\*To save this form after the fields are filled in, you will need Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <u>http://get.adobe.com/reader</u>.



National Specialty Programs Toll-Free: 800-366-5810 • Fax: 410-828-8179 Contact us: programs@ryansg.com

## **Garage Application**

PRODUCER INFORMATION:				
Producer Name:	Agenc	y Name:		
Phone Number:	Mail	ing Address:		
City:	State:		Zip:	
ACCOUNT INFORMATION:				
	Expiration date			
	State:			
	Normal Busines			
Fein #:	Dealership Lic	cense Number: _		
Insured Email Address:				
Website address:				
Contact name:	Conta	act Phone Numb	er:	
Years in business:	Annu	ıal sales: \$		(Required for Service Risks)
	e industry experience:			
*What positions have been held? _				
	roperty   Garage/ Auto include applicable ACORD Application	□ IM*	Crime*	Umbrella*
LEGAL STATUS: 🔲 Individual	Partnership Corporation	n 🔲 LLC	Other	
DESCRIPTION OF OPERATIONS	:			
Non-Franchise Dealer	Non-Dealer			
% Retail Sales	% Wholesale Sales		(Complete Wholesale C	Juestionnaire)
Non-Dealer (Please describe opera	ition)			

LOCATION #		
Address:		
City	State	_ Zip
LOCATION #		
Address:		
City	State	_ Zip

### GARAGE RATING INFORMATION

COVERAGE					LIM	ITS/DEDUCTIBLES				
LIABILITY				Each Acc	ident Limit:	\$				
Personal In	iury 🔽	] Include	Exclude	Aggregat		\$				
	Rented Premises		Exclude							
				Deductik		\$				
				Damage	to Rented Premises	Limit: \$				
PIP		T Ye	es 🔲 No							
UNINSURED	UNDERINSURED MO	TORISTS	l	.imit \$	;					
TOTAL # OF PLATES Dealer Transporter **NOTE: THIS INFORMATION IS NEEDED TO RATE UNINSURED/UNDERINSURED MOTORISTS COVERAGE										
MEDICAL PA	YMENTS			Limit S	\$					
Garage Oper	rations					Both				
GARAGEKE	EPERS:									
Location	Maximum Value	Average Value		ge # of	Maximum # of	Maximum Value of	Per Vehicle Ded	luctible		
	per Auto	per Auto	Autos oi	n the Lot	Autos on the Lot	All Autos on the Lot				
1										
2										
3										
Direct Pri	mary $\Box$ D	irect Excess		gal Liability		1	I			
Storage In:		tandard Open Lot		-	l Open Lot	Building				
-	stored overnight?						🗌 Yes 🔲 N	lo		
DEALERS O	PEN LOT:									
Location	Maximum Value per Auto	Average Value per Auto		ge # of n the Lot	Maximum # of Autos on the Lot	Maximum Value of All Autos on the Lot	Per Vehicle Ded	luctible		
1										
2										
3										
False Pretens	se Limit: \$		 -			1	1			
Storage In:		tandard Open Lot ots Lit		n Standard y Storage	l Open Lot	<ul> <li>Building</li> <li>After Hours</li> </ul>				

Standard Open Lot: Open parking or storage lots enclosed on all sides by a metal cyclone fence not less than six feet in height or bounded on one or more sides by the wall or walls of a building with no unprotected opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended. Non-Standard Open Lot: Any other type of protection or fencing or unprotected lot.

#### INTERESTS TO BE COVERED FOR AUTOS HELD FOR SALE

Owned	Owner's interest	Owner &	Consigned Autos*
Autos	in financed autos	Creditor Interest	

# \*FOR CONSIGNED AUTOS - WE WILL NEED COPY OF CONSIGNMENT AGREEMENT

Additional Garage Coverage:\_\_\_\_\_

#### GARAGE/AUTO COVERAGE INFORMATION

Dealers Errors & Omissions				
Odometer	🔲 Include	Exclude	Limit \$	Deductible \$
Title E&O	🔲 Include	Exclude	Limit \$	Deductible \$
Truth-In-Lending	🔲 Include	Exclude	Limit \$	Deductible \$
Agent's E&O	🔲 Include	Exclude	Limit \$	Deductible \$

#### **EMPLOYEE LIST** (*Please Refer to Employee List Key Below*)

				Violations o Last 3 Years				
Last Name	First Name	State	License #	Accidents	Minor Violations	Birthdate	Vehicle Use*	Position/Status*

Have any drivers been convicted of a major violation in the last 3 years?

