

**BROKERING AGENT'S REGISTER NUMBER #:** \_\_\_\_\_

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

**GARAGE PROGRAM INSURANCE APPLICATION**

NEW  RENEWAL

Proposed Effective Date: \_\_\_\_\_ To \_\_\_\_\_ Policy Number: \_\_\_\_\_

Applicant/Insured:					
DBA:			Producers Name & Address:		
Address:					
City & State:		Zip:			
Inspection Contact:		Phone: ( ) -			
Accounting Contact:		Phone: ( ) -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in Business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____	
Location 2:	Street: _____	City & State: _____	County: _____	Zip: _____	
Business Type: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Other: _____		Annual Gross Sales: \$ _____			

**Coverages / Limits:**

<b>Liability:</b>							
Covered	<input type="checkbox"/> 21 <input type="checkbox"/> 27	Limits of Liability (Garage Operations):	Each Accident	\$ _____	Auto Only	Other Than Auto Only	
Symbols:	<input type="checkbox"/> 22 <input type="checkbox"/> 28				Aggregate	\$ _____	
	<input type="checkbox"/> 23 <input type="checkbox"/> 29						
	<input type="checkbox"/> 24						
<b>Personal Injury Protection:</b>							
Covered	<input type="checkbox"/> 25	Limits Of	<b>\$10,000 Basic</b>	Deductible:	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	<input type="checkbox"/> Wk Los Excl.	
Symbols:	<input type="checkbox"/> 26	Liability:		Deductible Applies To:	<input type="checkbox"/> Named Ins Only	<input type="checkbox"/> Named Ins Only	
					<input type="checkbox"/> Named Ins & Dep. Res. Rel.	<input type="checkbox"/> Named Ins & Dep. Res. Rel.	
<b>Medical Payments:</b>							
Covered	<input type="checkbox"/> 21 <input type="checkbox"/> 27	Limits of Liability:	\$ _____		<input type="checkbox"/> Automobile	<input type="checkbox"/> Prem. Operations	
Symbols:	<input type="checkbox"/> 22 <input type="checkbox"/> 28						
	<input type="checkbox"/> 23 <input type="checkbox"/> 29						
	<input type="checkbox"/> 24						
<b>Extended P.I.P.</b>							
Covered	<input type="checkbox"/> 25	Limits of Liability	<input type="checkbox"/> Include Wk Loss	<input type="checkbox"/> Exclude Wk Loss			
Symbols:	<input type="checkbox"/> 27						
<b>Additional P.I.P.</b>							
Covered	<input type="checkbox"/> 25	Limits of Liability	\$ _____	<input type="checkbox"/> Include Wk Loss			
Symbols:	<input type="checkbox"/> 27			<input type="checkbox"/> Exclude Wk Loss			
<b>Physical Damage:</b>							
<input type="checkbox"/> Comprehensive	Covered	<input type="checkbox"/> 22 <input type="checkbox"/> 27	Loc#	Limit for each location	Deductible per	Maximum Ded.	
<input type="checkbox"/> Specified Perils	Symbols:	<input type="checkbox"/> 23 <input type="checkbox"/> 28		\$ _____	Auto	per Loss	
		<input type="checkbox"/> 24 <input type="checkbox"/> 31		\$ _____	\$ _____	\$ _____	
				\$ _____	\$ _____	\$ _____	
Collision	Covered	<input type="checkbox"/> 22 <input type="checkbox"/> 27			<b>Deductible</b>		
	Symbols:	<input type="checkbox"/> 23 <input type="checkbox"/> 28			\$ _____		
		<input type="checkbox"/> 24 <input type="checkbox"/> 31					
<b>Garage Keepers</b>							
<input type="checkbox"/> Legal Liability	Covered	<input type="checkbox"/> Spec. Perils	<input type="checkbox"/> 30	Loc#	Limit for each location	Deductible per	Maximum Ded.
<input type="checkbox"/> Direct Basis		Symbols:	<input type="checkbox"/> Comp.		\$ _____	Auto	per Loss
<input type="checkbox"/> Primary					\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Excess			Collision	<input type="checkbox"/> 30		\$ _____	\$ _____
Covered Auto Symbols	(21) Any Auto	(22) All Owned Autos	(23) Owned Private Pass. Autos Only	(24) Owned Autos Other Than Private Pass	(25) Owned Autos Subject to No-Fault	(26) Owned Autos Subject to UM Law	(27) Specifically Described Autos
				(28) Hired Autos Only	(29) Non-Owned Autos Used in Garage Buss.	(30) Autos Left for Service/Repair/Storage	(31) Autos on Consignment and Dealer Autos
							(32) Company use

