GARAGE RENEWAL APPLICATION

Renewal Period: From: _____/_____/_____ to _____/_____/_____

Insured Name: _____

Has Insured Name changed? ☐ Yes ☐ No

If yes, explain: _____

Has Mailing or Location Address changed? ☐ Yes ☐ No

New Mailing Address: _____

Contact Phone #: _____ Web Site: _____

Business Entity:

☐ Individual ☐ Joint Venture

☐ Partnership ☐ Corporation

☐ Other:_____

Are any changes to *coverage* requested at renewal (additions, removals, limits)? ☐ Yes ☐ No

If yes, complete the following changes you wish to make. All coverages will renew the same as expiring except as requested below.

☐ Liability $_____ (_____ Agg)

☐ Physical Damage $ _____

☐ Garagekeepers $_____

☐ Uninsured Motorists $_____

☐ PIP $_____

☐ Medical Payments $_____

Circle One: Auto Premises Both

☐ Other (coverage and limit): _____

SCHEDULED AUTOS

Coverage(s): ☐ Liability ☐ Comprehensive & Collision ☐ Specified Causes & Collision Deductible _____

Year	Make	Model	VIN	Value	GVW	Use	Radius

AUTO EXPOSURE

Auto – Used Private Passenger, Light Trucks	_____%	Golf Carts – Off Road Use	_____%
Auto Auction (held on your premises)	_____%	*Heavy Truck (26,000+ GVW)	_____%
Antique or Classic Auto	_____%	High Performance or Race Car	_____%
ATV, Snowmobile, Dirt Bike	_____%	Mobile Home	_____%
*Boat or Jet Ski	_____%	*Motorcycle or Scooter	_____%
*Bus	_____%	Off Road 4x4	_____%
Camper or Travel Trailer	_____%	*RV, Camper or Motor Coach	_____%
*Emergency Vehicles	_____%	*Semi-Trailer	_____%
*Equipment – Contractors, Farm, Lawn	_____%	Trailer (Utility or Livestock)	_____%
Golf Carts – Licensed for Road Use	_____%	*Valet Parking	_____%

Other: _____ _____%

Complete SUPPLEMENT

DEALER OPERATIONS

Nature of Business:

Broker	_____%	Import	_____%	*Salvage / Reconstructed Titled Autos	_____%
Consignment	_____%	Internet	_____%	*Wholesale	_____%
Export	_____%	Retail	_____%	***Complete Supplement**	

Vehicles sold per year _____

Number of Dealer Plates _____ Number and type of any other plates: _____

List all states where you conduct business: _____

DO YOU:

Accompany customers on all test drives? If no, do you: ☐ Yes ☐ No

Allow extended or overnight test drives? ☐ Yes ☐ No

Require a copy of their Driver's License & Proof of Insurance? ☐ Yes ☐ No

Accompany anyone under age 21? ☐ Yes ☐ No

Offer buy here/ pay here sales? If yes, do you: ☐ Yes ☐ No

Transfer the title to buyer and list your business as lienholder? ☐ Yes ☐ No

NON-DEALER OPERATIONS

Are there any changes in work you perform? ☐ Yes ☐ No

How many Repair/Transporter plates do you have? _____

If yes, explain: _____

Who drives vehicles into the bay? ☐ You ☐ The Customer

Do you pick-up or deliver customers' vehicles? ☐ Yes ☐ No

If yes, how far do you go? _____ Miles How often? _____ Times a week

EMPLOYEE and NON-EMPLOYEE INFORMATION: ***ALL owners, employees, drivers and household members MUST be listed, including contract drivers, 1099 and other employees who do not have their own insurance***

Loc#	Name	Driver's License #	State	Date of Birth	Accidents/Violations (past 3 yrs.)	Hours Worked*	Status **	Auto Use ***	PAP in Place? ****

Blanket Contract Driver Exposure: ☐ Yes ☐ No

MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

***Hours Worked:**
F = Full-Time (over 20 hrs/week)
P = Part-Time (20 or less hrs/week)
N – Non-Employee

*****Auto Use:**
A = Furnished a covered auto for personal use
B = Business Use only of covered autos
C = Excluded Driver

******PAP = Personal Auto Policy**

**** Status:**
1. **Active owner, partner or officer**
2. **Inactive owner, partner or officer**
3. **Lot person**
4. **Salesperson**
5. **Mechanic**
6. **Clerical**
7. **Spouse of owner, partner or officer**
8. **Child of owner, partner or officer**
9. **Spouse of any other person furnished an auto**
10. **Child of any other person furnished an auto**
11. **Occasional or contract driver**
12. **Other:** _____

FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 may be subject to civil and criminal penalties.

In AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines, (restitution in AL) or confinement in prison.

In Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation in NY).

In Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

In New Jersey: 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 civil fines and criminal penalties.

In Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.

_____ _____/_____

Signature of Agent Date Signature of Applicant