🗌 Yes 🔲 No

If yes, list drivers: \_\_\_\_\_

*EMPLOYEE LIST KEY										
<u>Vehicle U</u>	J <u>se</u> :	A = Furn	ished for Personal U	lse B = Empl not fu	rnished but uses fo	C = Non-Driving				
D = Non-empl w/ occasional a			-empl w/ occasional	access to business vehicles	E = Operates cu	ustomer's vel	hicles			
Position:	1 = Ow	ner , Acti	ve Partner	2 = Inactive Partner	3 = Manager 4 = Sales		5 = Lot Person/Mechanic			
	6 = Cler	ical	7 = Spouse	8 = Child	9 = Occasional D	river	10 = Other			
<u>Status:</u>	F = Full T	me ( ove	er 20 Hrs. per week)	P = Part Time (20	Hrs. or less per we	ek)	N = Non-Employee			

## VEHICLE SCHEDULE IF YOU HAVE SCHEDULED VEHICLES

Vehicle #	Year	Make	Body Type	VIN	ACV	GVW

			Filings Required		Coverage	Desired? Y/N		
Vehicle #	Radius	Use	Yes/No	State/Federal	Liability	Physical Damage	Deductible	Loss Payee
			🗌 Yes 🔲 No		🗌 Yes 🔲 No	🗌 Yes 🔲 No		
			🗌 Yes 🔲 No		🗌 Yes 🔲 No	🗌 Yes 🔲 No		
			🗌 Yes 🔲 No		🗌 Yes 🔲 No	🗌 Yes 🔲 No		
			🗌 Yes 🔲 No		🗌 Yes 🔲 No	Yes 🔲 No		
			🗌 Yes 🔲 No		🗌 Yes 🔲 No	🗌 Yes 🔲 No		

Loss payee name & address \_\_\_\_\_\_

#### SURVEY OF HAZARDS

### General Underwriting Questions

1.	Does applicant have an established store front?		No No
2.	Does applicant share premises with any other occupants?	🗌 Yes	🗌 No
•	If yes, describe:		<b>—</b>
3.	Any animals on premises?	🗌 Yes	L NO
_	If yes, what type		<b>—</b>
4.	Is applicant a subsidiary of another entity or have any subsidiaries?	🔲 Yes	🗋 No
_	If yes, explain: Does applicant sub contract any work including repair of vehicles held for sale?		
5.		🗌 Yes	🗋 No
	If yes, explain:		
6.	Has coverage been declined, canceled or non-renewed in last 3 years?	🔲 Yes	🗌 No
	If yes, explain: Does applicant have any other business ventures not included in this submission?		
7.		🗌 Yes 🛛	🗌 No
	If yes, explain:		
8.	Has applicant had a foreclosure, repossession or bankruptcy in the last 5 years?	🗌 Yes 🛛	🔲 No
	If yes, explain:		
9.	Has applicant had a judgment in the last 5 years?	🔲 Yes 🛛	🔲 No
	If yes, explain:		
10.	Are there annually serviced, charged and operable fire extinguishers on premises?	🗌 Yes 🛛	🗌 No
11.		🗌 Yes 🛛	🗌 No
12.	Does applicant use UL listed metal containers with self closing lids?	🗌 Yes 🛛	🔲 No
13.	Are no smoking signs posted?	🗌 Yes 🛛	🗌 No
14.	General Housekeeping Practices	Formal	🔲 Informal
15.	Employee Safety Training Practices	Formal	🔲 Informal
16.	Describe type of mechanic certification (i.e.: ASE certified)		
17.	Describe Key Control Procedures:		
18.	Does applicant have above ground or underground gasoline storage tanks?	🗌 Yes 🛛	🔲 No
	If yes, please describe including age and construction and protection for above ground tanks:		
19.	Do you export vehicles out of the United States?	🗌 Yes	No No
	If yes, is the title transferred prior to shipping?	🗌 Yes 🛛	🗌 No
20.	Do you sell autos with salvage titles?	🗌 Yes 🛛	🗌 No
	If yes, please explain:		

