



COLONY

Member Argo Group

GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From ____/____/____ To ____/____/____

Business Trade Name _____

Mailing Address _____

City _____

County _____

State ____ Zip Code ____ Phone (____) ____

Years in this Business? ____ Years in the automotive industry? ____ Specialized Training or Certification? Yes No

What is your Website address? http://www. _____

Business Entity: Individual Partnership Corporation LLC

UNDERWRITING INFORMATION

1. Describe Your Operations

Dealer Auction Bus Dealer Car Dealer Coml. Trailer Dir. Motorcycle Dealer
 RV Dealer Truck Dealer Wholesaler Describe Other _____

Service Car Service & Repair Misc. Svs & Repair Repossessors Salvage Yard
 Tire Sales/Service Tow Truck Operator Truck Svs & Repair Valet & Parking
 Describe Other _____

2. What percentage by type of vehicle do you sell or service? (*complete additional Questionnaire)

a. Cars, sport utility, pickups, vans	_____ %	d. Motorcycle & Off-road RV	_____ %
b. *Commercial trucks & trailers	_____ %	e. *Construction & Farming Equipment	_____ %
c. *RV (Motorhome, Camping Trailer)	_____ %	f. *Salvage (used) parts	_____ %

3. What else do you do?

4. Locations where you conduct Garage Operations (include Zip Code)

1] _____

2] _____

3] _____

4] _____

5. What other businesses use your location(s)?

6. List all owners, owner's spouses and all employees. Also list other family members who drive your vehicles.
(Use another page if necessary):

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License?	Auto furnished or available for regular Use?	Job Description & Status (F=fulltime; P=part-time) or Relationship
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. Prior Carrier and Loss History for 3 Years No Known Losses See Loss Runs

Current Carrier

_____ Policy Year _____ Premium _____

Prior Carrier

_____ Policy Year _____ Premium _____

Prior Carrier

_____ Policy Year _____ Premium _____

Date of Loss	Amount	Description of Loss

Sales Questions

8. Where do you purchase vehicles? Auction Dealers Individuals

9. Who drives or transports vehicles to your lot? Employees Contract Drivers Transporter

10. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, how many trips per year? _____ and how far one-way for longest trip? _____ road miles.

11. How many vehicles do you sell per year? _____ How many of those are sold over eBay or similar internet site? _____

How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement)

12. What is your normal radius of operation? _____ miles.

13. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building

14. Where are vehicle keys kept when the lot is closed? Key Cabinet Taken Home In/On the Vehicle

15. How many dealer plates do you have? _____

16. Do you repossess vehicles? Yes No
If "Yes," explain: _____

17. Do you repair "salvage titled" vehicles prior to sale? Yes No
If "Yes," what percentages of repairs are:
Structural _____ % Mechanical _____ % Cosmetic _____ %

18. Do you always ride along on test drives? Yes No

Service Questions

19. What percentage of your work is?

_____ % Alignment	_____ % Oil & Lube	_____ % Tune Up
_____ % Body _____ %Paint	_____ % Radiator	_____ % Transmission
_____ % Brakes	_____ % Sound/Alarm System	_____ % Upholstery
_____ % Engine Overhaul	_____ % Suspension/Frame	_____ % Wash/Detail
_____ % Muffler	_____ % Tires	_____ % Window Tint

*Describe other work done:

20. Do you sell gasoline or LPG? Yes No
 If "Yes," how many gallons? Gasoline _____ LPG _____

21. Do you install trailer hitches? Yes No

22. If you paint, do you have a spray paint booth/room? Yes No
 If "Yes," is booth/room ventilated? Yes No
 If "Yes" is booth UL approved? Yes No

23. Do you recap tires or sell recapped tires? Yes No

24. Do you tow for hire? Yes No
 If "Yes," complete Tow Truck Operator Questionnaire.

25. Do you pick-up and deliver customers vehicles? Yes No
 How many times per Month? _____ and how far from your shop? _____ miles.

26. How many Transporter Plates do you have? _____ How many times a week are they used? _____

27. Describe your theft barriers: None Natural Fence & Gate Post & Cable In Building

25. 28. Where are vehicle keys kept when the shop is closed? Key Cabinet Taken Home In/On the Vehicle

COVERAGE REQUESTED

Garage Liability Limit \$ _____ each accident, \$ _____ aggregate
 Add Broadened Coverages-Garage
 Additional Insured & Why

Add Liability for these Related (non garage) Operations _____

Garagekeepers Limit \$ _____ per location Basis Legal Liability or Primary
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ In-Transit Limit per auto \$ _____

Dealers Physical Damage Limit \$ _____ per location
 SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 Value per Auto \$ _____ Drive-Away Road Miles _____
 Type of vehicles: New Used
 Interests Covered: Owner Owner and Creditor Consignment
 Loss Payee

Specifically Described Autos (use ACORD 127 for additional vehicles):

Auto No.	Year	Make	V.I.N.	Stated Amount

Auto No.	GWV	Use	Radius	Loss Payee

Medical Payments Limit \$ _____ Auto Premises Combined
 Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)
 Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)
 Fire Legal Liability \$50,000 or \$ _____
 Commercial Property (attach ACORD 140 and TRIA2002Notice)

Remarks: _____

*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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 *Not applicable in all States

Signature of Applicant _____

Date ____/____/____

Agency Name _____

Agent's Signature _____

Date / /

VALET PARKING QUESTIONNAIRE
(Complete for each location)

1. Name of the business for which you provide valet service:

2. What type of establishment are you parking for? Restaurant Bar Club Resort Other _____
3. What is the lot location address?

4. What days of the week and hours of the day do you provide valet service?

5. Is the parking lot on their premises? Yes No
6. If the parking lot is not on their premises:
Do you drive customer's cars on or across a street to get to the lot? Yes No
If "Yes," a] is the street more than 2 lanes wide? Yes No
b] is the distance driven more than 500 feet? Yes No
Do you park customer's cars on the street? Yes No
7. How many spaces are reserved for valet parking? _____
8. Is self-parking permitted? Yes No
If Yes, is self-parking in an area separated from valet parking? Yes No
9. Do you use at least a 3 part ticket (customer, dashboard, with the keys?) Yes No
10. Where do you keep the customer's keys?

11. Do you refuse to give an obviously intoxicated customer his/her car keys? Yes No
If "Yes", do you suggest or provide alternate transportation? Yes No
12. Is the lot manned by an attendant when open? Yes No
If "No," is the lot fenced and gated for controlled access? Yes No
13. Do you provide valet service for special events? Yes No
If "Yes," **describe types of events and their parking locations:**

14. How do you recruit, screen and train your valets? Explain in detail:

15. What is the actual cost of labor (hourly, contract and tips)? \$ _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. * not applicable in all states

Applicant Signature: _____

Date: ____/____/____