

Garage Liability Application

PLEASE NOTE: Not all questions will pertain to your risk. If they do not apply, please write N/A.

APPLICANT INFORMATION

- **Policy Period Requested:** Enter the effective dates needed
- **Business Trade Name:** Enter the business name as registered to the state
- **Mailing Address:** Address where the insured receives their mail (cannot be a PO BOX)
- **Years in business:** If new venture enter 0 (if less than 3 years, provide experience in below space of years in industry)
- **Business Entity:** Must select one

GENERAL UNDERWRITING INFORMATION

1. **Describe Your Operations:** check all that apply under Dealer operations or Service/Repair Operations (if they have both please select all that apply)
2. **Describe total operation by percentage including types of vehicles you sell or service:** Total must equal 100%
3. **Related Operations:** Select an incidental operation that do not fall under dealer operations or service/repair operations
4. **Locations where you conduct Garage Operations:** Even if they are mobile please fill in this section and put 100% mobile operations.
PLEASE NOTE: all dealer operations and service/repair operations are considered garage operations
5. **Do you have an ownership interest in or operate any other business?** Answer yes or no AND if yes, answer a-c.
6. **Do you rent any space at this location to another business?** Answer yes or no AND if yes answer a-b.
7. **Do you lease or rent vehicles or dealer tags?** Answer yes or no AND if yes, answer a-b.
8. **Are autos loaned to customers?** Answer yes or no AND if yes answer a-d.
9. **Are firearms kept on premises?** Answer yes or no.
10. **Do you have any dogs on the premises?** Answer yes or no; if yes, answer follow on question.
11. **Do you tow for hire?** Answer yes or no; if yes please fill out Tow Truck Questionnaire
12. **Do you drive customers' vehicles for the purpose of the pick up and/or delivery?** Answer yes or no; if yes, answer follow on questions
13. **How many transporter or repairer plates (non-dealers) do you own?**
14. **What is your lot security?** Must select one
15. **Where are vehicle keys kept when the lot or shop is closed?** Must select one.
16. **Do you park customer's vehicles on the street?** Answer yes or no
17. **Prior Carrier Information:** Must Complete unless new venture (currently valued and dated loss will be required to bind)

18. **Loss History for 3 Years:** Must Complete unless new venture (currently valued and dated loss will be required to quote)
19. **Dealers & Service Rating Exposure Basis:** **MUST** list all employees for all operations; dealer and/or service/repair. (even if they do not drive) We must know if they are part time or full time, their job duties, date of birth and if they are furnished (provided a company vehicle for non-business travel) an auto to quote.
20. **Dealers only OR Service with Scheduled Autos:** List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto?
21. **Dealers Only OR Service with Scheduled Autos:** Have all members of your household been disclosed on this application? Answer yes or no and IF no, please explain
22. **Dealers Only OR Service with Scheduled Autos:** Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Answer yes or no and IF no, please explain
23. **In the past 3 years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused?** **(Missouri Applicants - Do not answer this question)** Answer yes or No; IF yes, please explain

SALES QUESTIONS

24. **Do you have a dealer's license?** Answer yes or no. If yes, what states are you licensed in?
25. **What is the total number of plates issued in association with your dealer's license?** Total number of plates AND break down by type
26. **Who drives or transports vehicles to your lot?** Select all that apply
27. **Do you drive newly acquired autos over 300 road miles (50 miles for KS, KY, NH, MD, ME or WV) from point of purchase to your lot?** Answer yes or no. If yes, please complete follow on questions. (if new in business, please estimate)
28. **Do you deliver vehicles to customers after the sale is complete?** Answer yes or no. If yes, please complete follow on questions.
29. **How many vehicles do you sell per year? Average number per year** (if new in business, please estimate) ALSO, answer a-c
30. **If you repair salvage titled vehicles prior to sale please tell us what percent is structural, mechanical and/or cosmetic.**
31. **Do you repossess the vehicles you sell yourself?** Answer yes or no.
32. **Do you always ride along on test drives?** Answer yes or no. If no, answer follow on question.

SERVICE QUESTIONS

33. **What percentage of your work is? (MUST TOTAL 100%)** Fill in all that apply, if they are doing roadside assistance please provide percent of tire work
34. **Are signs posted to keep customers out of the work area?** Answer yes or no.
35. **Are signs posted to keep customers out of the work area?** Answer yes or no. If yes, answer a-b
36. **Do you sell Liquefied Petroleum Gas (LPG)?** Answer yes or no. If yes, answer a-d

- 37. If you install Lift Kits, do you lift over 6"? Answer yes or no. If yes, please complete follow on questions.
- 38. If you paint, do you have a spray paint booth/separate room? Answer yes or no.
- 39. Racing: Answer ALL questions, a- c.
- 40. If you sell or service Tires (other than Motorcycle or Roadside Assistance) complete the following section: Complete this whole section if you put ANY percentage in question 33 under tires.

