Garage Quote Sheet

Arlington/Roe®
Managing General Agents | Wholesale Insurance Brokers

All questions must be fully answered.

Agency Information			
Name:	Producer:	Code:	Phone:
Insured Information			
Name:		DBA:	
Full Address *(Street, City, State, Zip)*:			
County:	Phone:	Email:	Website:
Policy Period: From to		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		FEIN #:	Gross Receipts:
Description of Operations:			
1. What is your experience with auto sales/repair? Provide complete details including number of years of experience:			
2. What type of vehicle do you sell or service? Show % for each. *(* denotes additional supplemental app is required)*			
*Antique/classic auto %	Autonomous Vehicle %	*Boats %	Cars, sport utility, light trucks, vans %
*Commercial trucks & trailers %	*Construction of farming equipment %	*Emergency vehicles %	*Golf carts %
Internet sales %	*Mobility vehicles %	*Motorcycle & off-road vehicles %	Parking lots/structures/carousels - self parking %
*RVs (motorhomes & camping trailers) %	*Salvage: private passenger autos (SUVs, pick-ups & vans) %	*Salvage: other vehicle types (applies to location(s): %	*Salvage (used) parts %
*Storage facilities/lots %	*Towing %	Utility trailers %	*Valet parking %
Other (describe):			%
Breakdown of vehicle sales: Retail: %	Broker %	*Wholesale %	Service %
2a. Do you import or export vehicles? ☐ Yes ☐ No		If yes, describe:	
2b. Do you operate an aution?* ☐ Yes ☐ No			
2c. Is this a pawn shop with Auto Pawn operations? *If yes, answer a-c:* ☐ Yes ☐ No a. Do you always take posession of the vehicle? ☐ Yes ☐ No b. Are autos the only things pawned? ☐ Yes ☐ No c. Are there any title pawn operations? ☐ Yes ☐ No			
3. Do you store or display owned or non-owned autos anywhere besides your garage location? ☐ Yes ☐ No *(If yes, provide the name of the business, address & details of operation):*			
3a. Do you own any other business? ☐ Yes ☐ No *If yes, answer a-g below:* a. Provide full legal business name(s): b. Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC c. Provide full physical address(es): d. Describe the operations of the business(es): e. What is the relationship to the business we are being asked to insure? f. Do you share any employees between these businesses (not including owners)? g. Do you have liability insurance elsewhere for your other business(es)?			

Insured Information								
4. Do you sell or service tires? ☐ Yes ☐ No *Complete the tire questionnaire on the last page								
5. Locations where you conduct garage operations *(include city, state & zip)*								
1.				3.				
2.				4.				
6. Do any other businesses use or rent your location? ☐ Yes ☐ No If yes, describe occupancy and if they carry their own insurance:								
7. Have you been cancelled or non-renewed in the last 3 years? ☐ Yes ☐ No If yes, why?								
List all owners, owner's spouses, employees, drivers, household members & 1099 contactors not required to carry their own insurance.								
Name	DOB	DL#	State	CDL? Y/N	Job description or relationship	Part/ Full Time	Auto furnished or available for regular use?	Personal auto policy? Y/N
List any and all violations & accidents in the past 3 years. Include the name of the individual, violation/accident and date of incident:								
Prior carrier & loss history (past 3 years)? New Venture? ☐ Yes ☐ No No prior insurance ☐								
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 for KY) from point of purchase to your lot: How often? How far in road miles?	
10. How many vehicles do you sell per year? What % are sold online (customer doesn't visit the lot)? % Provide website if over 15%:	How many vehicles do you sell per year on consignment? Do you offer buy here/pay here? ☐ Yes ☐ No
11. What is your normal radius of operations? miles	
12. How many dealer plates do you have?	12a. Are you a licensed dealer? ☐ Yes ☐ No
12b. Are titles transferred promptly upon sale in compliance with state guidelines? ☐ Yes ☐ No	
12c. Do you lease, rent, or loan dealer, transporter or any other type of plates? ☐ Yes ☐ No	
12d. Do you lease or rent vehicles? ☐ Yes ☐ No If yes, are the leasing or rental operations covered elsewhere?	

Sales Questions

13. Do you reposess vehicles? ☐ Yes ☐ No
If yes, please explain:

13a. Do you tow for hire? ☐ Yes ☐ No

14. Do you sell salvage title vehicles? ☐ Yes ☐ No
If yes, what % of vehicles require: Structural repair % Mechanical repair % Cosmetic repair %

15. Do you always ride along test drives? ☐ Yes ☐ No

15a. Do you allow overnight or extended test drivers? ☐ Yes ☐ No

15b. Do you verify the customer has a current driver's license in hand prior to test drives? ☐ Yes ☐ No

16. Are firearms kept on the premises? ☐ Yes ☐ No

17. Are vehicles loaned to customers? ☐ Yes ☐ No If yes, answer 17a-d:

17a. Is there a contract agreement for loaned vehicles? ☐ Yes ☐ No

17b. Do you get a copy of the driver's license? ☐ Yes ☐ No

17c. Do you verify the customer has auto insurance? ☐ Yes ☐ No

17d. What is the minimum age?

