

Roush Insurance Services, Inc.

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APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From: _____ To: _____

Named Insured: _____ DBA: _____

Mailing Address: _____ City: _____

County: _____ State: ____ Zip Code: _____ Phone: _____

Internet Address (If any): _____ FEIN: _____

Inspection/Audit Contact Name and Telephone Number: _____

Years in Business: _____ Years Sales/Repair Experience: _____

Have you ever operated a garage business under another name?..... Yes No

If yes, explain: _____

Business Entity: Individual Partnership Corporation Other: _____

Describe your Operations: _____

Do you engage in any other operations? Yes No

If yes, explain: _____

Are you a licensed auto dealer?..... Yes No

Dealer ID No.: _____

License Type: Retail Wholesale Distributor Other: _____

Locations/Premises where you conduct Garage Operations:

1. _____

2. _____

Do you own or lease Location 1?..... Own Lease

Do you own or lease Location 2?..... Own Lease

GENERAL INFORMATION

1. What are your normal business hours? _____

2. Are autos stored at your premises after normal business hours?..... Yes No

a. If yes, describe your theft barriers/storage at each location for autos you **OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

b. If yes, describe your theft barriers/storage at each location for autos you do **not OWN** (building, fence and gate or post and cable):

Location 1: _____

Location 2: _____

c. Owned Auto Values (Dealers Physical Damage):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

d. Nonowned Auto Values (Garagekeepers):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

3. Do you have or maintain animals on your premises? Yes No
 If yes, what types/breeds? _____
 Are these animals: Pets Used for Security Purposes Professionally Trained
 Are warning signs posted? Yes No
 Where are they kept during business hours? _____
4. Total Gross Receipts from:
 All Vehicle/Equipment Sales:..... \$ _____
 All Repair: \$ _____
 Other Uninstalled Product Sales: \$ _____
 Tow Truck Operations: \$ _____
5. Describe your key controls during business hours: _____ After business hours: _____
 If a key box is used, describe location of key box (in building or attached to autos): _____
6. Do you pick up or deliver autos not owned by you? Yes No
 If yes, how many times per week? _____ What is the average and maximum radius traveled? _____
7. Do you tow for hire?..... Yes No
 If yes, explain: _____
8. Who drives or tows vehicles to your premises? _____
9. Do employees use their own vehicles within the scope of their employment? Yes No
 If yes, how many times per week? _____ What is the average and maximum radius traveled? _____
10. Do you obtain certificates of insurance from all sub-contractors utilized (transporters, etc.)?..... N/A Yes No
11. Do you utilize unscheduled contract drivers? Yes No
 If yes, do you verify that they have valid U.S. driver licenses? Yes No
 How many per: Week: _____ Month: _____ Year: _____
12. Do you loan or lease autos to others?..... Yes No
 Do you loan autos to customers while their auto is being repaired?..... Yes No
 If yes, provide copy of agreement.
13. How many plates do you have or do you plan to procure in the next twelve (12) months?
 Dealer: _____ Dealer plate numbers: _____
 Registration/Transporter: _____ Transporter plate numbers: _____
 Describe how plates are being used: _____
 Where are plates stored when not in use? _____
 Do you sell, loan, or rent plates to others? Yes No
 If yes, explain: _____
14. Do you perform operations or have driving exposures in the following states?
 New York New Jersey Michigan Illinois Other (besides state of domicile)
 If yes, describe: _____



15. Do you repossess vehicles? Yes No
 If yes, are these autos you have sold? Yes No
 Do you repossess autos for banks or other dealers? Yes No
16. Do you sell gasoline?..... Yes No
 If yes, how many gallons per year? _____
 Do you sell LPG?..... Yes No
 If yes, how many gallons per year? _____
17. Do you own and/or sponsor any vehicles used in racing events? Yes No
 If yes, provide details: _____

18. List ALL Owners, Employees and Drivers/Contract Drivers:
 (Full Time = over twenty [20] hours/week)

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations & Accidents Past Three Years	Full or Part Time	Job Title/ Duties
				Y/N	Class					

19. List ALL Family and non-family members, including all persons that have access to covered vehicles (except customers):

Name	DOB	Driver's License No.	State of DL	Will drive for or Work in business? Y/N	Furnished Auto? Y/N	Violations & Accidents Past Three Years	Relationship

20. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No N/A

21. Provide your percentage of operations (Percentages **MUST** equal one hundred percent [100%]):

* Requires completed supplemental application	Repair	Sales
Private passenger cars, SUVs, pickup trucks, vans	%	%
Motor Homes	%	%
Motorcycles*	%	%
Buses*	%	%
Watercraft (boats, jet skis, etc.)	%	%
Dirt Bikes or ATVs/UTVs and all other recreational autos*	%	%
Farm Equipment	%	%
Construction/Contractor's Equipment*	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers*	%	%
Salvage parts	%	%
Other:	%	%
TOTAL	100%	100%

UNDERWRITING INFORMATION—DEALERS (if no dealer operations, proceed to SERVICE)

