



Western Heritage Insurance Company

APPLICATION FOR GARAGE POLICY

Policy Period Desired: From _____ To _____

Business Trade Name: _____ Insured: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Phone (____) ____ - _____

Internet Address (If any): _____

Years in Business: _____ Years Sales/Repair Experience: _____

Business Entity: Individual Partnership Corporation

Describe your Operations: _____

Locations/Premises where you conduct Garage Operations

- 1. _____
2. _____

GENERAL INFORMATION

A. What are your normal business hours? _____

Are autos stored at your premises after normal business hours?..... Yes No

If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable).

- 1. _____
2. _____

Describe your theft barriers/storage at each location, for autos you do not OWN (building, fence & gate or post & cable).

- 1. _____

Do you own or lease Location 1? Own Lease

- 2. _____

Do you own or lease Location 2? Own Lease

B. Do you have or maintain animals on your premises? Yes No

If yes, what types/breeds? _____

Are these animals pets? Yes No

Are they used for security purposes? Yes No

Do you maintain any other security measures not already listed? Yes No

If yes, explain: _____

C. Please provide value and number of autos stored at each location:

Table with 6 columns: Location No., Maximum Value of ALL Autos, Average Value per Auto, Maximum Value per Auto, Average No. of Autos, Maximum No. of Autos. Rows for Location No. 1 and Location No. 2.

- D. Describe your key controls during business hours: _____ After business hours: _____
 If a key box is used, describe location of key box (in building or attached to autos): _____
- E. Do you pick up or deliver autos not owned by you? Yes No
 If yes, explain: _____
 Do you tow for hire?..... Yes No
 If yes, explain: _____
- F. Who drives or tows vehicles to your premises? _____
- G. What is your normal radius of operations? _____
- H. Do you Loan or Lease autos? Yes No
 If yes, do you loan or lease autos to customers while their auto is being repaired?..... Yes No
 Do you loan or lease autos for shorter than twelve (12) months?..... Yes No
- I. Do you sell or store salvaged autos? Yes No
 If yes, please indicate the purpose:
 Sale of Salvage Titled Autos % Rebuilding/Repairing Customers Autos %
 Sale of Used Parts %
 Other % Explain: _____

J. List ALL Owners, Employees & Drivers:

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations & Accidents Past 3 Yrs.	Full or Part Time	Job Title/Duties
				Y/N	Class					

- K. List ALL Family members and non-family members (except customers):
 (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.)

Name	DOB	Driver License No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?	Violations & Accidents Past 3 Yrs.	Relationship

- L. Will anyone listed in either Items J. or K. use an auto for reasons other than listed?..... Yes No
 If yes, please explain: _____
- M. Have all members of your household been disclosed on this application?..... Yes No
 If no, explain: _____

N. 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? Yes No N/A

INSURANCE HISTORY

Has your insurance been cancelled or non-renewed within the last three years (not applicable in MO)? Yes No

If yes, please explain: _____

A minimum of three year history is required. If three year history is unavailable, please explain: _____

Current Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____

Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____

Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

UNDERWRITER INFORMATION

Please provide your percentage of operations (Percentages MUST equal 100%).

	Repair	Sales
1. Private passenger cars, SUVs pick-up trucks, vans	%	%
2. Motorhomes	%	%
3. Motorcycles	%	%
4. Motor-coaches or buses	%	%
5. Watercraft (boats, jet skis, etc.)	%	%
6. Dirt Bikes or ATVs	%	%
7. All other recreational autos	%	%
8. Equipment (farm, construction, contractors, etc.)	%	%
9. Travel trailers or camper trailers	%	%
10. Utility trailers or livestock trailers	%	%
11. Trucks, tractors, semi-trailers	%	%
12. Salvage titled autos	%	%
13. Salvage parts	%	%
14. Other: _____	%	%
TOTAL	100%	100%

Total Gross Receipts from:

All Vehicle/Equipment Sales \$ _____ All Repair \$ _____

Other Product Sales \$ _____ Tow Truck Operations \$ _____

All Vehicle/Equipment Sales Dealer/Sales Information

1. Where do you purchase vehicles? _____

Do you buy or sell vehicles on the Internet? Yes No

Explain: _____

2. Do you drive-away more than 300 miles from point of purchase? Yes No
If yes, how often? _____
3. How many vehicles do you sell per year? _____ How many of those are on consignment? _____
4. How many dealer plates do you have? _____
5. Do you repossess vehicles? Yes No
If yes, are these autos you have sold? Yes No
Do you repossess autos for banks or other dealers? Yes No
6. Test drives: Do you always obtain a copy of the customer's license? Yes No
Do you always obtain proof of insurance? Yes No
Do you always ride along? Yes No

Auto Service/Repair/Installation Information

1. What percentage of your work is (total of percentages must equal 100%):

Type of Work	Percent
Oil & Lube	%
Tune-Up	%
Muffler	%
Radiator	%
Electrical	%
Brakes	%
Hitches	%
Upholstery	%
Tires (New)	%
Tires (Used)	%
Frame Work	%
Painting	%
Body Work	%

Type of Work	Percent
Wash/Detail	%
Window Tint	%
Clear Coating	%
Stereo System	%
Alarm System	%
Transmission	%
Windshield	%
Lift Kit Installation	%
Suspension (Not Lift Kits)	%
Wheel Alignment	%
Performance Adjustments	%
Other: _____	%
Other: _____	%

2. Do you do any welding? Yes No
If yes, explain: _____
3. Do you have a spray paint booth? Yes No
If yes, is it U/L approved? Yes No
Is it ventilated? Yes No
Are fixtures covered/protected? Yes No
Is paint stored in fire-resistive cabinets outside the paint booth? Yes No
4. Do you sell gasoline? Yes No If yes, how many gallons per year? _____
Do you sell LPG? Yes No If yes, how many gallons per year? _____
5. Do you recap tires or sell recapped tires? Yes No

COVERAGE REQUESTED

GARAGE LIABILITY \$ _____ each accident \$ _____ aggregate Deductible \$ _____

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control)
 Legal Liability Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location No. 1: \$ _____
 Location No. 2: \$ _____
 Deductibles: Specified Causes or Comprehensive Deductible \$ _____
 Collision Deductible \$ _____
 Maximum Deductible Per Loss \$ _____
 In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)

DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale)
 Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location No. 1: \$ _____
 Location No. 2: \$ _____
 Deductibles: Specified Causes or Comprehensive Deductible \$ _____
 Collision Deductible \$ _____
 Maximum Deductible Per Loss \$ _____
 Type: New Used
 Interests Covered: Owner Owner and Creditor (Bank) Consignment
 Drive-away Miles (if over 300 miles): _____
 Other Limits: At Temporary Locations: \$ _____ While in Transit: \$ _____
 Loss Payee: _____
 Loss Payee Address: _____

PREMISES MEDICAL PAYMENTS \$1,000 \$5,000

SPECIFICALLY DESCRIBED AUTOS

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

UNINSURED MOTORIST \$ _____ **PERSONAL INJURY PROTECTION** \$ _____

FIRE LEGAL LIABILITY \$50,000

Additional Insured: _____

Address: _____

Explain the relationship between the named insured and the additional insured: _____

Remarks: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

APPLICABLE IN THE STATE OF NEW YORK:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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 include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING:

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APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____