21. Do you sponsor any racing vehicles or work on racing vehicles?	🗌 Yes 🔲 No
If yes, explain:	
22. Do you do any towing for your business?	🗌 Yes 🔲 No
23. Do you tow for hire?	🗌 Yes 🔲 No
24. Do you use an application in your hiring process?	🗌 Yes 🔲 No
25. Do you check references?	🗌 Yes 🔲 No
26. Do you run MVR's prior to hire for drivers or anyone who is furnished a vehicle?	🗌 Yes 🔲 No
27. Do you repossess autos for yourself or others?	🗌 Yes 🔲 No
28. Do you use a title verification company?	🗌 Yes 🔲 No
If yes, provide name of company:	
29. If you are a buy here/pay here operation, do you:	
a. Transfer titles to buyer's name at time of sale?	🗌 Yes 🔲 No
b. Hold title as lienholder only for final payment?	🔲 Yes 🔲 No

C. Require a proof of insurance from the buyer?

### **PRIOR CARRIER/LOSS HISTORY** (minimum currently valued expiring plus 3 years)

Carrier	Policy Term	Loss Date	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

### TYPES OF VEHICLES SOLD AND/OR REPAIRED

Sales %	Repair %	Types of Vehicles
%	%	Private Passenger Autos, Pickups, Vans, SUVs
%	%	RVs Motorhomes, Campers Complete Supplement)
%	%	Heavy Truck/Semi Trailers (Complete Supplement)
%	%	Boats (Describe):
%	%	Power Sports (Jet Skis, ATVs, UTVs)
%	%	Motorcycles (Complete Supplement)
%	%	Golf Carts
%	%	Antique or Classic Cars
%	%	Bucket Trucks, Man Lifts
%	%	Contractors Equipment (Describe):
%	%	Agricultural Equipment
%	%	Emergency Vehicles (Describe):
%	%	Buses (list all types):
%	%	Trailers (other than semi)
%	%	Other (Describe):
%	%	Total percentage of operations combined should equal 100%