18. How are keys secured? During business hours: Select When lot or shop is closed: Select
If other, describe:

Service Questions

19. What percentage of your private passenged auto work is:		Airbags (safety) %	Alignment %
Body/paint/wraps %	Brakes %	Customization/fabrication* %	Driver Assist Tech %
Lift kits %	Lawn mower blades/cutting* % *(Heavy Vehicle Supp)*		Mobile Ops %
Muffler %	Oil & lube %	Radiator %	Upholstery %
Performance enhancement %	Sound/alarm system %	Car wash/detail %	Suspension/frame %
Tires* % *(Complete the questionnaire on the last page)*		Tune up %	Towing %
Window tint/windshields %	Welding %	Engine overhaul %	

Describe other:

19a. How are keys secured? During business hours: Select When lot or shop is closed: Select
If other, describe:

19b. Describe building security & theft barriers (fence & gate, post & cable etc.):

19c. If any performance enhancement, are vehicles street legal when your work is completed? ☐ Yes ☐ No
If yes, describe work performed:

19d. Do you park customer vehicles on the street? ☐ Yes ☐ No

20. Do you sell gasoline? ☐ Yes ☐ No

20a. Do you sell LPG? ☐ Yes ☐ No
If yes, how many gallons? Gas: LPG:

21. Are signs posted to keep customers out of the work area? ☐ Yes ☐ No

22. Do you install trailer hitches? ☐ Yes ☐ No

23. 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 and well-ventilated area? ☐ Yes ☐ No
Are all flammable materials kept in a fire-proof metal cabinet when not in use? ☐ Yes ☐ No

24. Do you recap tires, or sell recapped tires? ☐ Yes ☐ No

25. Do you tow for hire? ☐ Yes ☐ No

26. How many transporter plates do you have? How are they used?

27. If pickup/delivery of customer autos, what is the a. Radius: b. How often:

28. Racing Exposure (must answer a, b and c.)

28a. Do you have an owned vehicle racing or exhibition exposure? ☐ Yes ☐ No
If yes, is the vehicle titled to the Named Insured? ☐ Yes ☐ No

28b. Do you service any vehicles involved in racing or exhibition events? ☐ Yes ☐ No If yes, what percent? %
If yes, provide details of work performed and location where work is performed:

28c. Do you sponsor any racing-related activities? ☐ Yes ☐ No If yes, provide details:

Coverages Requested

☐ **Liability Coverage**
General Liability BI & PD $ Per Occurrence: Liability Deductible: ☐ 1,000 ☐ 2,500
Covered Autos Liability $ Same as GL Occurrence General Liability Aggregate: ☐ 1X ☐ 2X ☐ 3X

Damage to premises Renter to You included at $100,00 **OR** select higher limit $
OR ☐ Exclude Damage to Rented Premises (formerly Fire Legal)

Personal & Advertising Injury Liability included **OR** ☐ Exclude Personal & Advertising Injury

Premises Medical Payments Limit: $ OR ☐ Exclude Premises Medical Payments Coverage

☐ Auto Medical Payments Limit (must match Premises Medical Payments if selected): $

☐ Errors & Omissions for Auto Dealers - select limit ☐ $100,000 ☐ $400,000 ☐ $800,000

For Dealers and Scheduled Autos; and Service Risks where required by state law:

☐ Uninsured motorists $ *(signed state form selecting or rejecting coverage will be required)*

☐ Underinsured motorists $ *(signed state form selecting or rejecting coverage will be required)*

☐ Personal Injury Protection *(signed state form selecting or rejecting coverage will be required)*

Are there any other non-auto-related operations? ☐ Yes ☐ No If yes, select one of the classes and list payroll or gross receipts.

Class: Select	List Payroll, Gross Receipts or Other:
Class: Select	List Payroll, Gross Receipts or Other:

☐ **Garagekeepers Coverage (Non-Owned Autos)**

Location	Avg # on lot	Avg value per vehicle	Max # on lot	Max Value per vehicle	Max value - How many vehicles a month?	Total lot limit *(value of non-owned)*
1						$
2						$
3						$

☐ SCL or ☐ Comp $ deductible | Collision $ deductible | Coverage: ◯ Legal Liability or ◯ Primary

Dealers Physical Damage Coverage

Location	Avg # on lot	Avg value per vehicle	Max # on lot	Max Value per vehicle	Max value - How many vehicles a month?	Total lot limit *(value of owned)*
1						$
2						$
3						$

☐ SCL or ☐ Comp $ deductible | Collision $ deductible | ☐ Drive Away Road Miles:

☐ Driver other car coverage: | ☐ False Pretense:

Types of vehicles sold: ☐ New ☐ Used | Interests Covered: ☐ Owner ☐ Owner & creditor ☐ Consignment

Loss Payee:

☐ Fire legal liability $50,000 or $ | ☐ Commercial Property (attach Acord 140)

☐ Commercial Auto (attach Acord or appropriate supplemental app)

Optional Coverages

☐ Additional insured name and relationship:
Address:

☐ Hired Auto - Cost of Hire: $ ☐ If Any | ☐ Broad Form Products Liability

☐ Cyber Suite (cyber liability, data compromise, identify theft recovery) | ☐ Cyber liability SERP

☐ Stop Gap - employers liability coverage (ND, OH, WA & WY only) | ☐ Waiver of subrogation | ☐ Watercraft liability

Tire Sales &/or Service Questionnaire Supplement (Only complete this portion if you sell or service tires)	
1. What percentage of your total operation is tires? %	1a. Service only, no sales: % 1b. What service is performed?
2. Work Performed (check all that apply) ☐ Fixing Flats ☐ Tire Rotation ☐ Tire siping ☐ Comp Cutting Other (describe):	
3. What percentage of your work is: Specialty tires % Off-road % Racing % Construction/Farm Equipment % Recap/Retread Tires %	
4. Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes? ☐ Yes ☐ No	
Tire Sales Questions	
5. What percentage of tires sold are: New Tires % Used Tires % (quantity, not gross receipts)	
6. Do you sell new tires manufactured more than 3 years ago? ☐ Yes ☐ No	
7. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? ☐ Yes ☐ No	
8. Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No	
9. If you sell used tires, what method do you use to mark them?	

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Disclaimer

The signatory below is an authorized representative of the proposed insured 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