

*To save this form after the fields are filled in, you will need Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at:
<http://get.adobe.com/reader>.



All Risks, Ltd. – National Specialty Programs
2555 Kingston Road, Suite 250 | York, PA 17402
Toll Free: 800-723-1022 | Phone: 717-600-0417 | Fax: 717-441-3784
www.allrisks.com
Contact us at programs@allrisks.com

Garage Application

PRODUCER INFORMATION:

Producer Name: _____ Agency Name: _____
Phone Number: _____ Mailing Address: _____
City: _____ State: _____ Zip: _____

ACCOUNT INFORMATION:

Account name: _____
Effective date: _____ Expiration date: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
County: _____ Normal Business Hours: _____
Fein #: _____ Dealership License Number: _____
Insured Email Address: _____
Website address: _____
Contact name: _____ Contact Phone Number: _____
Years in business: _____ Annual sales: \$ _____ (Required for Service Risks)
*If less than 3 years, please provide industry experience: _____

*What positions have been held? _____

LINES OF BUSINESS: Property Garage/ Auto IM Crime Umbrella
For IM, Crime or Umbrella please include applicable ACORD Application

LEGAL STATUS: Individual Partnership Corporation LLC Other _____

DESCRIPTION OF OPERATIONS:

Non-Franchise Dealer _____ Non-Dealer _____
% Retail Sales _____ % Wholesale Sales _____ (Complete Wholesale Questionnaire)
Non-Dealer (Please describe operation) _____

LOCATION INFORMATION (For Additional Locations, copy this page)

LOCATION # _____

Address: _____

City _____ State _____ Zip _____

LOCATION # _____

Address: _____

City _____ State _____ Zip _____

GARAGE RATING INFORMATION

COVERAGE		LIMITS/DEDUCTIBLES	
LIABILITY		Each Accident Limit:	\$ _____
Personal Injury	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Aggregate Limit:	\$ _____
Damage to Rented Premises	<input type="checkbox"/> Include <input type="checkbox"/> Exclude	Deductible:	\$ _____
		Damage to Rented Premises Limit:	\$ _____
PIP	<input type="checkbox"/> Yes <input type="checkbox"/> No		

UNINSURED/UNDERINSURED MOTORISTS	Limit \$ _____
TOTAL # OF PLATES _____ Dealer _____ Transporter _____	
***NOTE: THIS INFORMATION IS NEEDED TO RATE UNINSURED/UNDERINSURED MOTORISTS COVERAGE	

MEDICAL PAYMENTS	Limit \$ _____
Garage Operations _____	Auto _____ Both _____

GARAGEKEEPERS:

Limit	Maximum Limit Per Auto	Comprehensive Deductible	Collision Deductible
\$	\$	\$	\$
\$	\$	\$	\$

- Direct Primary
 Direct Excess
 Legal Liability
 Storage In:
 Standard Open Lot
 Non Standard Open Lot
 Building

Are Vehicles Stored Overnight? Yes No

DEALERS OPEN LOT:

Limit	Maximum Limit Per Auto	Comprehensive Deductible	Collision Deductible
\$	\$	\$	\$
\$	\$	\$	\$

- False Pretense Limit: \$ _____
 Storage In:
 Standard Open Lot
 Non Standard Open Lot
 Building

 Lots Lit
 Key Storage
 After Hours

Standard Open Lot: Open parking or storage lots enclosed on all sides by a metal cyclone fence not less than six feet in height or bounded on one or more sides by the wall or walls of a building with no unprotected opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended.
Non-Standard Open Lot: Any other type of protection or fencing or unprotected lot.

INTERESTS TO BE COVERED FOR AUTOS HELD FOR SALE

Owned Autos	Owner's interest in financed autos	Owner & Creditor Interest	Consigned Autos

FOR CONSIGNED AUTOS - WE WILL NEED COPY OF CONSIGNMENT AGREEMENT

Additional Garage Coverage: _____

GARAGE/AUTO COVERAGE INFORMATION

Dealers Errors & Omissions	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	Limit \$ _____	Deductible \$ _____
Odometer	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	Limit \$ _____	Deductible \$ _____
Title E&O	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	Limit \$ _____	Deductible \$ _____
Truth-In-Lending	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	Limit \$ _____	Deductible \$ _____
Agent's E&O	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude	Limit \$ _____	Deductible \$ _____

EMPLOYEE LIST -(Please Refer to Employee List Key Below)

				Violations or Accidents Last 3 Years				
Last Name	First Name	State	License #	Accidents	Minor Violations	Birthdate	Vehicle Use*	Position/Status*

Have any drivers been convicted of a major violation in the last 3 years? Yes No
 If Yes, list drivers: _____