🗌 Yes 🔲 No

DEALERS	SHIP OPERATIONS					
1. 2.		s 🔲 No s 🔲 No				
6. 7. 8.	<ul> <li>4. Does applicant operate as an Auto Auction?</li> <li>5. Are all test drives accompanied by an employee?</li> <li>6. Are copies of driver's licenses &amp; insurance ID cards made prior to any test drive?</li> <li>7. Is the test drive route limited to all right-hand turns?</li> <li>8. Are overnight test drives allowed?</li> </ul>					
10.	How many vehicles are sold per month Do you require Demo Agreements for a If yes, does the agreement in	anyone furnished a clude a deductible	Demo? provision?	🔲 Ye	s 🔲 No s 🔲 No	
12. 13.	Who transports vehicles to your locatic Maximum Radius of Pick Up & Delivery What type of repair work is commonly Does applicant rent, lease or loan vehic	completed on vehi	# of Trips	# of Employees	s 🗌 No	
	ALER OPERATIONS - Provide approxin stall, service or repair	mate percentage for %	r all operations - Total must equal 1009 Mobile Auto Repair	%%		
Alarm, St	ereo or Navigation Systems	%	Oil/Lube Services	%		
Auto Disn	nantling/Salvage Yard	%	Parking Lots & Garages (Self Park)	%		
<b>Body Sho</b> Brake Rep	<b>p: (see questions below)</b> Dair	%	Parts Sales (Uninstalled) Gross Receipts	\$%		
Car Wash	- Full Service	%	Parts Manufacturing/Rebuilding	%		
Convenie	nce Store	%	Gross Receipts	\$		
Gross Rec Detailing:		\$%	Describe Parts: Performance Enhancements	%		
Maximun	n pick up delivery distance:		Any turbo or nitrous installation?	🔲 Ye	s 🔲 No	
Driveawa	y Contractor Services:	%	Tire Sales/Service (Complete Supple	ment)%		
Frame Straightening, Cutting		%	Trailer Hitch Installation	%		
Welding Fuel Tank	(See Questions below) Repair	%	Bolt On% Weld Transmission	ed%		
Gasoline	Station - Full Service	%	Upholstery	%		
	f Gas sold annually hterlock Systems	\$%	Valet Parking (complete supplement Vehicle Conversions - Structural:	)%		
Impound	Yards	%	Welding	%		
Lift/Lowering Kits		%	Window Tinting	%		
Machine Shop Rebuilding		%	Windshield Installation/Repair	%		
Other (De	escribe):					
1.	ND BODY SHOP OPERATIONS Is spray booth NFPA compliant? Are booth and paint mixing area protect Is paint mixing area enclosed in a non-o Do both and paint mixing area have exp Are all filters regularly cleaned and cha Maximum gallons of flammable solven	combustible enclose plosion proof electr nged?	ure with a self-closing door? ical systems?	Y    Ye    Ye    Ye	s No s No s No s No s No s No	

#### FRAME STRAIGHTENING OPERATIONS

Provide year, make and model of frame machine \_\_\_\_\_\_

### **PROPERTY-** For additional locations copy this page

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Bldg. Coverage						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Bldg. 3	\$					\$
Business Personal Property						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Bldg. 3	\$					\$
Business Income						
Bldg. 1						Monthly Limit of Indemnity
W/ Extra Expense	\$					1/3rd
W/O Extra Expense	\$					🔲 1/4th
Bldg. 2						🔟 1/6th
W/ Extra Expense	ć					_
W/O Extra Expense	¢					Maximum Period of
Ny o Extra Expense	Ý					Indemnity
Bldg. 3						
W/ Extra Expense	Ś					
W/O Extra Expense	\$					
,	¥					

## **BUILDING INFORMATION:**

Building No.	Year Built	Building Construction	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System Yes/No	Fire Protection System Yes/No	Central Station Monitored Alarm Yes/No	Local Alarm Yes/No
					🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No
					🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No
					🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🔲 No	🗌 Yes 🗌 No

### BUILDING IMPROVEMENTS: Provide year updated

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					
Bldg. 3					

### INLAND MARINE & CRIME (Please include applicable ACORD Form)

Employee Tools	\$ Deductible \$
Employee Dishonesty	\$ Deductible \$
Forgery	\$ Deductible \$
Money Securities (Inside & Outside)	\$ Deductible \$
Other:	\$ Deductible \$

#### FRAUD WARNINGS AND ATTESTATION

This application does not bind You or Us to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

#### FRAUD WARNING APPICABLE IN THE STATE OF NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

#### FRAUD WARNING

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE:	DATE:
PRODUCER'S SIGNATURE:	DATE:
LICENSED AGENT:	DATE:
(Applicable in Iowa only)	
AGENT NAME:	AGENT LICENSE NUMBER:
(Applicable to Florida Agents Only)	

#### **IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED TO BIND COVERAGE. NO EXCEPTIONS!

RSG National Specialty Programs is a unit of the RSG Underwriting Managers division of RSG Specialty, LLC, a Delaware limited liability company based in Illinois. RSG Specialty, LLC, is a subsidiary of Ryan Specialty Group, LLC (RSG). RSG National Specialty Programs works directly with brokers, agents and insurance carriers, and as such does not solicit insurance from the public. Some products may only be available in certain states, and some products may only be available from surplus lines insurers. In California: RSG Specialty Insurance Services, LLC (License # 0G97516). ©2021 Ryan Specialty Group, LLC