

## Section A: General Business Information

Corporate Name	DBA	
Business Description		
Number of Employees	Year Business Established	
State/Date of Incorporation	FEIN	
Owners Name	Phone	Cell
Email		
Website	Gross Sales	

## Section B: Other Business Operations

Used Cars	Yes	No	Tire Wholesale/Retail %		
Used Parts	Yes	No	Towing	Yes	No

## Section C: Insurance and Loss History

<u>Insurance History</u>	No Prior Insurance			
Current Carrier	Eff Date	Exp Date	Premium	
Prior Carrier	Eff Date	Exp Date	Premium	
Prior Carrier	Eff Date	Exp Date	Premium	
In the last 3 years has any company cancelled, declined or refused to issue similar insurance			Yes	No
If yes, explain:				
<u>Loss History</u>	No Prior Losses			
Loss Year	Amount	Description	Driver	
Loss Year	Amount	Description	Driver	
Loss Year	Amount	Description	Driver	

# Garage Insurance Blueprint

## Section D: Adjacent Exposures & Distance

Front	Distance
Rear	Distance
Left	Distance
Right	Distance

## Section E: Current Garage Policy Information

Building / Fire Legal Liability Limit	Deductible
Co-Ins	
Name of Building Owner / Landlord	
Building Description	Contents (BPP) Limits/Ded
BIC	EPLI
Deductible	Employee Tools
Money/Securities	Forgery/Alterations
Employee Dishonesty	
General Liability Limit	Umbrella Limit
Med Pay	In transit Tags (transporter plates)
Dealer Plates	Deductible
Auto Inventory	Aggregate

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## Section F: Location Information

<b>Location 01</b>				
<b>Street</b>	<b>City</b>	<b>State</b>	<b>County</b>	<b>Zip Code</b>
<b>Describe Use of Location &amp; How Occupied</b>				
<b>Office</b>	<b>Repair Operation</b>			
<b>Impound (Square footage or acreage of lot)</b>	<b>Other (describe)</b>			
<b>Vehicle Storage (Square footage or acreage of lot)</b>				
<b>Burglar Alarm Type:</b>	<b>Company Name:</b>			
<b>Fire Alarm Type:</b>	<b>Company Name:</b>			
<b>Distance to Fire Station:</b>	<b>Distant to Hydrant:</b>			
<b>Heating System Type:</b>	<b>Secondary Source Type:</b>			
<b>Date of Updates:</b>	<b>Wiring</b>	<b>Roof</b>	<b>Plumbing</b>	<b>Heating</b>
<b>Description:</b>				
<b>Underwriting Property:</b>	<b>Year Built</b>			
<b>Square Feet</b>	<b>Stories</b>			
<b>Basement</b>	<b>Eve Height</b>			
<b>Yes</b>	<b>No</b>			
<b>Construction Type:</b>				
<b>Metal</b>	<b>Joisted Masonry</b>	<b>Non-Combustible</b>	<b>Other</b>	
<b>Roof Type:</b>				

## Description of protection and Operation Per Location

	<b>Location 1</b>	
	<b>Yes</b>	<b>No</b>
<b>1. Completely fenced</b>	<b>Yes</b>	<b>No</b>
<b>Fence Height</b>		
<b>2. Completely lit at night</b>	<b>Yes</b>	<b>No</b>
<b>3. Surveillance cameras</b>	<b>Yes</b>	<b>No</b>
<b>4. Is the facility equipped with Intrusion alarm</b>	<b>Yes</b>	<b>No</b>
<b>5. Lot attended during business hours</b>	<b>Yes</b>	<b>No</b>
<b>6. ARMED Security guards on duty during the day or at night</b>	<b>Yes</b>	<b>No</b>
<b>7. Fire extinguishers are accessible at each location</b>	<b>Yes</b>	<b>No</b>
<b>8. Customers' keys are kept locked in a secure location</b>	<b>Yes</b>	<b>No</b>
<b>9. Do you pick up or deliver customers' vehicles by driving the vehicle</b>	<b>Yes</b>	<b>No</b>
<b>10. Dogs on Premises</b>	<b>Yes</b>	<b>No</b>

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## Section G: Driver Selection and Management

