



8888 Keystone Crossing, 9th Floor
Indianapolis, IN 46240
(800) 878-9891

GARAGE QUOTE SHEET

All questions must be fully answered

Insured Information:				Agency Information:					
Name:				Name:		Code:			
DBA:				Producer:					
Address:				Phone:					
City:		State:		Zip:		County:			
Phone:		Email:		Website:					
Policy period requested:		Date Business Started:		Years in Business:					
		Have you ever had a lapse in coverage?		Yes No		If yes, provide dates of lapse:			
Business Entity Type:		Individual Partnership Corp LLC							
Description of Operations:									
1. What is your experience with auto sales/repair? Provide complete details. (Include number of years experience)									
2. What type of vehicle do you sell or service? Show % for each.									
a. Cars, sport utility, light trucks, vans		%		b. *Construction of Farming Equipment		%			
c. *Recreational Vehicles		%		d. *Commercial Trucks & Trailers		%			
e. *Salvage (used) parts		%		f. Motorcycle		%			
						g. Wholesale %			
						h. Towing %			
*Additional supplemental app is required									
3. Do you operate any other businesses? (Please provide Name of the Business, Address, and Details of the Operation.)									
4. Do you sell or service tires? Yes* No *Complete tire questionnaire on last page									
5. Locations where you conduct Garage Operations (include city, state & zip code)									
1.		3.							
2.		4.							
6. Do any other businesses use your location(s)?									
7. Have you been cancelled or non-renewed in the last 3 years? If yes, why?									
LIST ALL OWNERS, OWNER'S SPOUSES, EMPLOYEES, DRIVERS, HOUSEHOLD MEMBERS, ETC									
Name		Date of Birth	DL#	State	Comm'l DL?	Job Description or Relationship	Part Time/Full Time	Auto furnished or available for regular use?	Personal Auto Policy?
Prior Carrier and Loss History (past 3 years)? New Venture? Yes No									
Current Carrier				Policy Period		Policy Premium \$			
Prior Carrier				Policy Period		Policy Premium \$			
Prior Carrier				Policy Period		Policy Premium \$			
Date of Loss		Amount Paid		Coverage		Description of Loss including employee/driver name			

Sales Questions

8. Where do you purchase vehicles? | 8a. Who drives or transports vehicles to your lot?
9. If you drive or transport newly acquired autos more than 300 road miles (50 miles for Kentucky) from point of purchase to your lot, How Often? How far in road miles?
10. How many vehicles do you sell per year? How many of those are sold on Ebay or similar internet site (customer does not come to lot)? How many vehicles do you sell per year on consignment? Do you offer Buy Here/Pay Here?
11. What is your normal radius of operations? miles
12. Describe your theft barriers (fence & gate, post & cable, etc)
13. Where are the car keys kept?
14. How many dealer plates do you have?
15. Do you repossess vehicles? Yes No
If yes, please explain:
16. Do you sell salvage titled vehicles? Yes No
If yes, what % of vehicles require: Structural Repair % Mechanical Repair % Cosmetic Repair %
17. Do you always ride along test drives: Yes No

Service Questions

18. What percentage of your private passenger auto work is?

Alignment %	Oil & Lube %	Tune Up %	Describe any other work done:
Body/Paint %	Radiator %	Towing %	
Brakes %	Sound/Alarm System %	Upholstery %	
Engine Overhaul %	Suspension/Frame %	Wash/Detail %	
Muffler %	Tires* %	Window Tint %	
*Complete questionnaire on last page			

19. Do you sell gasoline? Yes No Do you sell LPG? Yes No If yes, how many gallons? Gasoline LPG
20. Do you install trailer hitches? Yes No
21. Do you have a spray paint booth? Yes No Explosion proof lighting? Yes No
If yes, is it UL approved? Yes No
Is it in a separate & well ventilated area? Yes No
22. Do you recap tires or sell recapped tires? Yes No How are they used?
23. Do you tow for hire? Yes No If yes, complete tow truck operator questionnaire.
24. How many Transporter Plates do you have? How often are they used?
25. Describe Building Security and Theft barriers (ie. fence & gate, post & cable, inside)
26. Where are the customer's car keys kept?
27. If pickup/delivery of customer autos what is the a. Radius: b. How Often:

Coverage Requested

Garage Liability Limit	Each Limit \$	Aggregate \$	Dealers E&O
Add Broadened Coverages – Garage		Additional Insured & Why?	
Add Liability for these related (non garage) operations:			
Category:		Gross Receipts:	
Garage Keepers Limit \$	per location	Max value per auto: \$	Basis: <input type="checkbox"/> Legal Liability OR <input type="checkbox"/> Primary
SCL OR	Comp \$ deductible	Collision \$ deductible	
Dealers Physical Damage Limit \$	per location	Max per auto: \$	Type of Vehicles sold: <input type="checkbox"/> New <input type="checkbox"/> Used
SCL OR	Comp \$ deductible	Collision \$ deductible	Interests Covered: <input type="checkbox"/> Owner <input type="checkbox"/> Owner & Creditor
<input type="checkbox"/> Drive Away Road Miles:		False Pretense:	<input type="checkbox"/> Consignment
Loss Payee:			
<input type="checkbox"/> Medical Payments Limit \$ <input type="checkbox"/> Auto Only <input type="checkbox"/> Premises Only <input type="checkbox"/> Combined			
<input type="checkbox"/> Uninsured Motorists \$ (signed state form selecting or rejecting coverage will be required)			
<input type="checkbox"/> Underinsured Motorists \$ (signed state form selecting or rejecting coverage will be required)			
<input type="checkbox"/> Personal Injury Protection \$ (signed state form selecting or rejecting coverage will be required)			
<input type="checkbox"/> Fire Legal Liability \$50,000 or \$			
<input type="checkbox"/> Commercial Property (attach Acord 140)			
<input type="checkbox"/> Commercial Auto (attach Acord or appropriate supplemental app)			

TIRE SALES &/OR SERVICE QUESTIONNAIRE SUPPLEMENT

1. What percentage of your work is:
 - a. Service only, no sales %
 - b. Describe work done:
2. What percentage of your work is:
 - a. Specialty Tires %
 - b. Off Road %
 - c. Racing %
 - d. Construction/Farm Equipment %
3. Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes?
☐Yes ☐No

Tires Sales Questions:

1. What percentage of tires sold are: New Tires % Used Tires % (quantity, not gross receipts)
2. Do you sell new tires manufactured more than 3 years ago? ☐Yes ☐No
3. For vehicles **without dual axles**, when selling less than 4 tires, are the newest always installed on the rear axle?
☐Yes ☐No
4. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth?
☐Yes ☐No
5. If you sell used tires, what method do you use to mark them?

Disclaimer

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Signature

National Producer Number (Required in Florida)

Producer's Signature

Applicant's Signature

Producer's Name (*please print*)

Date

State Producer License Number