



Ashland General Agency, Inc.
 P.O. Box 850609 - Mobile, AL 36685

Phone 251-639-5102 - Fax 251-639-5138 - 800-593-5105

GARAGE RENEWAL APPLICATION

1. Policy Number: _____ Renewal Period: From: _____ To _____
2. Business Trade Name: _____ Insured: _____
3. Has the Named Insured or Location changed: Yes: ___ No: ___ Explain: _____
4. New Mailing Address: _____ City: _____
5. County: _____ State: _____ Zip Code: _____ Phone (____) ____ - _____
6. New Location Address: _____ City: _____
7. Internet Address: _____
8. Number of owners and employees: _____ Changes to drivers furnished autos: _____
9. Number of Dealer Plates: _____ Describe any other type of plates: _____
10. Any changes in Liability or UM/UIM limits: Yes No
 Explain: _____
11. Any changes in Garagekeepers or Dealers Physical Damage limits: Yes No
 Explain: _____
- Loss Payee _____

12. If there are changes to the policy, please update the information by completing the following charts:

	Max. Value of ALL Autos	Avg. Value Per Auto	Max. Value Per Auto	Avg. # of Autos	Max. # of Autos
Location #1					
Location #2					

List ALL Owners, Employees & Drivers

Name	DOB	Driver License Number	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. #	Violations & Accidents Past 3 Yrs	Full or Part Time	Job Title/Duties
				Y/N	Class					

List ALL Family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use **or** if they may be provided an auto for regular use, but not regularly furnished.)

Name	DOB	Driver License Number	State of DL	Will drive for <u>or</u> Work in business? Yes or No	Furnished Auto? Yes or No	Violations & Accidents Past 3 Yrs	Relationship

SPECIFICALLY DESCRIBED AUTOS

Veh. No.	Year	Make	Body Type	V.I.N.	ACV	GVWR
1						
2						
3						

Veh. No.	Radius	Personal, Service or Comm'l Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State/Fed	Liab.	Phys. Dam.	Other	
1								
2								
3								

13. Fire Legal Limit: _____

Remarks: _____

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

I have completed and signed a state form selecting or rejecting Uninsured / Underinsured Motorist Coverage.

Signature of Insured: _____ Date: _____

Agent's Signature: _____ Date: _____

Agency Name: _____

ALABAMA UNINSURED MOTORISTS COVERAGE

IMPORTANT NOTICE: I hereby warrant by signature(s) below, that I have specific authority by any corporation or other party named as a named insured to select or reject uninsured motorists and/or personal injury protection coverage in behalf of the corporation or other party for whom this selection is made. The rejection /selections indicated below shall apply to any policy which the Company may elect to issue pursuant to this application and all future renewals of such policy and all future endorsements issued to me by this Company because of change of vehicles or coverage, or because of an interruption or change of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed. TO BE CERTAIN THAT YOUR QUOTATION, AND ANY SUBSEQUENT POLICY WHICH WE MAY ELECT TO PROVIDE IS ISSUED CORRECTLY, PLEASE INDICATE YOUR CHOICE OF THE OPTIONS AVAILABLE BELOW, THEN SIGN AND DATE THIS FORM AS ACKNOWLEDGEMENT OF YOUR CHOICE.

REJECTION OF UNINSURED MOTORISTS COVERAGE OR SELECTION OF LIMIT OF LIABILITY: The laws of your state permit the Insured named in the policy to reject Uninsured Motorists Coverage in its entirety or select a limit of liability for bodily injury of \$25,000. each person, \$50,000. each accident. Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners of operations of uninsured motor vehicles because of bodily injury.

- 1. I hereby reject Uninsured Motorists Coverage in its entirety.
- 2. I hereby select Uninsured Motorists Coverage with bodily injury limits of liability of \$25,000. each person / \$50,000. each accident.

Signature of Applicant **X** _____ Date _____

THIS MUST BE SIGNED BY THE INSURED FOR ACCEPTANCE

IT IS HEREBY AGREED AND UNDERSTOOD THAT NO COVERAGE IS AFFORDED UNDER THIS POLICY FOR ANY OWNER, EMPLOYEE OR MEMBER OF THE HOUSEHOLD WHO IS UNDER TWENTY- ONE (21) YEARS OF AGE, UNLESS SPECIFICALLY NAMED AND AN APPROPRIATE PREMIUM IS CHARGED FOR SAME.

ACCEPTED: **X** _____
APPLICANT SIGNATURE HERE

NOTICE

THIS APPLICATION IS NOT AN INSURANCE POLICY OR AN INSURANCE CONTRACT. Your agreement to these terms DOES NOT create an insurance contract or an insurance agreement. Completion of this application by a prospective insurance buyer is for the purpose of transmitting information only. Any agreement or contract binding insurance coverage must be done on a separate document. These terms MUST BE accepted by the insurance company before there is any insurance contract or insurance coverage and coverage will commence only upon the effective date of a separate contract binding insurance coverage (i.e., a policy or official binder form) issued by an agent authorized by the Insurance Company. In the event this application for insurance is accepted, an inspection of the exposures insured may be required. Such inspection is for the purpose of obtaining information pertinent to the underwriting of the type of coverage provided in the policy and concerns such conditions and practices as were observed and considered at the time of inspection; it is not intended to indicate there are no other exposures. We do not assume any legal liability due to misinformation given the inspector nor any inaccuracies, human error, etc. nor do we assume liability for delayed reports.

I authorize the Insurance Company to obtain Motor Vehicle Reports for rating / underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF MATERIAL FACTS WILL BE CAUSE FOR CANCELLATION AND MAY VOID COVERAGE. This notice is given in compliance with the Fair Credit Reporting Act of 1971.

I further agree that in the event of this information is untrue or incorrect, and is material to the rating of the Policy, the Company may re-rate the Policy and charge me the full and correct premium which would have been charged had no error occurred and any additional premium resulting therefrom shall be immediately due and payable.

Signature of Applicant **X** _____ Date _____

Agent's Signature **X** _____ Date _____

SURPLUS LINES DISCLAIMER STATEMENT

The undersigned insured hereby acknowledges:

- A. I understand the insurance coverage provided by this policy is written by a non-licensed insurer for the State of Alabama. I further understand no Guaranty Fund protection exists in the event an insolvency occurs to this non-licensed insurer.
- B. After understanding the advantages and disadvantages of securing insurance coverage through the non-licensed insurer, I with full knowledge and consent do hereby authorize and request Ashland General Agency, Inc., (Broker) to place such coverage with _____, (Insurance Company).

The Insured _____ Date _____

Signature **X** _____ Title _____