

APPLICATION FOR GARAGE POLICY

Agent Name: Texas Partners Insurance Group _____ Retailer: _____

Agent # _____ Address: _____

Address: 15001 Walden Rd, Suite 215C _____

Montgomery, TX 77356 _____ Agent Phone # 936-588-2202 _____

Proposed effective date: ____/____/____ to ____/____/____

Business Entity:

Applicant Name: _____ Individual Joint Venture

Mailing Address: _____ Partnership Corporation

City: _____ State: _____ Zip: _____ Other: _____

Insured Contact: _____ Contact Phone #: _____

Description of Operations: _____

Years in business: _____ Years of Experience in this field: _____ Web Site: _____

If new venture, describe prior related experience: _____

Location 1 Address: _____ City: _____ State _____ Zip _____

Location 2 Address: _____ City: _____ State _____ Zip _____

Location 3 Address: _____ City: _____ State _____ Zip _____

INSURANCE HISTORY No prior insurance No prior losses

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? Yes No

If yes, explain: _____

Current Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

Prior Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

Prior Carrier _____ Eff Date ____/____/____ Exp Date ____/____/____ Premium _____

Date of loss ____/____/____ Amount _____ Description of Loss _____ Driver _____

Date of loss ____/____/____ Amount _____ Description of Loss _____ Driver _____

Date of loss ____/____/____ Amount _____ Description of Loss _____ Driver _____

TYPES OF AUTOS SOLD/ REPAIRED

	Sales	Repair		Sales	Repair
Auto – Private Passenger New	____%	____%	Golf Carts *	____%	____%
Auto – Private Passenger Used	____%	____%	Heavy Truck (26,000+ GVW) *	____%	____%
Antique or Classic Autos	____%	____%	Mobile Home	____%	____%
ATV, Snowmobile, Dirt Bike *	____%	____%	Motorcycle or Scooter *	____%	____%
Boat or Watercraft *	____%	____%	Off Road 4x4 *	____%	____%
Jet Ski *	____%	____%	Semi- Trailer *	____%	____%
Buses / Motor Coaches *	____%	____%	Sports or High Performance	____%	____%
Contractors Equipment *	____%	____%	RV & Camper (Motorhome) *	____%	____%
Emergency Vehicles or Public Livery *	____%	____%	Trailer (Utility or Travel Trailer)	____%	____%
Farm Tractors, Implements or Equipment *	____%	____%	Other: _____	____%	____%

***SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED**

DO YOU:

(Explain All Yes Answers below)

	Yes	No		Yes	No
Structurally alter vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input type="checkbox"/>



Convert vehicles from factory design?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor events for sports, racing, rides, rallies, shows, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	Perform Repossession Operations?	<input type="checkbox"/>	<input type="checkbox"/>
Sell, rebuild or repair autos with a salvage title?	<input type="checkbox"/>	<input type="checkbox"/>	If yes:		
If yes, _____% of operation & _____% of structural repairs			For Hire _____% For You _____%		
Dismantle Autos or have Salvage Operations?	<input type="checkbox"/>	<input type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input type="checkbox"/>	Sell uninstalled parts or accessories?	<input type="checkbox"/>	<input type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Receipts: \$_____		
Loan, lease or rent autos to others?	<input type="checkbox"/>	<input type="checkbox"/>	Conduct any other operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: <input type="checkbox"/> Loan/ Rent to customer while repairing their auto <input type="checkbox"/> Rent/ Lease to the public					
Explain all yes answers: _____					

DEALER OPERATIONS On-premises

Nature of Business: Retail _____% Consignment _____% Export _____% Wholesale* _____% Broker* _____% Auction _____%

Do you sell over the internet? Advertising Only Sight-Unseen Sales *Wholesale Supplement Also Required

How many vehicles do you sell per year? _____

How many Dealer Plates do you have? _____

Is there a Personal Auto Policy in your household? Yes No If yes, what company? _____

Do you offer buy here/ pay here sales? Yes No

 If yes, or if you Export vehicles, when are titles transferred? _____

 Are you listed as lienholder on the title? Yes No

Do salespeople accompany customers on all test drives? Yes No

 If no: Do you require a copy of their Driver's License & Proof of Insurance? Yes No

