

**GARAGE LIABILITY NON-DEALER SERVICE RISK
SUPPLEMENTAL APPLICATION**

Use with ACORD Commercial Insurance Application; (Applicant Information Section)

Applicant Name: _____

PART ONE: Coverage

Non-Dealer Liability Coverage Requested:	
Coverage	Limits of Liability
<input type="checkbox"/> Liability Non-Dealers Garage Options	Non-Owned Auto Only and Garage Operations – Other Than Auto \$ _____ Each Accident \$ _____ Policy Aggregate
<input type="checkbox"/> Premises Medical Payments	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000
<input type="checkbox"/> Personal Injury Liability	Included in Liability – Non-Dealers Garage Operations Each “Accident” Limit – Other Than “Auto” (<input type="checkbox"/> must be checked for coverage to be included)
<input type="checkbox"/> Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
<input type="checkbox"/> Broadened Coverage	If Broadened Coverage is marked by an “X” then Personal Injury Liability is included in Each-Accident Garage Operations Limit of Liability above Fire Legal Liability Limit is marked as follows by an “X” <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000

Additional Insured – Please complete if additional insured is required.

Name	Address	Interest or Relationship to Applicant

Garage keepers Coverage: (Storage Location)

Legal Liability

Direct Primary

Specified Causes of Loss (Other than Collision)

Comprehensive (Other than Collision)

Collision

Autos are stored Inside

Outside

%

Deductible Per Auto

Location Number	Number of Autos Stored	Total Value of All Autos Stored	Maximum Value Any One Auto	Storage Bldg. Construction, Age & Protection	Specified Causes	Collision	Maximum Deductible

1) Is/are open storage lots lighted? Yes No; Police protected? Yes No; Guard employed when closed Yes No; Gates, chains, cables or pipes used across entrances and exits? Yes No. If “YES” are they secured by heavy gauge steel padlock when unattended? Yes No If there are no gates, chains, cables or pipes used across entrances and exits, describe on separate sheet how entrances and exits are secured.

2) If above question are answered “no”, is risk located in a town or community of 50,000 population or less, ¼ mile or more from an Interstate Highway, and had no theft losses in the past three years? Yes No

Schedule of Wreckers – In – Tow Coverage – Please describe the Wreckers used to tow vehicles, and show the limits of in – tow coverage and deductible amount. Legal Liability Basis only; not Direct Primary Coverage.

Number	Description (Year, Make, Model, Serial #, or VIN)	Roll-Back Design	In-Tow Limit Desired	Deductible Per Towed Vehicle
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part TWO: Driver Schedule – Please complete schedule below for all persons who drive autos:

Name	Date of Birth	State	Drivers License Number	Social Security Number	Violations/Accidents (current & 2 previous years)

CMIS, Inc.

License Number 0C73809

P. O. Box 7817

Northridge, CA 91327-7817

Phone (818) 407-3838 Fax (818) 407-3848

PART THREE: Questionnaire – Garage Liability Non-Dealer Service Risk Supplemental Application

1. Check the types of vehicles repaired or handled, include the percentage of gross receipts each type contributes.

<input type="checkbox"/> Autos – Private Passenger & Pickup Trucks	%	<input type="checkbox"/> Mobil Homes	%	<input type="checkbox"/> Trucks (6 wheels or less)	%
<input type="checkbox"/> Boat Motors (no hull repairs)	%	<input type="checkbox"/> Motor Homes	%	<input type="checkbox"/> Trucks (larger than 8 wheels)	%
<input type="checkbox"/> Contractors Equipment	%	<input type="checkbox"/> Motorcycles, Motorbikes, All Terrain Vehicles (ATV's)	%	<input type="checkbox"/> Truck Tractors & 5 th Wheels	%
<input type="checkbox"/> Farm Machinery	%	<input type="checkbox"/> Snowmobiles	%	<input type="checkbox"/> Vans	%
<input type="checkbox"/> Gasoline Service Station	%	<input type="checkbox"/> Trailers or Semi-trailers	%	<input type="checkbox"/> Other	%

2. Describe your operations including types of maintenance, repairs, or services provided: _____

Hours open for business _____ : _____ am - _____ : _____ pm.

3. List any specialized equipment or electronics needed to do your work: _____

4. Owners, Partners, Officers and Employees Payroll and Year of Experience

Style of Business and Type of Employees	Number of Owners Partners, Officers or Employees	Payroll Exposures (# of partners times \$5,200)	Years Experience in Garage Business
<input type="checkbox"/> Sole Owner (include spouse if active in bus)		\$	
<input type="checkbox"/> Partnership (include spouse if active in bus)		\$	
<input type="checkbox"/> Corporation (include, all office active in bus)		\$	
<input type="checkbox"/> Other (explain)		\$	
<input type="checkbox"/> Employees – Full-time		\$	
<input type="checkbox"/> Employees – Part-time		\$ (Actual payroll subject to a maximum of \$100 per week each person)	
Total Exposure Payroll		\$	

5. Your estimated gross receipts for garage operations for the next twelve (12) months are \$ _____ .

6. Your estimated gross receipts for other-than-garage operations such as, but not limited to auto part, convenience store or restaurant are \$ _____. Detail your other-than-garage operations in Remarks below.

7. Do you sell gasoline, diesel fuel, kerosene or fuel oil? Yes No

8. Do you do any welding? No Yes –Describe type of welding operations in Remarks below.

9. Do you perform the recapping or retreading? Yes No

10. Do you perform spray painting? No Yes Do you have a UL approved spray painting booth? Yes No If No” describe spray set up in Remarks below.

11. Do you have dealers, salvage, wrecker, transporter or other registration plates? Yes – Number? _____ No

12. Do you hire autos/drivers for use in your garage operations? No Yes Describe in Remarks below the purpose of hire and steps taken to assure compliance with financial responsibility under state laws.

13. Do you use drivers under 18 to operate customer’s vehicles? Yes No

14. Do you pick-up or deliver customers cars? No Occasionally Routinely (two or more times per week)

15. Do you rent, lease or loan auto, trailers, mobile equipment or other vehicles to others? Yes No

16. Do you park customer’s vehicles on public streets or off premises? No Yes Tell why in remarks below.

17. If “in-tow” coverage not required, do you use tow trucks? No Yes State purpose of use in Remarks below. Do you provide 24-hour service? Yes No

18. Do you perform emergency road services? No Yes Describe type of services in Remarks below.

19. Do you own or sponsor a car for racing? No Yes

20. Do you perform any structural alterations to vehicles (i.e. Van conversion, propane conversion, etc.)? No Yes Describe what you do: _____

21. Do you dismantle autos or have salvage operations? No Yes Detail in Remarks below.

22. Are Premises interior and exterior kept clean and free of trip and fall hazards? Yes No

23. Are Signs warning “No Customers In Work Areas” posted? Yes No

24. Where are the keys for customers’ auto kept? _____

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25. **Remarks:** _____

26. **Explain any claims you have had during the past three years:** _____

27. **Explanation of property claims in past three years:** _____

Applicant's Signature _____ Date _____

Property Values

Building Replaement Cost (If you are responsible for insuring it.) \$ _____

Parts Inventory (replacement cost) \$ _____

Equipment Inventory (replacement cost) \$ _____

Inventory of tools (\$1500 maximum any one tool) \$ _____

If you have tools or single items of portable equipment that exceed \$1500 per item, please list them on a separate schedule and attach it to this application. Value of scheduled items: \$ _____

An equipment floater will be arranged for to insure them.