

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Garage Renewal Application

Because we wish to issue a renewal policy, which is correct in all aspects, we ask that you complete this application completely and carefully. Depending on the renewal exposures and any changes in operations stated, the premium may differ from any renewal quote given. Applicant and Agent must sign the application.

 Renewal of Policy No: _____
 Effective Date: _____
 Applicant Name (Legal) _____
 Applicant Name (DBA) _____
 Inspection Contact _____ Phone Number _____

Indicate if any changes to be made at renewal:

(a) Coverages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Coverage Requested Section
(b) Limits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Coverage Requested Section
(c) Deductibles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Coverage Requested Section
(d) Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Coverage Requested Section
(e) Filings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete Coverage Requested Section
(f) Plates	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# Dealer _____ # Transporter _____
(g) Location Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New Address _____
(h) Mailing Address	<input type="checkbox"/> Yes	<input type="checkbox"/> No	New Address _____

Complete the following in full:

1. What percentage by type of vehicle do you sell or service? (Total must equal 100%)

Cars, SUV's, Pickups, Vans	_____ %	RV (Motorhome, Camping Trailer)	_____ %
Commercial Trucks & Trailers	_____ %	Salvage (used) parts	_____ %
Construction & Farming Equipment	_____ %	Tow Truck Operators	_____ %
Emergency Vehicles & Equipment	_____ %	Valet	_____ %
Motorcycle & Off-road RV	_____ %	Watercraft (including Jet Skis)	_____ %

2. Describe any changes in operation or exposure: _____

Coverage Requested (complete if changes being made)

Garage Liability Limit \$ _____ Each Accident \$ _____ Aggregate _____

Medical Payments Limit \$ _____ Premises Only Combined

Garagekeepers ("Autos" left with you for service, repair, storage or safekeeping)

Loc 1 Limit \$ _____ Loc 2 Limit \$ _____ Loc 3 Limit \$ _____ Loc 4 Limit \$ _____

Max limit per auto _____

Legal Liability OR Direct Primary

Specified Causes Of Loss OR Comprehensive

Collision

Deductible 500 1,000 2,500 5,000 10,000

Dealers Physical Damage (Dealers "autos" and "autos" held for sale by non-dealers or trailer dealers. Physical damage coverages.)

ISO Coverage provides a 100% coinsurance provision on Dealers Physical Damage Coverage. Be sure to insure to total lot value.

Loc 1 Limit \$ _____ Loc 2 Limit \$ _____ Loc 3 Limit \$ _____ Loc 4 Limit \$ _____

Max limit per auto _____

Specified Causes Of Loss OR Comprehensive

Collision

Deductible 500 1,000 2,500 5,000 10,000

Types of vehicles: New Used Interests Covered: Owner Owner and Creditor Consignment

Loss Payee _____

Loss Payee _____

Related Ops (Show gross receipts unless otherwise specified)

Automobile Parts & Supplies Stores \$ _____

Beds & Showers at Truck Stop \$ _____

Building or Premises - Lessors Risk - Area _____

Car Washes - Self Service \$ _____

Concessionaires - NOC \$ _____

Gasoline Stations - Self Service - Gallons _____

Other \$ _____ Describe _____

Grocery Stores - NOC \$ _____

Machine Shops - NOC \$ _____

Mobility/Adapt. Ramp/Accessory \$ _____

Restaurants (Truck Stop) \$ _____

Stores - NOC \$ _____

Vacant Land - Acre \$ _____

Welding \$ _____

Other Coverages & Enhancements

Additional Insured Their Interest? _____
Full Name & Address _____

Waiver of Subrogation Their Interest? _____
Full Name & Address _____

Broadened Coverage - Garage

Federal Odometer False Pretense Repossessor's E&O

Truth-in-Lending Drive Other Car

Fire Legal Liability Limit \$ _____

Hired Autos Cost of Hire \$ _____ Hired Physical Damage Deductible \$ _____

AVAILABLE TO DEALERS AND/OR SCHEDULED AUTOS ONLY:

- Uninsured Motorists Limit \$ _____ (Signed state form required.)
- Underinsured Motorists Limit \$ _____ (Signed state form required.)
- Uninsured Motorists PD Limit \$ _____ (Signed state form required.)
- PIP (or state equivalent) Limit \$ _____ (Signed state form required.)

Specifically Described Autos (Use ACORD 127 for additional vehicles):

Are the scheduled units registered and titled in the business name? Yes No

No.	Year	Make / Model	V.I.N.	Radius	GVW	Use of Vehicle
1						
2						
3						
4						
5						

No.	Stated Amount	Comp or SCOL?	Comp/SCOL Deductible	Collision	Collision Deductible	On-Hook (In-Transit) Limit	Loss Payee (Name and Address)
1		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000	<input type="radio"/> Yes	<input type="radio"/> 500 <input type="radio"/> 1000		
		<input type="radio"/> Comp	<input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> No	<input type="radio"/> 2500 <input type="radio"/> 5000		
2		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000	<input type="radio"/> Yes	<input type="radio"/> 500 <input type="radio"/> 1000		
		<input type="radio"/> Comp	<input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> No	<input type="radio"/> 2500 <input type="radio"/> 5000		
3		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000	<input type="radio"/> Yes	<input type="radio"/> 500 <input type="radio"/> 1000		
		<input type="radio"/> Comp	<input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> No	<input type="radio"/> 2500 <input type="radio"/> 5000		
4		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000	<input type="radio"/> Yes	<input type="radio"/> 500 <input type="radio"/> 1000		
		<input type="radio"/> Comp	<input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> No	<input type="radio"/> 2500 <input type="radio"/> 5000		
5		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000	<input type="radio"/> Yes	<input type="radio"/> 500 <input type="radio"/> 1000		
		<input type="radio"/> Comp	<input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> No	<input type="radio"/> 2500 <input type="radio"/> 5000		

FILINGS MC # _____ Form E Form H MCS 90 WV DMV Other _____
USDOT# _____ ICC - BMC91x (federal)

Other Coverages / Remarks: _____

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania 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.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____