EMPLOYEE LIST KEY*					
Vehicle Use:	A = Furnished for Personal Use	B = Empl not furnished but uses for business	C = Non-Driving		
	D = Non-empl w/ occasional access to business vehicles	E = Operates customer's vehicles			
Position:	1 = Owner , Active Partner	2 = Inactive Partner	3 = Manager	4 = Sales	5 = Lot Person/Mechanic
	6 = Clerical	7 = Spouse	8 = Child	9 = Occasional Driver	10 = Other
Status:	F = Full Time (over 20 Hrs. per week)	P = Part Time (20 Hrs. or less per week)	N = Non-Employee		

VEHICLE SCHEDULE IF YOU HAVE SCHEDULED VEHICLES

Vehicle #	Year	Make	Body Type	VIN	ACV	GVW

Vehicle #	Radius	Use	Filings Required		Coverage Desired? Y/N			Deductible	Loss Payee
			Yes/No	State/Federal	Liability	Physical Damage			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Loss payee name & address _____

SURVEY OF HAZARDS

General Underwriting Questions

1. Does applicant have an established store front? Yes No
2. Does applicant share premises with any other occupants? Yes No
If yes, describe: _____
3. Any animals on premises? Yes No
If yes, what type _____
4. Is applicant a subsidiary of another entity or have any subsidiaries? Yes No
If yes explain: _____
5. Does applicant sub contract any work including repair of vehicles held for sale? Yes No
If yes explain: _____
6. Has coverage been declined, canceled or non-renewed in last 3 years? Yes No
If yes explain: _____
7. Does applicant have any other business ventures not included in this submission? Yes No
If yes explain: _____
8. Has applicant had a foreclosure, repossession or bankruptcy in the last 5 years? Yes No
If yes explain: _____
9. Has applicant had a judgment in the last 5 years? Yes No
If yes explain: _____
10. Are there annually serviced, charged and operable fire extinguishers on premises? Yes No
11. Does applicant store all flammable liquids in a UL listed fire cabinet? Yes No
12. Does applicant use UL listed metal containers with self closing lids? Yes No
13. Are no smoking signs posted? Yes No
14. General Housekeeping Practices Moderate Formal Informal
15. Employee Safety Training Practices Moderate Formal Informal
16. Describe type of mechanic certification (i.e.: ASE certified) _____
17. Describe Key Control Procedures: _____
18. Does applicant have above ground or underground gasoline storage tanks? Yes No
If yes, please describe including age and construction and protection for above ground tanks: _____
19. Do you export vehicles out of the United States? Yes No
If yes, is the title transferred prior to shipping? Yes No
20. Do you sell autos with salvage titles? Yes No
If yes, please explain: _____

21. Do you sponsor any racing vehicles or work on racing vehicles? Yes No
 If yes, explain: _____
22. Do you do any towing for your business? Yes No
23. Do you tow for hire? Yes No
24. Do you use an application in your hiring process? Yes No
25. Do you check references? Yes No
26. Do you run MVR's prior to hire for drivers or anyone who is furnished a vehicle? Yes No
27. Do you repossess autos for yourself or others? Yes No
28. Do you use a title verification company? Yes No
 If yes, provide name of company: _____
29. If you are a buy here/pay here operation, do you:
- a. Transfer titles to buyer's name at time of sale? Yes No
- b. Hold title as lienholder only for final payment? Yes No
- c. Require a proof of insurance from the buyer? Yes No

PRIOR CARRIER/LOSS HISTORY (minimum currently valued expiring plus 3 years)

Carrier	Policy Term	Loss Date	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

TYPES OF VEHICLES SOLD AND/OR REPAIRED

Sales %	Repair %	Types of Vehicles
%	%	Private Passenger Autos, Pickups, Vans, SUVs
%	%	RVs Motorhomes, Campers Complete Supplement)
%	%	Heavy Truck/Semi Trailers (Complete Supplement)
%	%	Boats (Describe): _____
%	%	Power Sports (Jet Skis, ATVs, UTVs)
%	%	Motorcycles (Complete Supplement)
%	%	Golf Carts
%	%	Antique or Classic Cars
%	%	Bucket Trucks, Man Lifts
%	%	Contractors Equipment (Describe): _____
%	%	Agricultural Equipment
%	%	Emergency Vehicles (Describe): _____
%	%	Buses (list all types): _____
%	%	Trailers (other than semi)
%	%	Other (Describe): _____
%	%	Total percentage of operations combined should equal 100%

