



Phone: 818-264-0300 Fax: 818-264-0699

Garage Insurance Application (For Best Results, Please Complete In Full)

- 1) Requested Effective Date: (mm/dd/yyyy)
2) Name of Business:
3) Mailing Address: City: State: Zip:
4) Owner Name: Contact Name:
5) Phone: Fax: Other:
6) E-Mail Address: Website Address:
7) Location address (If different): City: State: Zip:
8) Years in Business: Years Experience:
9) Type of Ownership: Sole Proprietorship (Individual) Corporation LLC Partnership or Joint Other
10) Part of a Franchise?: (Y)es or (N)o
11) Desired Limits: (Each Occurrence/General Aggregate) (Other limits may be available upon request): Liability: \$100,000 \$300,000 \$500,000 \$1,000,000 Other: Garage Keepers Limit (per car limit & total value of vehicles on lot): Desired Deductible: \$500 \$1,000 \$2,500
12) Describe the business operations in DETAIL including a description of ALL goods or services provided. (Please use 8 words or more):
13) Do you have any tow trucks or vehicles you would like to cover? (Y)es or (N)o
14) Are you working on vehicles in excess of 20,000 GVW? (Y)es or (N)o
15) Is there a dog on the premises? (Y)es or (N)o Is a firearm kept on the premises? (Y)es or (N)o
16) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est): \$ Est Annual Payroll (Next 12 months): \$ # of Active Owners: Number of Employees (SERVICE ONLY): FT PT
17) Prior Carrier: Policy #: Expiration Date: (mm/dd/yyyy)

18) Any Claims? (Y)es or (N)o_____ Annual Premium?: \$_____

19) Bankruptcy: Yes No If Yes, What Yr.?_____ Was it Discharged? Yes No

20) Will this policy need to cover any Loss Payees/Mortgagees/Additional Insured's? (Y)es or (N)o _____

Complete Only if Getting Property Insurance

21) 100% Replacement value of building: \$_____ Number of Stories? _____

22) Value of business property inside the building (desks/computers/tools):\$ _____

23) Bldg Construction?:

Frame	Joisted masonry	Non-Combust
Fire Resistive	Masonry Non Comb.	Mod. Fire Resistive

24) Square footage of building occupied: _____

25) Bldg Age?_____ Describe condition of premises: Good Fair Poor Improving

26) Do you have a monitored Central Station alarm? (Y)es or (N)o_____

Signature: _____

Date: _____