

Garage Supplement

**This application does not apply to floor plans

Policy No. _____

Applicant: _____

Rating Information

1. (a) Number of Years in Business: _____

(b) Number of Years at Present Location: _____

(c) Experience of Management: _____

2. Description of Operations

Dealer:

New & Used Cars	Used Cars Exclusively	Motorcycles				
Recreational Vehicles	Snow Vehicles	Farm Implements				
Other - Specify _____	(e.g. Muffler Shop, Tire Shop, etc.)					
Body Shop Only	Car Sales?	Yes	No			
Repair Garage	Car Sales?	Yes	No			
Service Station	Self-Serve?	Yes	No	Car Wash?	Yes	No
Gas Bar	Self-Serve?	Yes	No	Car Wash?	Yes	No
Parking Station	Specify:		By Customer		By Employee	
Storage Garage	Valet Parking					

Annual Sales: _____

New Cars: _____

Used Cars: _____

Parts: _____

Body Shop: _____

Repair: _____

Others: _____

Does applicant dispense propane, do propane conversions, repair or maintain propane fuel systems?

Yes

No

Give Details:

3. Total Number of Employees & Payroll

Full Time

Part Time

Actual Full Amount of Payroll

Upcoming

Past Year

1st Prior Year

2nd Prior Year

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4. Summary of Active Automobiles Owned by Insured

(enter number below)

- (i) (a) Commercial Tow Trucks strictly incidental to a Garage Operation _____
- (b) Parts & Service Trucks _____
- (ii) Demonstrators (Vehicles used for test drives, including salesmen's cars) _____
- (iii) Autos supplied (excluding demos) for regular and frequent use of:
 - (a) Active partners & full-time employees _____
 - (b) Others (These people should be listed on #76 Additional Insured Endorsement. See Question 8B) _____
- If less than 5 automobiles owned (excluding motorcycles, snowmobiles, trailers, etc.), please attach a list of all owned automobiles including year, make, model and serial number, use and drivers.*
- (iv) Courtesy Cars (Exclusively supplied to Customers whose own vehicle is being serviced, repaired or awaiting delivery of a new vehicle) _____
- (v) Miscellaneous Automobiles (e.g. Motorcycles, Motorhomes, Shuttle Buses, Others - Specify) _____
- (vi) Number of dealers plates held _____
- (vii) Less "Permanently" attached. (If counted in Sections 4.(i) to 4.(v).) _____

Total of Active Owned Automobiles:

Upcoming: _____ Past Year: _____ 1st Prior Year: _____ 2nd Prior Year: _____

5. Types and Values of Automobiles

Location 1:	Owned		Customers	
	Bldg.	Lot	Bldg.	Lot
Maximum Unit Value				
Average Unit Value				
Maximum Number				

Location 2:	Owned		Customers	
	Bldg.	Lot	Bldg.	Lot
Maximum Unit Value				
Average Unit Value				
Maximum Number				

6. Where are Keys Kept

During Business Hours: _____

After Business Hours: _____

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7. List Details of Protection at Each Location

(e.g. Lights, Fenced Yard (height), Watchman, Alarms etc.). Be specific for building and lot.

8. (a) List all company officials and employees who are supplied with owned automobiles for their regular or frequent use, or who usually drive owned or customers automobiles including parts and tow truck drivers (Type A).

(b) All operators other than employees who are supplied with owned automobiles for their regular or frequent use (e.g. spouses, daughters, sons, sports personalities, etc.). In addition, operators named on #76 Additional Insureds Endorsement (Type B).

(c) All employees who operate autos in the course of their duties (Type C).

Type	Full Name	License Number	Date of Birth (DD/MM/YYYY)	Years Licensed	Position/Relationship to Insured	Years Employed
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9. Who is authorized to test drive customers cars?

Is there a set test pattern?

Yes

No

If so, please describe:

Motor Vehicle Abstracts - Are they obtained for all new employee drivers?

Yes

No

How often updated?

10. Does applicant pick up or deliver customer's automobiles?

Yes

No

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11. Does applicant have written rules regarding use of demonstrators? Yes No

If yes, attach a copy.

Do salesmen always accompany customers who are test driving automobiles? Yes No

If no, describe other precautions taken (e.g. Driver's Licence checked and recorded.)

Is demonstrator use restricted to employee use only? Yes No

Including spouse? Yes No

Including children? Yes No

Other: _____

Vacation use permitted? Yes No

Driver responsible for deductibles? Yes No

12. Loss Experience

Date (DD/MM/YYYY)	Type of Loss (BI, PD, DCPD, AB, Coll. Comp, SP)	Amount Paid / OS incl. Expenses	Owned vehicles or Customer's Vehicles	Description	Driver
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13. Agent's/Broker's Report

- (a) How long have you know Applicant? _____
- (b) Is business new to your Agency/Brokerage? Yes No
- (c) Applicant's previous insurer(s) and policy number(s): _____

Additional Information/Underwriter's Notes:

Consent

I am applying for automobile insurance based on the information provided above. With respect to this Garage Supplement, or any renewal or change in coverage, I authorize you to collect, use and disclose information as permitted by law for the purposes necessary to assess the risk, investigate and settle claims, and detect and prevent fraud, such as credit information, driving record information and claims history.

Applicant's Signature: _____ Date: Day Month Year

Official Title: _____

Agent's/Broker's Signature: _____