



| | | | |
|----------------------------------|--------------|------------------------|---------------------|
| CARRIER: GRANADA INS. CO. | | UNDERWRITER: | DATE: |
| PRODUCER: | | DATE BOUND: | TIME BOUND: |
| ADDRESS: | | POLICY NUMBER: | |
| PHONE: | | EFF DATE: | EXP DATE: |
| PRODUCER CODE: | PRODUCER ID: | PREMIUM: | POLICY FEE: \$25.00 |
| | | TOTAL PREMIUM : | |

APPLICANT INFORMATION

| | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|
| NAMED INSURED: | | | |
| MAILING ADDRESS: | | | |
| CITY: | COUNTY: | STATE: | ZIP: |
| INDIVIDUAL <input type="checkbox"/> | PARTNERSHIP <input type="checkbox"/> | CORPORATION <input type="checkbox"/> | LLC: <input type="checkbox"/> |
| INSPECTION CONTACT: | | ACCOUNTING RECORD CONTACT: | |
| PHONE: | | PHONE: | |

PREMISES INFORMATION

| | | | | |
|-------------------|-------|---------|-----------|------|
| LOC # 1 : STREET: | CITY: | COUNTY: | STATE: FL | ZIP: |
| LOC # 2 : STREET: | CITY: | COUNTY: | STATE: FL | ZIP: |

ADDITIONAL INSURED Explain Interest

| | |
|----------|-------------------|
| NAME: | SPECIFY INTEREST: |
| ADDRESS: | |
| NAME: | SPECIFY INTEREST: |
| ADDRESS: | |

Agent to provide company with a copy of each certificate of insurance issued

BUSINESS INFORMATION

| AUTO SERVICE OPERATIONS | | |
|--------------------------------------|--|--------------------------------|
| REPAIR SHOP <input type="checkbox"/> | SERVICE STATION <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| IF OTHER DESCRIBE : | | |

COVERAGES AND LIMITS

AUTO LIABILITY / OTHER THAN AUTO LIABILITY

| | | |
|-----------|---------------------|-----------|
| LIABILITY | COVERED AUTO SYMBOL | 30 |
|-----------|---------------------|-----------|

GARAGE LIABILITY LIMITS

| EACH ACCIDENT | | AGGREGATE | |
|---------------|----------------------|----------------------|---------------------------------|
| AUTO ONLY | OTHER THAN AUTO ONLY | OTHER THAN AUTO ONLY | NO. OF EMPLOYEES: TERRITORY: |

GARAGEKEEPERS LEGAL LIABILITY LIMITS

COVERAGES / LIMITS

| | | | | | | |
|-----------------|------------------|----------|---------------------------|--|---------------------|-----------|
| LEGAL LIABILITY | SPECIFIED PERILS | X | COLLISION | X | COVERED AUTO SYMBOL | 30 |
| LIMIT: | | | DEDUCTIBLE PER AUTO \$500 | MAXIMUM DED PER LOSS \$2,500 Maximum \$35,000 per vehicle | | |

COVERED AUTO SYMBOL (30) AUTOS LEFT FOR SERVICE / REPAIR / STORAGE

GARAGE OPERATIONS INFORMATION

YES NO

| | | |
|---|--|--|
| DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS? | | |
| DOES APPLICANT PICK-UP/DELIVERY EXCEED 50 MILES? | | |
| DOES APPLICANT SELL RECAP TIRES? | | |
| DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING? | | |
| DOES APPLICANT HANDLE BUTANE, PROPANE, OR OTHER GASES? | | |
| DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING? | | |
| DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATIONS? | | |
| DOES APPLICANT OWN AND OR OPERATE TOW TRUCKS? | | |
| ARE APPLICANT'S SALES OF NEW AND/OR USED TIRES GREATER THAN 25% OF TOTAL REVENUE | | |
| DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES? | | |
| DOES APPLICANT ALLOW VEHICLES TO BE PARKED ON APPLICANT'S PREMISES THAT ARE NOT BEING SERVICED? | | |
| DOES APPLICANT HAVE A DOG ON PREMISES? | | |
| DOES APPLICANT HAVE A SECURITY ALARM SYSTEM ON PREMISES? | | |
| DOES APPLICANT HAVE A FENCED YARD? | | |
| DOES APPLICANT STORE VEHICLES OVERNIGHT INSIDE A CLOSED BUILDING OR BEHIND A LOCKED SECURITY FENCE? | | |
| DURING THE LAST TEN YEARS, HAS APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? | | |
| DOES APPLICANT LEAVE VEHICLES OVERNIGHT IN AN "UNSECURED" AREA? | | |
| REMARKS: | | |

PRIOR CARRIER INFORMATION

| Category | Years: | Years: | Years: | Years: |
|---------------|--------|--------|--------|--------|
| Carrier | | | | |
| Policy Number | | | | |
| Limits | | | | |
| Total Premium | | | | |

LOSS HISTORY

Enter all claims or occurrence that may give rise to claims for the prior 3 years check here if none

| Date of occurrence | Type of occurrence | Amount Paid | Claims Open | |
|--------------------|--------------------|-------------|--------------------------|--------------------------|
| | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Any Policy or coverage declined, cancelled or non renewed during the prior 3 years Yes No
 If yes, explain

Personal information about you may be collected from persons other than you, such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization, you have the right to review your personal information in our files and can request correction of any inaccuracies a more detailed description of your right and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agrees that if the downpayment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

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

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 _____(Time) _____(Date) _____ () Not Bound

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

APPLICANT'S SIGNATURE _____ DATE _____
 PRODUCER'S SIGNATURE _____ DATE _____