**Auto Operators:**

Class of Operators		By Location Number			DEFINITIONS: Class I - Employees Regular operator - Proprietors, partners and officers active in the garage operation, salespersons, general managers, service managers; any employee whose principal duty involves the operation of covered autos or who is furnished a covered auto. All Others - All other employees. Class II - Non-Employees Any of the following persons who are regularly furnished with a covered auto: Inactive-proprietors, partners or officers and their relatives and the relatives of any person describe in Class I. Note: 1. Part-Time employees working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each week. 2. Part-Time employees working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit.
		1	2	3	
Class I - Employees	Regular Operators				
	All Others				
Class II - Non-Employees	Under Age 25				
	All Others				

**Driver Information:**

#	Drivers Name	Sex	Mar Stat.	Date of Birth	Years Exp.	Year Lic.	Drivers License Number	State Lic.	Date Hire	Use Veh#	% Use

**General Information:**

Explain all "Yes" responses in the space provided below.

- 1. Does applicant rent, lease or loan vehicles to others? [ ] Yes [ ] No
- 2. Does applicant pick-up or deliver customer's car? [ ] Yes [ ] No
- 3. Does applicant pick-up or deliver exceed 50 miles? [ ] Yes [ ] No
- 4. Is the recapping or retreading performed? [ ] Yes [ ] No
- 5. Does applicant own or sponsor a car for racing? [ ] Yes [ ] No
- 6. Does applicant handle butane, propane or other gases? [ ] Yes [ ] No
- 7. Are vehicles furnished for group or organizations? [ ] Yes [ ] No
- 8. Does applicant perform spray painting or welding? [ ] Yes [ ] No
- 9. Does applicant drive-away or haul-away vehicles from factory distributing point or other dealers? [ ] Yes [ ] No
- 10. Does applicant dismantle autos or have salvage operation? [ ] Yes [ ] No
- 11. Does applicant use tow trucks? [ ] Yes [ ] No
- 12. Do employees regularly use own autos on company business? [ ] Yes [ ] No
- 13. Does applicant park customer's vehicles on public streets or off premises? [ ] Yes [ ] No
- 14. Is a charge made for parking? (Give locations, # attendants) [ ] Yes [ ] No
- 15. Any private protection systems? (Fences, dogs, alarms, guards) [ ] Yes [ ] No
- 16. Is applicant involved in any "non garage" operations? (Mini Marts, Liquor Stores, etc.) [ ] Yes [ ] No
- 17. Does applicant perform road emergency services? [ ] Yes [ ] No
- 18. Any drivers with convictions for moving traffic violations. [ ] Yes [ ] No

Use space for any necessary explanation. (If more space is needed, use additional sheet)

**Additional Interest:**

Acord 45 attached for additional names

Interest	Name & Address	Interest in Item Number
<input type="checkbox"/> Additional Insured		Vehicle: _____
<input type="checkbox"/> Loss Payee		Schedule Item Number: _____
<input type="checkbox"/> Lienholder		Other: _____
<input type="checkbox"/> Employee as Lessor		

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<input type="checkbox"/> Additional Insured		Vehicle: _____
<input type="checkbox"/> Loss Payee		Schedule Item Number: _____
<input type="checkbox"/> Lienholder		Other: _____
<input type="checkbox"/> Employee as Lessor		

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

This application is in compliance with Florida Statute 626.752. A copy has been furnished to the applicant or insured and coverage is  
(  ) Bound Effective 12.01 am \_\_\_\_\_ (Date) \_\_\_\_\_ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of a **FELONY** of third degree.

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date