

Garage Quote Sheet



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 auction?* Yes No									
2c. Is this a pawn shop with Auto Pawn operations? If yes, answer a-c: Yes No									
a. Do you always take possession 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 (<i>include city, state & zip</i>)								
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 repossess 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: When lot or shop is closed: 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: When lot or shop is closed: 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 If yes, is it UL approved? Yes No Are all flammable materials kept in a fire-proof metal cabinet when not in use? Yes No				Explosion proof lighting? Yes No Is it in a separate and well-ventilated area? 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, provide details of work performed and location where work is performed:				If yes, what percent? %					
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 \$100,00 \$400,00 \$800,00						
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:				List Payroll, Gross Receipts or Other:		
Class:				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	
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
Other (describe):				Comp Cutting
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?				

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