DEALERSHIP OPERATIONS

1. Is applicant part of the National Independent Auto Dealers Association or a Certified Master Dealer? Yes No
2. Does applicant sell autos on consignment? Yes No
If yes, please provide a copy of the consignment agreement
3. How many vehicles are sold per year on consignment? _____
4. Does applicant operate as an Auto Auction? Yes No
5. Are all test drives accompanied by an employee? Yes No
6. Are copies of driver's licenses & insurance ID cards made prior to any test drive? Yes No
7. Is the test drive route limited to all right-hand turns? Yes No
8. Are overnight test drives allowed? Yes No
9. How many vehicles are sold per month? _____
10. Do you require Demo Agreements for anyone furnished a Demo? Yes No
If yes, does the agreement include a deductible provision? Yes No
11. Who transports vehicles to your location for sale after acquisition? _____
12. Maximum Radius of Pick Up & Delivery _____ # of Trips _____ # of Employees _____
13. What type of repair work is commonly completed on vehicles held for sale? _____
14. Does applicant rent, lease or loan vehicles? Yes No

NON-DEALER OPERATIONS - Provide approximate percentage for all operations - Total must equal 100%

Airbag install, service or repair _____%	Mobile Auto Repair _____%
Alarm, Stereo or Navigation Systems _____%	Oil/Lube Services _____%
Auto Dismantling/Salvage Yard _____%	Parking Lots & Garages (Self Park) _____%
Body Shop: (see questions below)	Parts Sales (Uninstalled) _____%
Brake Repair _____%	Gross Receipts \$ _____
Car Wash - Full Service _____%	Parts Manufacturing/Rebuilding _____%
Convenience Store _____%	Gross Receipts \$ _____
Gross Receipts: \$ _____	Describe Parts: _____
Detailing: _____%	Performance Enhancements _____%
Maximum pick up delivery distance: _____	Any turbo or nitrous installation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Driveaway Contractor Services: _____%	Tire Sales/Service (Complete Supplement) _____%
Frame Straightening, Cutting _____%	Trailer Hitch Installation _____%
Welding (See Questions below)	Bolt On _____% Welded _____%
Fuel Tank Repair _____%	Transmission _____%
Gasoline Station - Full Service _____%	Upholstery _____%
Gallons of Gas sold annually \$ _____	Valet Parking (complete supplement) _____%
Ignition Interlock Systems _____%	Vehicle Conversions - Structural: _____%
Impound Yards _____%	Welding _____%
Lift/Lowering Kits _____%	Window Tinting _____%
Machine Shop Rebuilding _____%	Windshield Installation/Repair _____%
Other (Describe): _____	

PAINT AND BODY SHOP OPERATIONS

1. Is spray booth NFPA compliant? Yes No
2. Are booth and paint mixing area protected by an automatic sprinkler or dry suppression system? Yes No
3. Is paint mixing area enclosed in a non-combustible enclosure with a self-closing door? Yes No
4. Do both and paint mixing area have explosion proof electrical systems? Yes No
5. Are all filters regularly cleaned and changed? Yes No
6. Maximum gallons of flammable solvent based liquid maintained at any one time? _____

FRAME STRAIGHTENING OPERATIONS

Provide year, make and model of frame machine _____

PROPERTY- For additional locations copy this page

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Bldg. Coverage Bldg. 1 Bldg. 2 Bldg. 3	\$ _____ \$ _____ \$ _____					\$ _____ \$ _____ \$ _____
Business Personal Property Bldg. 1 Bldg. 2 Bldg. 3	\$ _____ \$ _____ \$ _____					\$ _____ \$ _____ \$ _____
Business Income Bldg. 1 W/ Extra Expense W/O Extra Expense Bldg. 2 W/ Extra Expense W/O Extra Expense Bldg. 3 W/ Extra Expense W/O Extra Expense	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____					Monthly Limit of Indemnity <input type="checkbox"/> 1/3rd <input type="checkbox"/> 1/4th <input type="checkbox"/> 1/6th <input type="checkbox"/> Maximum Period of Indemnity

BUILDING INFORMATION:

Building No.	Year Built	Building Construction	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System Yes/No	Fire Protection System Yes/No	Central Station Monitored Alarm Yes/No	Local Alarm Yes/No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUILDING IMPROVEMENTS: Provide year updated

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					
Bldg. 3					

INLAND MARINE & CRIME (Please include applicable ACORD Form)

Employee Tools	\$ _____	Deductible \$ _____
Employee Dishonesty	\$ _____	Deductible \$ _____
Forgery	\$ _____	Deductible \$ _____
Money Securities (Inside & Outside)	\$ _____	Deductible \$ _____
Other:	\$ _____	Deductible \$ _____

FRAUD WARNINGS AND ATTESTATION

This application does not bind You or Us to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____ DATE: _____

(Applicable in Iowa only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED TO BIND COVERAGE. NO EXCEPTIONS!