limit is marked as follows by an 'x' <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000

Additional Insured - Please complete if additional insured is required.		
Name	Address	Interest or Relationship to Applicant

Garagekeepers Coverage: (Storage Location)					<input type="checkbox"/> Legal Liability	<input type="checkbox"/> Direct Primary	
<input type="checkbox"/> Specified Causes of Loss (Other than Collision)		<input type="checkbox"/> Comprehensive (Other than Collision)		<input type="checkbox"/> Collision			
Autos are stored <input type="checkbox"/> Inside _____ % <input type="checkbox"/> Outside _____ %				Deductible Per Auto			
Location Number	Number of Autos Stored	Total Value of All Autos Stored	Maximum Value Any One Auto	Storage Bldg. Construction, Age & Protection	Specified Causes	Collision	Maximum Deductible

[1] Is/are open storage lot(s) lighted?  Yes  No; Police protected?  Yes  No; Guard employed when closed  Yes  No; Gates, chains, cables or pipes used across entrances and exits?  Yes  No. If "Yes" are they secured by heavy gauge steel padlock when unattended?  Yes  No. If there are no gates, chains, cables or pipes across entrances/exits, describe on separate sheet how entrances/exits are secured.

[2] If above questions are answered "no," is risk located in a town or community of 50,000 population or less, ¼ mile or more from an Interstate highway, and had no theft losses in the past three years?  Yes  No.

Schedule of Wreckers - In-Tow Coverage - Please describe the wreckers used to tow vehicles, and show the limit of in-tow coverage and deductible amount. Legal Liability Basis only; not Direct Primary Coverage.				
Number	Description (Year, Make, Model, Serial #, or VIN)	Roll-Back Design	In-Tow Limit Desired	Deductible Per Towed Vehicle
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

PART TWO: Driver Schedule - Please complete schedule below for all persons who drive autos:					
Name	Date of Birth	State	Drivers License Number	Social Security Number	Violations/Accidents (current & 2 previous years)
				- -	
				- -	
				- -	
				- -	

**PART THREE: Questionnaire - Garage Liability Non-Dealer Service Risk Supplemental Application**

1. Check The Types Of Vehicles Repaired Or Handled. Include the percentage of gross receipts each type contributes.					
<input type="checkbox"/> Autos - Private Passenger & Pickup Trucks	%	<input type="checkbox"/> Mobile Homes	%	<input type="checkbox"/> Trucks (6 wheels or less)	%
<input type="checkbox"/> Boat Motors (no hull repairs)	%	<input type="checkbox"/> Motor Homes	%	<input type="checkbox"/> Trucks (larger than 6 wheels)	%
<input type="checkbox"/> Contractors Equipment	%	<input type="checkbox"/> Motorcycles, Motorbikes, All Terrain Vehicles (ATV's)	%	<input type="checkbox"/> Truck Tractors & 5th Wheels	%
<input type="checkbox"/> Farm Machinery	%	<input type="checkbox"/> Snowmobiles	%	<input type="checkbox"/> Vans	%
<input type="checkbox"/> Gasoline Service Station	%	<input type="checkbox"/> Trailers or Semi-trailers	%	<input type="checkbox"/> Other	%

2. Describe your operations including types of maintenance, repairs, or services provided: \_\_\_\_\_  
 Hours open for business \_\_\_\_:\_\_\_\_ a.m. - \_\_\_\_:\_\_\_\_ p.m.
3. List any specialized equipment or electronics needed to do your work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Owners, Partners, Officers and Employees Payroll and Year of Experience			
Style of Business and Type of Employees	Number of Owners, Partners, Officers or Employees	Payroll Exposures (# of persons times \$5,200)	Years Experience In Garage Business
<input type="checkbox"/> Sole Owner (include spouse if active in bus.)		\$	
<input type="checkbox"/> Partnership (include spouses if active in bus.)		\$	
<input type="checkbox"/> Corporation (include. all officers active in bus.)		\$	
<input type="checkbox"/> Other (explain)		\$	
<input type="checkbox"/> Employees - Full-time		\$	
<input type="checkbox"/> Employees - Part-time		\$ (Actual payroll subject to a maximum of \$100 per week each person)	
Total Exposure Payroll		\$	

5. Your estimated gross receipts for garage operations for the next twelve (12) months are \$ \_\_\_\_\_.
6. Your estimated gross receipts for other-than-garage operations such as, but not limited to, auto parts, convenience store or restaurant are \$ \_\_\_\_\_. Detail your other-than-garage operations in Remarks below.
7. Do you sell gasoline, diesel fuel, kerosene or fuel oil?  Yes  No
8. Do you do any welding?  No  Yes - Describe type of welding operations in Remarks below.
9. Do you perform tire recapping or retreading?  Yes  No
10. Do you perform spray painting?  No  Yes Do you have a UL approved spray painting booth?  Yes  No If "No" describe spray painting set up in Remarks below.
11. Do you have dealers, salvage, wrecker, transporter or other registration plates?  Yes - Number? \_\_\_\_  No
12. Do you hire autos/drivers for use in your garage operations?  No  Yes Describe in Remarks below the purpose of hire and steps taken to assure compliance with financial responsibility under state laws.
13. Do you use drivers under age 18 to operate customers vehicles?  Yes  No
14. Do you pick-up or deliver customers cars?  No  Occasionally  Routinely (two or more times per week)
15. Do you rent, lease or loan autos, trailers, mobile equipment or other vehicles to other?  Yes  No
16. Do you park customer's vehicles on public streets or off premises?  No  Yes Tell why in Remarks below.
17. If "in-tow" coverage not requested, do you use tow trucks?  No  Yes State purpose of use in Remarks below. Do you provide 24-hour service?  Yes  No
18. Do you perform emergency road services?  No  Yes Describe type of services in Remarks below.
19. Do you own or sponsor a car for racing?  No  Yes
20. Do you perform any structural alterations to vehicles (i.e. Van conversion, propane conversion, etc.)?  No  Yes Describe what you do: \_\_\_\_\_
21. Do you dismantle autos or have salvage operations?  No  Yes Detail in Remarks below.
22. Are Premises interior and exterior kept clean and free of trip and fall hazards?  Yes  No
23. Are Signs warning "No Customers In Work Areas" posted?  Yes  No
24. Where are the keys for customers' autos kept? \_\_\_\_\_

25. **Remarks:** \_\_\_\_\_

\_\_\_\_\_ Use additional sheets of paper if needed.

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