 Are customers under age 21 accompanied on all test drives? Yes No

Do you allow extended or overnight test drives? Yes No

Radius of pickup and delivery: 1-300 miles 301-500 miles 501-1,000 miles Unlimited

How do you transport autos: Owned Tow Truck or Car Hauler Owned Tow Bar or Dolly

Driven by Employees Contracted Tow Truck or Car Hauler Temporary or Contract Driver

NON-DEALER OPERATIONS

Where do you conduct operations? Your Premises _____% Customer's Location _____% Roadside _____%

 Other _____%

Are signs posted to keep customers from work areas? Yes No

Do you sell any of the following: Gasoline Diesel Fuel LPG Kerosene Fuel Oil Liquefied Natural Gas

 If yes, Gross Receipts: \$_____ \$_____ \$_____ \$_____ \$_____ \$_____

How many Repair/Transporter plates do you have? _____

Do you pick-up or deliver customers' vehicles? Yes No

 If yes, how far do you go? _____ Miles How often? _____ Times a week

NON-DEALER OPERATIONS *"Auto" refers to types of vehicles identified on page 1*

Alarm, Stereo or Navigational Systems _____% Gasoline Station _____%

Alignment _____% Full Serve Self-Serve



Airbags _____%	Handicap Vehicle Conversion _____%
Auto Dismantling _____%	Lift Kits / Lowering Kits (max # of _____ inches) _____%
Auto Body Shop _____%	Oil /Lube _____%
Auto Painting _____%	Parking Lot or Garage (self-park) _____%
Auto Restoration _____%	Roadside Assistance _____%
Brakes _____%	Roadside Tires _____% <i>If any, complete tire section</i>
Breathalyzer / Ignition Interlock Sales, Installation, Service _____%	Safety Inspections _____%
Car Wash: Full Service _____% Self Service _____%	Storage/Impound Lot _____%
Convenience Store _____%	Suspension _____%
Receipts \$ _____	Transmission _____%
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tires – <i>If any, complete tire section:</i> _____%
Customization and/or Performance Enhancement _____%	Towing _____%
Purpose: Go Faster _____% Cosmetic _____%	Trailer Hitch Install or Repair _____%
Run Better _____%	Bolt _____% Weld _____%
Detailing _____%	Tune Ups / Maintenance _____%
Engine Repair _____%	Valet Parking (Valet supplemental required) _____%
Fiberglass Body Repair _____%	Welding <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural _____%
Fuel Conversion (CNG, Nitrous): Type: _____%	Window Tinting _____%
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Windshield Install or Repair _____%
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____%
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all spray painting operations completed in a separate, ventilated room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain if No _____	

TIRES (Complete if any percentage of Tires above)

1) New Tires _____% Used Tires _____

2) Do you fix/change tires for heavy trucks? Yes No
 If yes: Recaps/Re-Treads _____% Split Rim Work _____%

3) Do you sell Tires over 5 years old? Yes No

4) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____

5) Do you perform Rim Repair Yes No
 If yes: a) Are tires removed? Yes No
 b) Cosmetic Only? Yes No

6) Do you rent or lease Tires? Yes No

AUTO STORAGE AND VALUES

Is your lot fully fenced and gated? Yes No

If no, describe lot security: Security Cameras Building Age: _____ Construction: _____
 PC: _____ Central Station Alarm? Yes No

Other: _____

Are keys secured in a lock box? Yes No

If no, describe key controls: _____

<u>Owned Autos Held for Sale:</u>		<u>Non-Owned Autos:</u>	
Value Per Auto: Average _____	Max _____	Value Per Auto: Average _____	Max _____
Number of Autos: Average _____	Max _____	Number of Autos: Average _____	Max _____

PEOPLE: LIST ALL OWNERS, EMPLOYEES and DRIVERS (INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS)



	Name	Driver's License Number	State	Date of Birth	Within the past 3 yrs.		Status	Hours Worked	Auto Usage
					Violations	Accidents	*See Below (1-12)	**See Below (F,P,N)	***See Below (A-D)
1				/ /					
2				/ /					
3				/ /					
4				/ /					
5				/ /					
6				/ /					
7				/ /					
8				/ /					
9				/ /					
10				/ /					

MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

Explain any violations or accidents: _____

Have all owners, employees, drivers & household members of driving age been disclosed above? Yes No

***STATUS**

Class I – Employees/Regular Operators

- 1 Active Owner, Partner or Officer
- 2 Inactive Owner, Partner or Officer
- 3 Salesperson
- 4 Manager

Class I – All Other

- 5 Lot Person
- 6 Mechanic
- 7 Clerical
- 8 Contract Driver
- 9 Other: _____

Note: EMPLOYEE includes 1099 and other 'subcontracted' persons who work in your "Garage Operation" and do not have their own insurance.

