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## GARAGE SERVICES

### General Information

Proposed Effective Date: \_\_\_\_\_

Business Legal Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Physical Location of Business (if different):

	NUMBER AND STREET	CITY	STATE	ZIP CODE
Loc. 1				
Loc. 2				

Please list any other names the business is or has been known by: \_\_\_\_\_

Producer's Name: \_\_\_\_\_ Producer's Company: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_ Producer Phone Number: \_\_\_\_\_

Please provide detailed description of business activities by location (provide an additional page if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this a new business?  Yes  No If no, what year was the business started? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

### Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Has the current carrier cancelled/non-renewed coverage?  Yes  No Why? \_\_\_\_\_

Attach a five year loss/claims history, including details. **(REQUIRED)**

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$
Policy Limits			

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please provide details (provide an additional page if necessary) : \_\_\_\_\_

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Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_

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**Coverage Requested**

**Garage Liability Limits**

Per Act/Aggregate

Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$25,000/\$75,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$50,000/\$100,000/\$300,000
<input type="checkbox"/>	\$100,000/\$300,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$500,000/\$1,000,000/\$2,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**GKLL - Garage Keepers Legal Liability Limits** (Physical Damage for customer's vehicles in the Named Insured's care, custody and control)

- Legal Liability Basis (GKLL)
- Direct Primary Basis (GKDP)

\*Please complete the below table for needed GKLL/GKDP

GKLL/ GKDP	MAX LIMIT AT EACH LOCATION	MAX VALUE PER VEHICLE	MAX # OF VEHICLES STORED
Loc. #1	\$	\$	
Loc. #2	\$	\$	



If yes; please provide items that are fabricated or manufactured on site: \_\_\_\_\_

\*Note: Products liability will exclude any used parts

Do you require completed operations coverage?  Yes  No

If yes; please provide resumes on all key personnel including the education or training requirements of mechanics

Are there any vehicles held for sale?

Consignment Sales:  Yes  No Receipts: \_\_\_\_\_ % of Business: \_\_\_\_\_

Under Dealer ownership:  Yes  No Receipts: \_\_\_\_\_ % of Business: \_\_\_\_\_

**Do-it-Yourself Auto Repair Shop**

Do you have a paint booth?  Yes  No

If yes; is it self-contained  Yes  No Is it well-ventilated?  Yes  No

Who operates the paint booth? \_\_\_\_\_

What is the training of the paint booth operators? \_\_\_\_\_

Do you have any lifts on site?  Yes  No If yes, provide number of Lifts: \_\_\_\_\_

Who operates Lifts? \_\_\_\_\_ How many service bays are operated on site \_\_\_\_\_

Do you loan or provide tools on site to customers?  Yes  No

Are customers unattended on the premise at any time?  Yes  No

Provide contract that customer signs to perform work on premises **(Required)**

**Convenience Store/Gasoline Station**

How many gallons is sold annually? \_\_\_\_\_

Provide the breakdown of Applicant's annual gross receipts:

Food Sales: \$ \_\_\_\_\_ Gasoline Sales: \$ \_\_\_\_\_

Propane or Liquid Gas Sales: \$ \_\_\_\_\_ Car Wash Sales: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Self-Service; % \_\_\_\_\_  Full Service; % \_\_\_\_\_  Self-Service & Full Service; % \_\_\_\_\_

**Parking Lots**

Do you own, lease or rent the lot? \_\_\_\_\_

If leased or rented– you must provide a copy of the lease agreement with this Application

What is the primary use of the lot? \_\_\_\_\_

What is the percentage of clientele using the parking in lot? \_\_\_\_\_

Is there an attendant on the parking lot?  Yes  No

If so; what are the hours? \_\_\_\_\_

Please provide an explanation of business surrounding the lot: \_\_\_\_\_

**Salvage Yards**

Are there any car crushers on site?  Yes  No

If yes; you must provide pictures of location with this Application

How is the car crusher protected from the rest of the lot: \_\_\_\_\_

Are customer allowed to pull their own parts:

Unattended?  Yes  No

With a scheduled employee?  Yes  No

Is there a guard(s) or lot dog(s) on premise?  Yes  No

If yes, what is the purpose: \_\_\_\_\_

Are the dog(s) leashed at all times?  Yes  No

**Tire Dealers & Service**

Percent of New: \_\_\_\_\_ Percent of Used: \_\_\_\_\_

Are any used tires retreaded or recapped?  Yes  No

If yes, please provide all details regarding who performs such work, where the tires are purchased, grade of used tire and any other pertinent information (provide an additional page if necessary): \_\_\_\_\_

\_\_\_\_\_

Do you have contract(s) with any manufacturers? Please provide the manufacturers name and contact information: \_\_\_\_\_

\_\_\_\_\_

Do you require products liability?  Yes  No

If yes; please provide a list of items that are fabricated or manufactured on site:

\_\_\_\_\_

\*Note: Products liability will exclude any used parts

**Risk Management**

1. Please describe test drive procedures in detail (provide an additional page if necessary): \_\_\_\_\_

\_\_\_\_\_

2. Radius of Operation: \_\_\_\_\_

Lot Safety: - please provide detailed answers to the following for all lots listed above (provide an additional page if necessary):

3. Are there cameras on premises both inside and outside of the facility?  Yes  No

4. Lot security measures:

a. If autos are outside, is the protected?

Yes  No If yes, please describe protection: \_\_\_\_\_

If no – explain methods of protection: \_\_\_\_\_

5. Is the lot protected by posts not more than six feet apart?  Yes  No
6. Does a floodlight illuminate the entire lot when dark?  Yes  No
7. Is there security present or?  Yes  No

Please explain: \_\_\_\_\_

8. If no security, what type of protection? Please explain: \_\_\_\_\_

9. Where are vehicles keys kept? \_\_\_\_\_ Who has access to keys: \_\_\_\_\_

10. Towing:

a. Do you contract with a company for towing pick-ups?  Yes  No

b. Do you pick up or deliver automobiles for Services or Repair work yourself?  Yes  No

Please explain: \_\_\_\_\_

Number of annual tows: \_\_\_\_\_

c. Do you repossess any autos? **(Recovery application needed)**  Yes  No

Annual number of repossessions: \_\_\_\_\_ Annual number of drive away repo: \_\_\_\_\_

Number of Repossession Plates: \_\_\_\_\_

**Employee Information**

Please complete the below (provide an additional page if necessary) (no coverage will be afforded unless the driver is scheduled below):

Include all Proprietors, partners and executives active in the business, salespersons, general managers, service managers, and any employee who drives Autos - **Minimum age of drivers is 23**

NAME	LOC #	POSITION	D.O.B.	DRIVERS LICENSE #	STATE	FURNISHED AUTO	STATUS
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name