



A. GENERAL INFORMATION

- 1. Applicant Name: _____
DBA (if any): _____
Mailing Address: _____
City, State and Zip: _____
Telephone: _____ Fax: _____
Contact Name: _____ E-mail address: _____

- 2. Premises Location if Different: _____
(include Zip Codes) _____

B. GARAGE INFORMATION

Coverages :

Garage Liability: \$100,000 \$300,000 \$500,000 \$1,000,000
Uninsured/Underinsured: Yes No Limit : \$ _____
Med Pay/PIP: Yes No Med Pay Amt: \$ _____ PIP Amt \$ _____

#Dealer Plates : _____
Physical Damage : Yes No
If 'Yes': Customer Cars Yes No and/or Your Cars Yes No

Garagekeepers (GKLL) Limit: \$ _____ (Total Value of Customer Cars on Lot)
Dealers Open Lot (DOL) Limit: \$ _____ (Total Value of Your Cars on Lot for rent/sale)

Description of Business/Business Practices :

- 1. How long has this business been in existence? _____ yrs
- 2. Is this a Start Up or New Business venture? Yes No
- 3. Who is your current insurance carrier? _____
- 4. What is your current premium? \$ _____
- 5. Have you ever been cancelled or denied insurance because of losses? Yes No
- 6. Including yourself, how many employees are at all garage locations?
#Owner/Managers: _____ #Other Employes : _____
- 7. Does anyone, including yourself or spouse, drive any of these cars for personal use ? Yes No