



Garage Application

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Broker #: _____ Retailer: _____

Broker: _____ Location: _____

Location: _____

Phone #: _____

Applicant Name and Mailing Address _____

Proposed Policy Period _____ to _____

Location #1 _____

Location #2 _____

Individual Partnership Joint Venture Corporation Other _____

Insured's Website Address _____

Inspection and Audit Contact / Phone Number _____

Years in business _____ Years of experience in this field _____

NATURE OF BUSINESS

DEALER: Wholesale Retail Non-Franchised Franchised with _____

NON-DEALER: Repair Shop Gas Station Parking Facility Other _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO	YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	7. Repossess vehicles for others?	<input type="checkbox"/> <input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	8. Engage in fuel conversion?	<input type="checkbox"/> <input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	9. Engage in auto pawning?	<input type="checkbox"/> <input type="checkbox"/>
4. Sponsor driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	10. Sell vehicles with salvaged titles?	<input type="checkbox"/> <input type="checkbox"/>
5. Install, service or repair airbags?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allow customers in the work area?	<input type="checkbox"/> <input type="checkbox"/>
6. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>	12. Rent, lease or loan vehicles, machinery or equipment to others?	<input type="checkbox"/> <input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES: _____

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Busses	%	%
Contractors Equipment	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 20,000 GVW)	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles	<i>**supplement required**</i>	%
Mobile Homes	%	%
Recreational Vehicles and Campers	<i>**supplement required**</i>	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
TOTAL		100%

DEALERS OPERATIONS		
Consigned Autos Held for Sale	%	When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO
Owned Autos Held for Sale	%	
Auto Auctions	%	Number of Dealer Tags: _____
Wholesale Autos	%	
Other:	%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages	%
Auto Parts Sales <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

Garage Liability	Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	Deductible _____ BI _____ PD
Personal Injury Protection or No-Fault Coverage	_____ Per Statute	
Medical Payments	_____ Auto _____ Garage Operations	
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident _____ Each Accident	
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision
In-Tow Coverage		
_____ Limit Per Tow Truck _____ # of Tow Trucks		
<input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____	
<input type="checkbox"/> Broadened Coverage (<i>includes Personal Injury & \$50,000 Fire Legal</i>) <input type="checkbox"/> Fire Legal Liability Limit _____		<input type="checkbox"/> Hired Auto <input type="checkbox"/> Personal Injury Liability
PRIOR CARRIER AND LOSS HISTORY		
List prior carrier and loss history for the past 3 years. If no losses, please indicate.		
Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Date of loss	Amount paid/reserve	Description of loss including driver
If there is no prior insurance, check the box. <input type="checkbox"/>		

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Witness

Date

Applicant's Signature