

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES

Maximum limit of any one unit: _____

- \$500 Deductible **Specified Causes of Loss and Collision**
 \$1,000 Deductible
 Other Deductible _____

- Legal Liability**
 Direct Primary
 Direct Excess

List All Business Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

*Non-Reporting Form Only

- Specified Causes of Loss
 \$500 deductible \$1,000 deductible
 Collision
 \$500 deductible \$1,000 deductible

List All Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

Any loss payees? Yes No If yes, give name and address of loss payee: _____

15. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

CLASS I EMPLOYEES

Number

Number

Definitions:

- | | | | |
|--|-------|--|-------|
| (A) Proprietors, Partners, Executives active in the business | _____ | (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles | _____ |
| (B) Sales Persons | _____ | (F) Other employees or operations whose duty is driving garage vehicles for delivery or Driveaway | _____ |
| (C) General Managers | _____ | (G) All other employees | _____ |
| (D) Service Managers | _____ | | |

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

†Insert letter from above definitions
 ††Part Time = less than 20 hours per week

NON-EMPLOYEES (CLASS II)

Number _____

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished.
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto.

List all non-employees as defined above:

Name	Date of Birth	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

Description of automobile to be covered:

Year	Model	Body Type	Load Capacity	Identification No.	Radius

UNDERWRITING INFORMATION

- 1. Are floors free of oil, grease and other flammable materials? 1. Yes No
- 2. Do you store gasoline on location? 2. Yes No
- 3. Are ignition keys left in vehicles that are stored? 3. Yes No
If not where? _____
- 4. During working hours - where are keys to units? _____
- 5. Are windows on sides and back barred? 5. Yes No
- 6. Are bolt locks on all doors? 6. Yes No
- 7. Is the front and back well lighted? 7. Yes No
- 8. Do you have an alarm system? Type _____ 8. Yes No
- 9. Do you have a sprinkler system? 9. Yes No
- 10. Do you have fire extinguishers? 10. Yes No
- 11. Do you sell any of the following?

Mobile Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Camper Trailers (Pull Type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Boats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Snowmobiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
All Terrain Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Golf Carts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Lawn & Garden Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Motorhomes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Jet Skis/Waverunners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Other (Specify) _____			
- Sale, repair or installation of trailer hitch or 5th wheel connections Yes No _____ %
- 12. If you sell motorcycles:
 - a) Do you sell units under 50 ccs? 12. Yes No
 - b) Are units you sell required to be registered for road use? Yes No
 - c) Is a motorcycle license required to operate the units you sell? Yes No
 - d) Are you involved with modification and/or kit installation? Yes No