COVEARGE REQUESTED (MUST BE COMPLETELY FILLED OUT) NO MATTER WHAT TYPE OF OPERATIONS

- **Garage Liability Limit:** This section must be filled out. We cannot give recommendations as each state has their own requirements and we are not licensed in your state to provide recommendations. Please discuss with insured.
- **Medical Payments Limits:** Select if they want medical payments and select premises only OR combined if you are selecting a limit.
- **Garagekeepers:** This is an optional coverage. This option should be selected if the insured wants coverage for vehicles (owned by others) that are in their care, custody and control. This type of coverage is for service/repair services only.

- **Determining lot limits should be done by multiplying the average number of vehicles by the average value.** See example below. The Maximum Limit per Vehicle should be the value of the most expensive vehicles the insured will perform service/repair on.

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1	4	\$10,000	\$20,000	\$40,000

PLEASE NOTE: The lot limit cannot be less than the maximum limit per vehicle.

- **Legal Liability OR Direct Primary:** Select one
Legal Liability- Only pays out if you are legally responsible for the loss.
Direct Primary- Pays for the loss whether you are legally obligated to do so or not.

PLEASE NOTE: We cannot offer direct primary to new ventures and ventures not in business for at least 3 years.

- **Specified Causes of Loss (SCOL) OR Comprehensive:** Select one
Specified Causes of Loss – Only specified perils listed, such as flood, vandalism, or hail are covered.
Comprehensive - Pays for damages caused to the insured vehicle which result from any loss other than collision, after the insured pays for the deductible first.
- **Collision:** Pays for damages caused to an insured vehicle which result from the vehicle colliding with another object (vehicle, wall, etc.) or from the overturn of the vehicle. The coverage pays to repair the damaged vehicle itself after the insured pays the deductible, not anything else.

- **Dealers Physical Damage:** This is an optional coverage. This option should be selected if the insured wants coverage for vehicles they own. This is for dealers ONLY and does not apply to service and repair operations.

- **Determining lot limits should be done by multiplying the average number of vehicles by the average value.** See example below. The Maximum Limit per Vehicle should be the value of the most expensive vehicles the insured will perform service/repair on.

Location #	Average # of Vehicles on Lot	Average Value per Vehicle	Maximum Limit per Vehicle	Total Lot Limit
1	10	\$10,000	\$20,000	\$100,000

PLEASE NOTE: The lot limit cannot be less than the maximum limit per vehicle.

- **Specified Causes of Loss (SCOL) OR Comprehensive:** Select one
 - Specified Causes of Loss* – Only specified perils listed, such as flood, vandalism, or hail are covered.
 - Comprehensive* - Pays for damages caused to the insured vehicle which result from any loss other than collision, after the insured pays for the deductible first.
- **Collision:** Pays for damages caused to an insured vehicle which result from the vehicle colliding with another object (vehicle, wall, etc.) or from the overturn of the vehicle. The coverage pays to repair the damaged vehicle itself after the insured pays the deductible, not anything else.
- **Types of vehicles:** Select new, used or both.
- **Interest Covered:** Select all that apply.
- **Loss Payee:** Provide name and address if adding to policy.
- **Optional Coverages**
 - **Additional Insured & Relationship:** Provides coverage for one who qualifies as "insured" under the terms of a policy even though not named as insured.
 - **Broad Form Products Liability:** Provides coverage for property damage liability for products with unknown pre-existing defects
 - **Broadened Coverage – Garage:** This includes Personal and Advertising Injury as well as Fire Legal.
 - **Cyber Suite:** Provides coverage for cyber liability, data compromise, identity theft recovery (We provide this on a separate policy if the insured would like, please ask so we can get you an application.)
 - **Drive Other Car Coverage:** Commonly used when an executive officer, for example, does not carry personal auto insurance because he or she is furnished a company auto.
 - **Errors and Omissions for Auto Dealers:** Extends Liability coverage to include damages arising out of error or omission in compliance with Federal, State or local statutory provisions.
 - **False Pretense:** Can only be offered if insured accompanies on test drives.
 - **Fire Legal Liability: Also known as Damages to Premises Rented to You.** Provides coverage for property damage liability for products with unknown pre-existing defects. This is included in Broadened Coverage form.
 - **Hired Auto:** Provides coverage for a non-owned auto that may be borrowed as well as rented or leased by the insured.

- **Waiver of Subrogation:** Century gives up the right to act against a third party for a loss suffered by an insured.
- **Watercraft Liability:** Provides coverage for limited in-water exposure.
- **Commercial Property Coverage:** MUST complete an ACORD 125 and 140 and submit for a separate quote.
- **Personal Injury Protection (Dealers Only):** Provides coverage for economic losses sustained in a motor vehicle accident, regardless of fault. The major difference between PIP and Medical Payments coverage is that Medical Payments only covers actual medical wages or income, hospitalization, cost of caretakers and any other financial loss resulting from the accident up to specified policy limits
- **Underinsured Motorists (Dealers Only):** Provides coverage for payment of bodily injury or property damage when the other party to the accident is at fault and their liability limits are insufficient to cover the damages or injuries sustained by the insured.

Specifically Described Autos

Please complete our commercial auto application and submit. We have very few states we can add scheduled autos to the policy to create a package.