

## Garage Supplemental Application

Named Insured:

Agent Name and Phone:

Effective Date:

Risk Control Contact Name:

Phone:

### Account

1. What are the hours of operation?
2. Does the business have a website?  Yes  No  Unknown  
 Please provide URL:  
 Percentage of sales from the internet or e-commerce:  
 None  less than 10%  10-25%  26-49%  50-74%  75% or more  Unknown
3. What pre-employment steps are taken to verify the qualifications of service staff? (Check all that apply)
 

<input type="checkbox"/> Reference check	<input type="checkbox"/> Prior employment verification	<input type="checkbox"/> Skills test
<input type="checkbox"/> MVR checks	<input type="checkbox"/> Verification of Certificates, degrees and licenses	<input type="checkbox"/> Credit history
<input type="checkbox"/> Criminal history	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
- Please describe:
4. How many new employees have been hired in the last twelve months?
5. What is the average number of years experience for an employee:  
 less than a year  1-2 years  3-5 years  6-10 years  more than 10 years  Unknown
6. Number of Service Bays
7. Are there any commercial contracts for fleet work?  Yes  No  Unknown
8. Does the business have full or self service gas pumps?  Yes  No  Unknown
  - (a) Are there clearly marked emergency shutoff devices?  Yes  No  Unknown
  - (b) Are rules posted (e.g. No smoking; Shut Off Engine, etc.)?  Yes  No  Unknown
9. Number of Tow Trucks?
  - (a) Is there 24 hour towing?  Yes  No  Unknown
  - (b) Is there Repossession of Autos?  Yes  No  Unknown
10. Are vehicles sold?  Yes  No  Unknown
  - (a) Number sold per year?
  - (b) Number of dealers plates:
  - (c) Number of repair plates:
11. Check any of the following that may apply to the business:
 

<input type="checkbox"/> Auto Dismantlers, Rebuilders, Restorers	<input type="checkbox"/> Renting, Leasing or Loaning Vehicles
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Salvage or Wrecking Operations
<input type="checkbox"/> Convenience sales revenues >35%	<input type="checkbox"/> Self Service bay rentals
<input type="checkbox"/> Delivery or pickup of Customers Autos	<input type="checkbox"/> Tire Recapping or Vulcanization
<input type="checkbox"/> Dog on premises during or after hours	<input type="checkbox"/> Tire sales revenues >25%
<input type="checkbox"/> Equipment or Tool Rentals	<input type="checkbox"/> Work on trucks over 20,000 GVW
<input type="checkbox"/> Parking Garage operations	<input type="checkbox"/> Gas sales revenues >25%
<input type="checkbox"/> Racing Cars or Teams	<input type="checkbox"/> None of the above <input type="checkbox"/> Unknown

## Liability

12. Are independent contractors hired to perform maintenance, repair, or other construction work?  Yes  No  Unknown  
Please check all applicable:  
 There is a standard written and signed contract between the business and the contractor.  Unknown  
 The contract requires the contractor to name the business as an additional insured for both operations and completed operations.  Unknown  
 The contractor must agree to indemnify and hold harmless the business.  Unknown  
 The contractor provides a certificate with proof that the contractor has Workers Compensation and General Liability insurance with limits at \$1million/\$1 million minimum.  Unknown
13. What steps are in place to ensure that proper repairs are made and that the vehicle is safe to return to the road? (Check all that apply)  
 Post service checklist  Service Manager review  
 Repairs and service completed per manufacturers standards  Customer pre-approval of repairs  
 Test drive  Unknown
14. If the business is involved with repair of vehicles, how are the customer's vehicles protected if kept overnight?  
 Fenced Lot  No Repair  Unknown  Other  
Please describe:
15. Are customers allowed in service area?  Yes  No
16. Is Test Driving of vehicles performed?  Yes  No  Unknown  
(a) Do the employees who perform test driving have MVR checks?  Yes  No  Unknown
17. Are employees allowed to use company vehicles for personal use?  Yes  No  Unknown  
(a) Are there any written rules or restrictions?  Yes  No  Unknown

## Property

18. Is there an automatic Sprinkler system?  Yes  No  Unknown  
(a) What percent of the building is sprinklered?  
 90-100%  50-89%  Less than 50%  Unknown  
(b) If less than 90% of the building is sprinklered, what portion is sprinklered?  
(c) Age of sprinkler system?  
 less than 10 years  10-25 years  26-49 years  50 or more years  Unknown  
(d) Type of sprinkler system?  Wet  Dry  Other  Unknown  
Please Describe:  
(e) Was sprinkler system designed for present occupancy?  Yes  No  Unknown  
(f) Is a subcontractor responsible for sprinkler system inspection, testing and maintenance?  
 Yes  No, self maintained  Unknown  
Name of subcontractor:  
(g) How often is the sprinkler system maintenance and inspection performed?  
 Monthly  Quarterly  Semi Annually  Annually  Unknown  
(h) Are sprinkler alarms installed?  Yes  No  Unknown  
Are they:  Water Flow  Valve Closure  Unknown
19. Please check all types of protection at the premises:  
 Local Alarm  Burglar Alarm  Heat Detection  Fire Extinguisher(s)  
 Central Station Alarm (constantly monitored)  Full Perimeter Intrusion Alarm  
 Motion Detection  Smoke  Other  Unknown

Please Describe:

20. Are flammable materials stored in approved UL listed containers?  Yes  No  Unknown
21. Are all waste materials including rags disposed of in self-closing non-combustible containers?  Yes  No  Unknown
22. Are there any spray booths or spray rooms?  
Are they designed to conform to NFPA standards?  Yes  No  Unknown
23. Are specific safety procedures followed when welding?  Yes  No  Unknown  
Please describe:
24. Is the building a converted structure?  Yes  No  Unknown
25. Is the building designed for the business occupancy?  Yes  No  Unknown

Additional Comments:



## FRAUD STATEMENT

**Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.**

**ARKANSAS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CALIFORNIA FOR AUTO:** IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**HAWAII:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**MASSACHUSETTS FOR AUTO: NOTICE:** If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

**MINNESOTA:** A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**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.

**NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NEW YORK FOR AUTO:** 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.

**FOR OTHER LINES OF BUSINESS:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**OHIO:** 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.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

**PENNSYLVANIA:** 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

**RHODE ISLAND:** *In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.*

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO**

**TENNESSEE FOR WORKERS COMPENSATION:** It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. **FOR OTHER LINES OF BUSINESS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**UTAH FOR WORKERS COMPENSATION:** Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**VERMONT:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**VIRGINIA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ALL OTHER STATES:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 the person to criminal and civil penalties. Not applicable in Nebraska.

_____	_____
SIGNATURE OF APPLICANT	DATE