



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:

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

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

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 \$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 \_\_\_\_\_