Class II – Non-Employees

- 10 Spouse of Owner, Partner or Officer
- 11 Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not
- 12 Other: _____

**** HOURS WORKED**

- F Full Time (over 20 hours per week)
- P Part Time (20 hours or less per week)
- N Non-Employee

***** AUTO USE**

- A Furnished a covered auto for business and personal use
- B Drives a covered auto strictly for business & carries a separate personal auto policy
- C Drives a covered auto strictly for business & DOES NOT carry a separate personal auto policy
- D Does not drive a covered auto

SCHEDULED AUTOS						Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)						
Year	Make	Model	VIN	Value	Loss Payee							
GVW	Use	Radius	Filings Required		Check Coverages Desired							
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		
			<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Liab	<input type="checkbox"/> SCL & Coll /	<input type="checkbox"/> Comp & Coll	<input type="checkbox"/> Med Pay	<input type="checkbox"/> UM/UIM	<input type="checkbox"/> PIP		



COVERAGE & LIMITS		
Garage Liability	<u>Limit of Garage Liability</u> Auto _____ Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	<u>Deductible</u> Each Accident _____ Bi & PD _____ Each Accident _____ Aggregate Limit
Garagekeepers	<u>Limit of Coverage</u>	
<input type="checkbox"/> Legal Liability	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Direct Excess	Location 2 _____	_____ Deductible Per Auto
<input type="checkbox"/> Direct Primary	Location 3 _____	_____ Deductible Per Occurrence
<input type="checkbox"/> Comprehensive & Collision	In- Tow Coverage:	<input type="checkbox"/> For Hire <input type="checkbox"/> Not-For-Hire
<input type="checkbox"/> Specified Causes & Collision	Limit Per Tow Truck: _____	Number of Tow Trucks _____
Dealers Physical Damage	<u>Limit of Coverage</u>	
<input type="checkbox"/> Comprehensive & Collision	Location 1 _____	Maximum Value Per Single Auto _____
<input type="checkbox"/> Specified Causes & Collision	Location 2 _____	_____ Deductible Per Auto
	Location 3 _____	_____ Deductible Per Occurrence
	<u>Coverage applies to:</u> (Check at least 1)	
<input type="checkbox"/> False Pretense	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Consigned Autos
	<input type="checkbox"/> Your interest and the interest of any creditor as Loss Payee (provide name/address below)	
Dealer's Errors & Omissions (\$50,000 Limit) <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Federal Odometer <input type="checkbox"/> Title <input type="checkbox"/> Insurance Agents		
Medical Payments	Auto Medical _____	Garage Operations /Premises Medical _____
Uninsured Motorists	Each Accident _____	Number of Tags: Dealer _____ Transporter _____
Underinsured Motorists	Each Accident _____	Uninsured Motorists Property Damage _____
Personal Injury Protection	Limit Per Statute _____	
Radius of Pickup & Delivery	<input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1,000 Miles <input type="checkbox"/> 1,000+ Miles	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury and \$ 50,000 in Damage to Rented Premises)	<input type="checkbox"/> Hired Auto	
<input type="checkbox"/> Damage to Rented Premises Limit _____	<input type="checkbox"/> Broad Form Products	
<input type="checkbox"/> Personal Injury Liability (do not select if Broadened Coverage is requested)	<input type="checkbox"/> Drive Other Car	
<input type="checkbox"/> Additional Insured	Name _____	
<input type="checkbox"/> Waiver of Subrogation (landlord only)	Address: _____	
Insurable Interest/ Relationship to risk: _____		
Additional Information (Include any Related GL Operations you wish to package with the Garage Policy) :		

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 may be subject to civil and criminal penalties.		
I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated.		
_____ Signature of Agent	_____ Date	_____ Signature of Applicant