1) Minimum Age:		
2) Years of Experience Driving Similar Equipment:		
3) Describe MVR Standards (maximum violations, accident)		
4) Does the applicant obtain an MVR on each driver prior to hiring?	Yes	No
5) Does the applicant require and check job references prior to hiring?	Yes	No
6) Does the applicant road test all drivers prior to hiring?	Yes	No
7) Does the applicant require a drug test prior to hiring?	Yes	No
8) Does the applicant obtain an MVR on all company drivers annually?	Yes	No
9) Do all drivers meet the federal, state and location license classification requirements?	Yes	No
10) Does applicant have a written disciplinary/termination policy?	Yes	No
11) Does applicant have a written accident review policy?	Yes	No

## Section H: Coverage and Limits

<u>Garage Liability</u>	<u>Deductible</u>			
Limit of garage liability	Auto	/Other Than Auto		
Aggregate				
<u>Garage Keepers</u>			<u>Limits of coverage</u>	
Legal Liability	Comprehensive & Collision		Location #1	Max Limit Per vehicle
Direct Excess	Specified Causes & Collision		Location #2	
Direct Primary	Deductible		Location #3	
In - Tow Coverage:	For Hire	Not-For-Hire		
Limit Per Tow Truck:			Number of Tow Trucks	
<u>Dealers Physical Damage</u>			<u>* Limits of coverage</u>	
Comprehensive & Collision	Location #1		Max Limit Per vehicle	
Specified Causes & Collision	Location #2			
Deductible	Location #3			
False Pretense Coverage	*Limit Calculation:	Value Per Auto:	Average	Max
		Number of Autos:	Average	Max
Coverage applies to: <i>(check at least 1)</i>				
Your interest in covered autos you own				
Your interest and interest of any creditor as Loss Payee <i>(provide name/address below)</i>				

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## Section I: Workers Compensation

<b>Risk Id#</b>	<b>Mod Effective Date:</b>
<b>Experience Mod</b>	
<b>Deductible:</b>	
<b>Designated Providers:</b>	
<b>Certified Risk Management Program</b>	
<b>Class Codes on Policy</b>	
<b>Payroll for Class Code</b>	
<b>Payroll for Class Code</b>	
<b>Payroll for Class Code</b>	
<b>Payroll for Class Code</b>	
<b>Work Comp notes</b>	

## Section J: Survey Questions

<b>Body Shop</b>
<b>Are spray booths constructed of metal, masonry, or other non-combustible materials?</b>
<b>Are spray booths NFPA (National Fire Protection Agency) compliant?</b>
<b>Are spray booths equipped with explosion proof lighting?</b>
<b>Are fire control sprinkler heads cleaned regularly?</b>
<b>How often are exhaust filters cleaned?</b>
<b>Is the mixing area in a non-combustible enclosure with self-closing metal doors?</b>
<b>Is the paint mixing area protected by an automatic sprinkler or dry chemical fire suppression system?</b>
<b>Does the mixing area have explosion proof electrical systems?</b>
<b>Are the O2 and acetylene cylinders separated by 20 inches, stored in an upright position, and capped with valve stem covers when not in use?</b>

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<b>General</b>
Are any of the applicant's covered locations used for operations not directly related to the business (such as residential property)? If yes, describe in the narrative and provide a copy of the lease.
Were there any changes in ownership or in the named insureds in the last 4 years? If yes, please detail in the narrative.
Does the applicant have a documented shop return policy?
All repairs are checked and signed off on by a supervisor, manager, or someone other than the technician that performed the work before vehicles are released to customers?
Is all work performed for applicant by others governed by written and signed contracts which includes favorable indemnification provisions?
Does applicant require being added as Additional Insured on the insurance policies of all entities that provide services to/for the applicant?
<b>Crime</b>
Has the applicant experienced employee theft losses in the last 3 years?
Is the individual who orders inventory prevented from receiving and checking the same inventory on arrival?
Are bank and credit card statements reconciled monthly by individuals who have no access to cash or credit card receipts or disbursements?
Are two employees requested to sign off on all purchase orders prior to the purchase orders being placed?
Are bank deposits done on a daily basis?
Are accounts receivable aged and reviewed by management on at least a monthly basis?

# Garage Insurance Blueprint

## Section K: Notes

**To be Considered, this Application Must be Signed by a Company Officer**

The under signed acknowledges and understands the information provided herein will be used to underwrite the applicant based on the information provided.

Signature below indicates the information provided is true and correct. This Supplemental Application must be signed by a company officer or owner of the entity applying for insurance.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's Title