



GREENE & ASSOCIATES

Garage Liability Application

Is this an application for a quotation? Yes No

Is this an application for a bound policy? Yes No
If Yes, what is the Policy Number? _____

Type of Risk: Auto Repair Service Station Body & Fender Towing Service Car Wash
 Used Car Sales Parking Garage Other (Specify) _____

Garage liability can only be written if an applicant operates from a commercial location. Applicants operating from a residence can only qualify for a Business Auto Policy (complete **Dealer & Transporter Plate Application**). Complete a **Commercial Automobile Application** for specifically registered vehicles.

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: () _____ E-Mail: _____ Fax No.: () _____ Years in Business: _____

Garage Location:	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>
Street	_____	_____	_____
City	_____	_____	_____
State and ZIP	_____	_____	_____
Hours of Operation	___ hrs. per day ___ days per week	___ hrs. per day ___ days per week	___ hrs. per day ___ days per week

CHECK COVERAGE REQUIRED: Dealer Non-Dealer

LIMITS REQUESTED

LIABILITY ** (Non-Dealers must select C.S.L. ONLY)	NO-FAULT (Dealers Only)	UNINSURED / UNDERINSURED MOTORISTS (Dealers Only)
<input type="checkbox"/> \$50,000 CSL (Non-dealers only) <input type="checkbox"/> \$25/\$50/\$10 <input type="checkbox"/> \$60,000 CSL (Dealers only) <input type="checkbox"/> \$50/\$100/\$25 <input type="checkbox"/> \$100,000 CSL <input type="checkbox"/> \$100/\$300/\$50 <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$250/\$500/\$100 <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> \$750,000 CSL <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$1,000,000 CSL	<input type="checkbox"/> Mandatory <input type="checkbox"/> Additional (Specify) _____ <input type="checkbox"/> OBEL (\$25,000)	<input type="checkbox"/> \$ _____ Specify Limit (Cannot Exceed Liability Limit)

** Limits are per accident and annual aggregate for other than Auto Garage Operations

ADDITIONAL COVERAGES:

FIRE LEGAL LIABILITY: Limit Requested: \$ _____
Specify Construction Type: Frame Joisted Masonry Other (specify) _____

ADDITIONAL INSURED (Name & Address): _____
Specify Relationship: (Landlord, Franchisor, Municipality Issuing Permit, etc.) _____

PERSONAL INJURY (A, B, C and Deletion of Exclusion C)

GARAGE KEEPERS LEGAL LIABILITY } Available in Non-Admitted Market. Complete **Lawrence Excess Garage**
 DEALERS PHYSICAL DAMAGE } **Keepers Legal Liability & Dealers Open Lot Application**

* A Federal Employer Identification Number is required for each corporate entity



DRIVER INFORMATION

C. EMPLOYEES - Regular and All Other Complete all sections below for all employees and proprietors who operate or are furnished vehicles.

Name	Address	D.O.B.	Driver License No.	State	Loc #

D. NON-EMPLOYEES Indicate number of non-employees, by age category, who you allow to operate vehicles.

Under 21 Years: _____ 21 to 24 Years: _____ 25 and Over: _____

Complete all sections below for all non-employees, including relatives, who you will allow to operate vehicles.

Name	Address	D.O.B.	Driver License No.	State	Loc #

E. COMPLETE INFORMATION BELOW FOR EACH LOCATION

	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>
1. Total Weekly Payroll:	\$ _____	\$ _____	\$ _____
2. Number of Employees:	\$ _____	\$ _____	\$ _____
3. Number of Owners or Partners	\$ _____	\$ _____	\$ _____
4. Annual Gross Sales	\$ _____	\$ _____	\$ _____

F. LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by insurance, for the past 3 years for coverages you are requesting. Attach Loss Runs.

Year	Carrier	Policy #	Premium	# of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

G. Has your garage insurance ever been canceled, declined or nonrenewed? Yes No
 If Yes, explain: _____

EFFECTIVE DATE REQUESTED _____

H. SCHEDULE OF COMMERCIAL VEHICLES, TOW TRUCKS AND PRIVATE PASSENGER VEHICLES YOU OWN
 If quotation for these vehicles is required, complete **Commercial Automobile Application**.

Unit#	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New *	GVW	Garage Location	State of Registration
1					\$			
2					\$			
3					\$			
4					\$			
5					\$			

* If special equipment is attached to any vehicle, include value under **COST NEW**.

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D. C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "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 MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR 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 STATE CLAIM FOR EACH VIOLATION."

 Name of Insured

 Name of Broker

 Signature of Insured

 Date

 Signature of Broker Licensee

 Date

 Address of Broker

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 Broker's Phone Number

 Co-Broker's Name, Address and Phone Number