



Swett & Crawford

Garage Form Dealers

Please answer all questions. In the absence of a response, we will assume you mean "no" or "not applicable". Where we ask you to explain, please do so. If the space provided is not adequate, complete your explanation on the last page of this application

1. General Information

(a) Your Name _____
 Mailing Address _____
 Location of Garage Operations _____
 Location #1 _____
 Location #2 _____
 Location #3 _____
 How long have you been in business? _____ Years Experience in this business? _____
 Policy Period Desired _____
 Type of legal entity: Corporation Partnership Individual Other. _____

(b). You are a: Franchised Dealer Non-Franchised Dealer Other. _____
 If franchised dealer, franchises are with _____ (manufacturers)

(c) If any of the following types of vehicles are sold or repaired, indicate by an x. Also, give percentage of sales.

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> All Terrain Vehicles | _____ % | <input type="checkbox"/> Equipment or Implements | _____ % |
| <input type="checkbox"/> Electric Autos | _____ % | <input type="checkbox"/> Define Types | _____ % |
| <input type="checkbox"/> 5th wheels | _____ % | <input type="checkbox"/> Mobile Homes | _____ % |
| <input type="checkbox"/> Motorcycles | _____ % | <input type="checkbox"/> Motor Homes | _____ % |
| <input type="checkbox"/> Motorized Bicycles | _____ % | <input type="checkbox"/> Private Passenger Cars | _____ % |
| <input type="checkbox"/> Propane Conversions | _____ % | <input type="checkbox"/> Pick-up Trucks, Vans | _____ % |
| <input type="checkbox"/> Semi-trailers or Trailers | _____ % | <input type="checkbox"/> Recreation or Utility Trailers | _____ % |
| <input type="checkbox"/> Trucks or Truck Tractors | _____ % | <input type="checkbox"/> Snowmobiles | _____ % |
| <input type="checkbox"/> Campers | _____ % | <input type="checkbox"/> Other (specify) | _____ % |

(d) Describe your business operations. _____

Explain any other business, owned or not owned by you, that is conducted on the premises _____

(e) Do you loan any vehicles? Yes No

If Yes, explain _____

Do sales people accompany customers on demonstration rides? Yes No

If No, explain _____

Do you use drivers age 20 or younger? Yes No

Do you have any contractual exposures? Yes No

If Yes, explain _____

Do you take in autos on consignment? Yes No

If Yes, explain _____

Do you modify vehicles? Yes No Do you do any frame straightening? Yes No

If Yes to either, explain _____

(f) Do you drive or transport vehicles more than 50 miles from the town where you are located? Yes No

If Yes, estimate number of trips annually in each category: Up to 200 miles _____ Over 200 miles _____

(g) How do you transport or drive away vehicles?

Own Tow Truck Yes No

Tow Trucks Contracted by Others Yes No

Own Car Haulers Yes No

Car Hauler Contracted by Others Yes No

Tow Bars or Dollies Yes No

Temporary or Contract Drivers Yes No

Explain any Yes answers _____





Swett & Crawford

2. Rating Information

(a) Class I

List all employees/owner information below

Name	Date of Birth	Drivers License/ State	Relationship and/or Duties including mechanical experience	Furnished a Car	Truck/Tractor Driving Exp.

*Required only if working on heavy type of equipment.

Class II

Please complete all sections below for all non-employee drivers as defined below.

(1a) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.

(2a) Any active or inactive proprietor's, executive's or partner's household members to whom a covered vehicle has been furnished or by whom a covered auto has been driven.

(3a) Any other non-employee who may drive or be furnished a dealers auto.

List all non-employees and information below:

Name	Date of Birth	Drivers License #/ State	Relationship	Furnished a Car (Yes / No)	Rating Unit

(b) List all violations / accidents for all employees / drivers _____

(c) Total Number of employees: _____ Estimated payroll for the upcoming year _____

(1c) Indicate the number (sets) of license plates you have: Dealers _____ Regular _____ Transporter _____ Other _____

(2c) Who uses your plates and under what conditions? _____

(3c) Where are plates stored/secured when not in use? _____

3. Schedule of Covered Autos

(a) Schedule of covered autos for dealers who furnished autos to someone other than Class I or Class II operators (per Item II-A) for autos described in Item I. 1. List all autos furnished to someone other than Class I or Class II operators or any other tow truck, car haulers, or service vehicle.

Year, Model, and Serial Number	Body Type	Where Garaged	If physical damage is desired		Loss Payable To (Name and Address)
			Current Value	Deductible	

4. Coverage

(a) Garage Liability Limits:

(1a) Combined Single Limit \$ _____ Other Than Auto Aggregate _____

(2a) Limit of liability for medical payments per person \$ _____ premises only _____ auto only _____ premises and auto

(3a) Uninsured Motorist \$ _____ Underinsured Motorist \$ _____

(4a) Personal Injury Protection \$ _____ (If applicable)





Swett & Crawford

(b) Legal Liability Coverage (Garagekeepers) for Customer Cars in Care, Custody and Control

(1b) Limits of liability at location #1 \$ _____ ; \$ _____ per vehicle.
#2 \$ _____ ; \$ _____ per vehicle.
#3 \$ _____ ; \$ _____ per vehicle.

(2b) Specified causes of loss deductible per auto _____

Collision deductible per auto \$ _____

(c) Coverage for damage to your autos (Dealers Open Lot)

(1c) Limit of Liability at location #1 \$ _____ Limit "in transit" is _____
location #2 \$ _____ Limit for temporary location is _____
location #3 \$ _____

(2c) Limit of Liability per auto \$ _____

(3c) Specified causes of loss deductible per auto \$ _____ Collision deductible per auto \$ _____

(4c) Loss under this insurance is payable as interest may appear to you and: _____

(d) Security and Protection:

(1d) Is your lot completely enclosed by a chain-link fence, or chain and post not more than 4 feet apart? Yes No.

If No, explain. _____

(2d) Is your lot well lit at night? Yes No

(3d) Are firearms kept on the premises? Yes No

(4d) Is your lot patrolled by a security guard? Yes No. If Yes, is the guard armed? Yes No

(5d) Do you have guard dogs? Yes No.

(6d) Do you leave keys in vehicles? Yes No

(7d) What percentage of vehicles are generally stored inside a building?

Owned Vehicles _____ % Non-owned Vehicles _____ %

(8d) Describe the construction of the building the vehicles are stored in _____

(9d) Give description of surrounding area _____

5. Loss History (past 3 years)

Policy Year	Prem. Paid	Previous Carrier	Description of Loss	Amt. Paid	Amt. Reserved

(a) Has similar insurance ever been cancelled, declined or refused renewal? Yes No. If Yes, explain _____

6. Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title _____ Phone # _____ Date _____

Witness _____ Date _____

Are you personally familiar with this Applicant's operations? Yes No

Did your office control this risk in the past year? Yes No

Agent's or Broker's Name _____ Phone # _____ Agent's Signature _____

Address _____ Date _____

Any person who, with Intent to defraud or knowing that he is facilitating a fraud against an Insurer, submits an application or files a claim containing a false or deceptive statement is guilty of Insurance fraud.



Swett & Crawford
www.swett.com