



COLONIAL GENERAL INSURANCE AGENCY, INC.

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GARAGE APPLICATION

Policy Period From _____ To _____
12:01 A.M., Standard Time at the address of the Applicant

APPLICANT INFORMATION

Business Trade Name _____

Mailing Address _____

Years in this Business? _____ Years in the automotive industry? _____

Specialized Training or Certification? Yes No

What is your Website address: <http://www>. _____

Business Entry: Individual Partnership Corporation LLC

UNDERWRITER INFORMATION

1. Describe Your Operations

Dealer:	Auction	Business	Car Dealer	Coml. Trailer Dir.	Motorcycle Dealer
	RV Dealer	Truck Dealer	Wholesaler	Describe Other _____	
Service:	Car Service & Repair	Misc. Svs & Repair	Repossessors	Salvage Yard	
	Tire Sales/Service	Tow Truck Operator	Truck Svs & Repair	Valet & Parking	
	Describe Other _____				

2. What percentage by type of vehicle do you sell or service? (*complete additional questionnaire)

a. Cars, sport utility, pickups, vans	_____ %	d. Motorcycle & Off-road RV	_____ %
b. *Commercial trucks & trailers	_____ %	e. *Construction & Farming Equipment	_____ %
c. *RV (Motorhome, Camping Trailer	_____ %	f. *Salvage (used) Parts	_____ %

3. What else do you do? _____

4. Locations where you conduct Garage Operations (include Zip Code)

1) _____
2) _____
3) _____
4) _____

5. What other businesses use your location(s)? _____

6. List all owners, owner's spouses and all employees. Also list other family members who drive your vehicles.
(use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License?		Auto furnished on available for regular use?		Job Description & Status (F=fulltime; P =part time) Or Relationship
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	
				Yes	No	Yes	No	

7. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs
 Current Carrier _____ Policy Year _____ Premium
 Prior Carrier _____ Policy Year _____ Premium
 Prior Carrier _____ Policy Year _____ Premium

Date of Loss	Amount	Description

SALES QUESTIONS

8. Where do you purchase vehicles? Auction Dealers Individuals
9. Who drives or transports vehicles to your lot? Employees Contract Drivers Transporter
10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how many trips per year? _____ And how far one-way for longest trip? _____ road miles
11. How many vehicles do you sell per year? _____ How many of those are sold by eBay or similar internet sites?
 How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)
12. What is your normal radius of operation? _____ Miles.
13. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
14. Where are vehicle keys kept when the lot is closed? Key Cabinet Taken Home In/On the Vehicle
15. How many dealer plates do you have?
16. Do you repossess vehicles? Yes No
17. Do you repair "salvage titled" vehicles prior to sale? Yes No
 If "Yes," what percentages of repairs are: Structural _____ % Mechanical _____ % Cosmetic _____ %
18. Do you always ride along on test drives: Yes No
19. What percentage of your work is?
 _____ % Alignment _____ % Oil & Lube _____ % Tune Up
 _____ % Body _____ % Paint _____ % Radiator _____ % Transmission
 _____ % Brakes _____ % Sound/Alarm System _____ % Upholstery
 _____ % Engine Overhaul _____ % Suspension/Frame _____ % Wash/Detail
 _____ % Muffler _____ % Tires _____ % Window Tint

* Describe other work done: _____

20. Do you sell gasoline or LPG? Yes No
 If "Yes," how many gallons? _____ Gasoline _____ LPG
21. Do you install trailer hitches? Yes No
22. If you paint, do you have a spray paint booth/room? Yes No
 If "yes," is booth/room ventilated? Yes No
 If "yes," is booth **UL** approved: Yes No
23. Do you recap tires or sell recapped tires? Yes No
24. Do you tow for hire? Yes No
 If "yes," complete tow truck Operator Questionnaire.
25. Do you pick-up and deliver customers vehicles? Yes No
 How many times per month? _____ And how far from you shop? _____ miles.
26. How many Transporter Plates do you have? _____ How many times a week are the used? _____
27. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building
28. Where are vehicle keys kept when the shop is closed? Key Cabinet Taken Home In/On the Vehicle

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate

Add Broadened Coverages-Garage

Additional Insured & Why

Add Liability for these Relates (non garage) Operations

Garagekeepers Limit \$ _____ per location Basis Legal Liability or Primary

SCL or Comp \$ _____ deductible Collision \$ _____ deductible

Value per auto \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location

SCO or Comp \$ _____ deductible Collision \$ _____ deductible

Value per auto \$ _____ Drive-Away Road Miles

Type of vehicles: New Used

Interest Covered: Owner Owner and Creditor Consignment

Loss Payee _____

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GVW	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Auto Premises Combined

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)

Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

Fire Legal Liability \$50,000 or \$ _____

Commercial Property (attach ACORD 140 **and** TRIA2002Notice)

Remarks: _____

*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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

*Not applicable in all States

Signature of Applicant _____ Date _____

Agency Name _____

Agent's Signature _____ Date _____

Agent's E-mail Address _____ Preferred Method of Correspondence? E-mail Fax Regular Mail

Applicant's E-mail Address _____ Preferred Method of Correspondence? E-mail Fax Regular Mail