



Ashland General Agency, Inc.

APPLICATION FOR GARAGE POLICY

Policy Period Desired: From _____ To _____

Business Trade Name _____ Insured _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone () _____ - _____

Internet Address (If any): _____

Years in Business _____ Years Sales/Repair Experience _____ Business Entity Individual Partnership Corp.

Describe your Operations _____

Locations/Premises where you conduct Garage Operations

1. _____ 2. _____

GENERAL INFORMATION

A. What are your normal business hours? _____

Are autos stored at your premises after normal business hours? Yes No

If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable)

1. _____ 2. _____

Describe your theft barriers/storage at each location, for autos you do NOT OWN (building, fence & gate or post & cable)

1. _____ 2. _____

Do you own or lease Location 1? Own Lease Do you own or lease Location 2? Own Lease

B. Do you have or maintain animals on your premises? Yes No If yes, what types/breeds? _____

Are this/these animals pets? Yes No Are they used for security purposes? Yes No

Do you maintain any other security measures not already listed? Yes No If yes, explain: _____

C. Please provide value & number of autos stored at each location:

Table with 6 columns: Location, Max. Value of ALL Autos, Avg. Value Per Auto, Max. Value Per Auto, Avg. # of Autos, Max. # of Autos. Rows for Location #1 and Location #2.

D. Describe your key controls during business hours _____ After business hours _____

If a key box is used, describe location of key box (in building or attached to autos) _____

E. Do you pick up or deliver autos not owned by you? Yes No If yes, explain _____

Do you tow for hire? Yes No If yes, explain _____

F. Who Drives or tows vehicles to your premises? _____

G. What is your normal radius of operations? _____

H. Do you Loan or Lease autos? Yes No

If yes, do you loan or lease autos to customers while their auto is being repaired? Yes No

Do you loan or lease autos for shorter than 12 months? Yes No

I. Do you sell or store salvaged autos? Yes No If yes, please indicate the purpose: Sale of Salvage Titled Autos _____%

Rebuilding/Repairing Customers Autos _____% Sale of Used Parts _____%

Other _____% Explain: _____

J. 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 | | | | | |
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K. 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 |
|------|-----|-----------------------|-------------|---|------------------------------|-----------------------------------|--------------|
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

L. Will anyone listed in either Items J or K use an auto for reasons other than listed? Yes No

If yes, please explain: _____

M. Have all members of your household been disclosed on this application? Yes No If no, explain _____

N. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No N/A

INSURANCE HISTORY

Has your insurance been cancelled or non-renewed within the last 3 years (not applicable in MO)? Yes No

If yes, please explain _____

A minimum of 3 year history is required. If 3 year history is unavailable, please explain _____

Current Carrier _____ Eff. Date _____ Exp. Date _____ Policy Premium _____

Prior Carrier _____ Eff. Date _____ Exp. Date _____ Policy Premium _____

Prior Carrier _____ Eff. Date _____ Exp. Date _____ Policy Premium _____

| Date of Loss | Amount | Description of Loss |
|--------------|--------|---------------------|
| | | |
| | | |
| | | |
| | | |

UNDERWRITER INFORMATION

Please provide your percentage of operations (Percentages MUST equal 100%).

| | | Repair | Sales |
|---|---|--------|-------|
| 1 | Private passenger cars, SUV's Pick-up trucks, vans | % | % |
| 2 | Motorhomes | % | % |
| 3 | Motorcycles | % | % |
| 4 | Motor-coaches or Buses | % | % |
| 5 | Watercraft (Boats, Jet Skis, etc.) | % | % |
| 6 | Dirt Bikes or ATV's | % | % |
| 7 | All Other Recreational Autos | % | % |

| | | Repair | Sales |
|-------|--|--------|-------|
| 8 | Equipment (farm, construction, contractors, etc.) | % | % |
| 9 | Travel Trailers or Camper Trailers | % | % |
| 10 | Utility Trailers or Livestock Trailers | % | % |
| 11 | Trucks, Tractors, Semi-Trailers | % | % |
| 12 | Salvage Titled Autos | % | % |
| 13 | Salvage Parts | % | % |
| 14 | Other: _____ | % | % |
| Total | | 100% | |