22. Where do you purchase vehicles? _____
 Do you buy or sell vehicles on the Internet? Yes No
 If yes, explain: _____



23. Do you drive away more than three hundred (300) miles from point of purchase? Yes No
If yes, how often and to where? _____
24. How many vehicles do you sell per year?
Retail: _____% Wholesale: _____% Consignment (attach consignment agreement): _____%
25. Do you export autos?..... Yes No
If yes, are titles transferred prior to the auto leaving your care for shipping? Yes No
26. Are titles transferred to customer upon relinquishing a sold vehicle?..... Yes No
If no, explain? _____
27. Do you keep open titles on vehicles you buy or sell?..... Yes No
If yes, explain: _____
28. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No
29. Test drives:
Do you always obtain a copy of the customer's license? Yes No
Do you obtain proof of insurance when available?..... Yes No
Do you always ride along? Yes No
Do you permit overnight test drives? Yes No

UNDERWRITING INFORMATION—SERVICE (if no service operations, proceed to INSURANCE HISTORY)

30. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

Type of Work	Percent	Type of Work	Percent
Oil and Lube	%	Wash/Detail	%
Tune-Up	%	Window Tint	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo System	%
Electrical	%	Alarm System	%
Brakes	%	Transmission	%
Hitches: <input type="checkbox"/> Bolt on <input type="checkbox"/> Weld On	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kits)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	LPG	%
Body Work	%	Other:	%

31. Do you have quality control checks in place to ensure that repairs have been performed properly?..... Yes No
32. Are signs posted to keep customers out of the work area? Yes No
33. Do you do any welding? Yes No
 Inside Outside Mobile Safeguards: _____
34. Do you have a spray paint booth?..... Yes No
Is it U/L approved?..... Yes No
Is there an exhaust ventilation system? Yes No
Are lighting/fixtures explosion proof?..... Yes No
Is paint stored in fire-resistive cabinets outside the paint booth?..... Yes No
35. Is a frame straightening machine used?..... Yes No
Make/Model: _____
36. Any frame cutting/stretching? Yes No

INSURANCE HISTORY

37. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) Yes No
- a. If yes, explain: _____
- b. A minimum of three year history is required. If three year history is unavailable, explain: _____

Current Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$

Date of Loss	Amount	Description of Loss
	\$	
	\$	

COVERAGES REQUESTED

38. Check applicable box(es):
- GARAGE LIABILITY:**
 Each Accident Limit: \$ _____ Aggregate Limit: 1x 2x 3x
 Deductible: \$ _____
- MEDICAL PAYMENTS:** Applicable to: Garage Operations Autos Both
 Limits: \$500 \$1,000 \$2,500 \$5,000
- UNINSURED MOTORIST:** \$ _____ **PERSONAL INJURY PROTECTION:** \$ _____
- ADDITIONAL INSURED:** _____
 Address: _____
 Explain the relationship there will be between the Named Insured and the Additional Insured: _____
- GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):**
 Legal Liability Direct Primary
 Maximum Limit Per Vehicle:..... \$ _____
 Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision
 Total Limits: Location No. 1: \$ _____
 Location No. 2: \$ _____
 Deductibles: Specified Causes or Comprehensive Deductible: \$ _____
 Collision Deductible: \$ _____
 Maximum Deductible Per Loss:..... \$ _____
 In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for coverage)
 Number of autos being towed or carried per each transporter: _____
- DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale):**
 Maximum Limit Per Vehicle:..... \$ _____
 Causes of Loss: Specified Causes w/Collision Comprehensive w/Collision
 Total Limits: Location No. 1: \$ _____
 Location No. 2: \$ _____

Deductibles: Specified Causes or Comprehensive Deductible:\$ _____
 Collision Deductible:\$ _____
 Maximum Deductible Per Loss:.....\$ _____

Type: New Used

Interests Covered: Owner Owner and Creditor (Bank) Consignment

Other Limits: At Temporary Locations: \$ _____ While in Transit: \$ _____

Loss Payee: _____

Loss Payee Address: _____

Drive away Miles (if over three hundred [300] miles):..... _____

SPECIFICALLY DESCRIBED AUTOS:

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes Or No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

ADDITIONAL COVERAGES REQUESTED

39. Check applicable box(es):

- Registration Plates Not Issued For A Specific Auto (Max \$100,000 limit available)
- False Pretense: \$25,000 \$50,000 Other: \$ _____
- Personal Injury Liability
- Damage To Rented Premises Liability: \$50,000 \$100,000 \$300,000
- Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):
 \$50,000 \$100,000 \$300,000
- Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished)
- Federal Odometer Errors and Omissions
- Auto Dealer's Error and Omissions (Includes Truth-In-Lending, Odometer and Title E&O)

Remarks: _____

PROPERTY INFORMATION

40. Location where you conduct garage operations: _____

41. Building Information:

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

42. Building Improvements: (Provide year updated)

	Wiring	Roof	Plumbing	HVAC	Other
Building 1					
Building 2					

43. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage						
Building 1	\$					\$
Building 2	\$					\$
Business Personal Property						
Building 1	\$					\$
Building 2	\$					\$
Business Income:						
Building 1						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$
Building 2						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$

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. (Not applicable in OH.)

NOTICE TO OHIO APPLICANTS: 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.

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Authorized owner, partner or executive officer)

RETAIL AGENT NAME: _____

ADDRESS: _____

PRODUCER'S NAME: _____ DATE: _____