Total Gross Receipts from:

All Vehicle/Equipment Sales \$ _____ All Repair \$ _____ Other Product Sales \$ _____
Tow Truck Operations \$ _____

All Vehicle/Equipment Sales Dealer / Sales Information

- Where do you purchase vehicles? _____
Do you buy or sell vehicles on the Internet? Yes No Explain: _____
- Do you drive-away more than 300 miles from point of purchase? Yes No If Yes, how often? _____
- How many vehicles do you sell per year? _____ How many of those are on consignment? _____
- How many dealer plates do you have? _____
- Do you repossess vehicles? Yes No If yes, are these autos you have sold? Yes No
Do you repossess autos for banks or other dealers? Yes No
- Test drives: Do you always obtain a copy of the customer's license? Yes No
Do you always obtain proof of insurance? Yes No
Do you always ride along? Yes No

Auto Service/Repair/Installation Information

1. What percentage of your work is (Total of percentages must equal 100%):

| | % | | % | | % | | % | | % |
|------------|---|--------------|---|-------------|---|---------------|---|----------------------------|---|
| Oil & Lube | | Brakes | | Frame Work | | Clear Coating | | Lift Kit Installation | |
| Tune-Up | | Hitches | | Painting | | Stereo System | | Suspension (Not Lift Kits) | |
| Muffler | | Upholstery | | Body Work | | Alarm System | | Wheel Alignment | |
| Radiator | | Tires (New) | | Wash/Detail | | Transmission | | Performance Adjustments | |
| Electrical | | Tires (Used) | | Window Tint | | Windshield | | Other _____ | |

- Do you do any welding? Yes No If yes, explain _____
- Do you have a spray paint booth? Yes No If yes, is it U/L approved? Yes No
Is it ventilated? Yes No Are fixtures covered/protected? Yes No
Is paint stored in fire-resistive cabinets outside the paint booth? Yes No
- Do you sell gasoline? Yes No If yes, how many gallons per year? _____
Do you sell LPG? Yes No If yes, how many gallons per year? _____
- Do you recap tires or sell recapped tires? Yes No

COVERAGE REQUESTED

- GARAGE LIABILITY** \$ _____ each accident, \$ _____ aggregate Deductible \$ _____
- GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody & control)
- Legal Liability Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
- Total Limits: Location #1: \$ _____ Location #2: \$ _____
- Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____ Maximum Ded. Per Loss: \$ _____
- In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)
- DEALERS PHYSICAL DAMAGE** (Coverage for damage to auto's while held for sale)
- Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
- Total Limits: Location #1: \$ _____ Location #2: _____
- Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____ Maximum Ded. Per Loss: \$ _____
- Type: New or Used Interests Covered: Owner Owner and Creditor (Bank) Consignment
- Driveaway Miles (If over 300 miles): _____ Other Limits: At Temporary Locations \$ _____ While in Transit \$ _____
- Loss Payee _____
- Loss Payee Address _____
- PREMISES MEDICAL PAYMENTS** \$1,000 \$5,000
- SPECIFICALLY DESCRIBED AUTOS**

| Veh. No. | Year | Make | Body Type | V.I.N. | ACV | GVW |
|----------|------|------|-----------|--------|-----|-----|
| 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 | | | | | | | | |

UNINSURED MOTORIST \$ _____ **PERSONAL INJURY PROTECTION** \$ _____ **FIRE LEGAL LIABILITY** \$50,000

Additional Insured: _____
 Address: _____
 Explain the relationship between the named insured and the additional insured: _____

Remarks: _____

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 subjects such person to criminal and civil penalties.

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 Applicant _____ Date _____

Agency Name and Agent's Signature _____ Date _____

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 \$20,000. each person, \$40,000. 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 _____