

# CATLIN

## GARAGE APPLICATION

General Agent: \_\_\_\_\_ Retailer: \_\_\_\_\_  
Agent #: \_\_\_\_\_ Location: \_\_\_\_\_  
Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

### GENERAL INFORMATION

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Business Entity: ( ) Individual ( ) Partnership ( ) Corporation ( ) Other \_\_\_\_\_

Website Address (If Applicable): \_\_\_\_\_

Description of Operations and Exposure: \_\_\_\_\_

Garage Location #1: \_\_\_\_\_

Garage Location #2: \_\_\_\_\_

Garage Location #3: \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Do you engage in other operations? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

2. Do you structurally alter or convert vehicles from their original design? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

3. Do you repossess vehicles for yourself or others? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

4. Do you allow customers in the work area? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

5. Do you pick up or deliver customer vehicles? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

**TYPES OF VEHICLES**

Sales:		Repair:	
_____ %	_____ %	_____ %	Private Passenger Autos, Pickups, Vans, SUV's (new)
_____ %	_____ %	_____ %	Private Passenger Autos, Pickups, Vans, SUV's (used)
_____ %	_____ %	_____ %	Antique or Classic Autos
_____ %	_____ %	_____ %	RV's, Motor homes, Campers <i>(include required supplement)</i>
_____ %	_____ %	_____ %	Heavy Trucks/Semi Trailers <i>(include required supplement)</i>
_____ %	_____ %	_____ %	Motorcycles/ATV's/Scooters <i>(include required supplement)</i>
_____ %	_____ %	_____ %	Boats
_____ %	_____ %	_____ %	Jet Skis
_____ %	_____ %	_____ %	Golf Carts
_____ %	_____ %	_____ %	Mobile Homes
_____ %	_____ %	_____ %	Contractor's Equipment
_____ %	_____ %	_____ %	Farm Equipment
_____ %	_____ %	_____ %	Emergency Vehicles (List Type)
_____ %	_____ %	_____ %	Kit Cars
_____ %	_____ %	_____ %	Buses
_____ %	_____ %	_____ %	Trailers - Other than Semi, list type - (i.e.. horse, utility, etc.)
_____ %	_____ %	_____ %	Other - (explain)
_____ %	_____ %	_____ %	<b>TOTALS</b>

**DEALER OPERATIONS**

Provide breakdown of operations:

Consigned Auto Sales \_\_\_\_\_ %      Wholesale Auto Sales \_\_\_\_\_ %      Retail Auto Sales \_\_\_\_\_ %  
 Owned Autos Left at Auction \_\_\_\_\_ %      Other (explain) \_\_\_\_\_

Maximum Radius of Pickup & Delivery |  0-300 miles     301-500 miles     501-1,000 miles     Over 1,000 miles

**NON-DEALER OPERATIONS**

Alarm, Stereo or Navigational System	_____ %	Gasoline Station - Full Service	_____ %
Auto Dismantling	_____ %	Gasoline Station - Self Service	_____ %
Auto Maintenance & Repair, Incl. Bedliner	_____ %	Impound Yards	_____ %
Auto Painting with UL approved spray booth	_____ %	Mobile Auto Repair	_____ %
Auto Painting without UL approved spray booth	_____ %	Oil/Lube Service	_____ %
Auto Parts (uninstalled)	_____ %	Parking Lots & Garages (self park)	_____ %
Receipts \$ _____		Tire Dealers - New	_____ %
Body Shop	_____ %	Tire Dealers - Used / Retreads	_____ %
Butane, Propane or other Liquefied Gas Sales	_____ %	Trailer Hitch Installation or Repair	_____ %
Car Wash - Full Service	_____ %	Upholstery	_____ %
Convenience Store	_____ %	Valet Parking	_____ %
Receipts \$ _____		Van Conversion	_____ %
Detailing	_____ %	Window Tinting	_____ %
Driveway Contractor or Wrecker Service	_____ %	Windshield Installation/Repair	_____ %
Frame or Unibody Straightening	_____ %	Other: _____	

**VEHICLE STORAGE & VALUES**

Owned Autos/DOL	Non-Owned Autos/GKLL
Lot Protection (see definition below)  Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot** <input type="checkbox"/> Unprotected Lot*** <input type="checkbox"/>  Maximum Value of any one Auto: \$ _____ Maximum number of Autos: \$ _____	Lot Protection (see definition below)  Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot** <input type="checkbox"/> Unprotected Lot*** <input type="checkbox"/>  Maximum Value of any one Auto: \$ _____ Maximum number of Autos: \$ _____

\*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

\*\*Non-Standard Lot: Any other type of protection or fencing. \*\*\*Unprotected Lot: All others

**DRIVERS LIST**

**Employee / Non-Employee Schedule - (Include ALL Owners, spouses, employees & non-employees)**

Name	Date of Birth	State of License	Drivers License #	Violations & Accidents 3 Years		Job Description or Relationship	Furnished Auto? (Yes or No)	"X" = exclude from driving	Hours Worked
				Accidents	Citations				
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

**Specifically Described Autos**

Veh. No.	Year	Make	VIN	Titled in Business Name? (Yes or No)	Used for Towing? (Yes or No)

"X" Coverages Desired:									
Veh. No.	GVW	Use	Radius	Loss Payee	Liability	Comp/Coll	UM	PIP	ACV
									\$
									\$
									\$
									\$
									\$

**Coverages and Limits Requested**

Garage Liability \$ \_\_\_\_\_ Each Accident \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_ Deductible

Garagekeepers \$ \_\_\_\_\_ Limit Per Location \$ \_\_\_\_\_ Limit Per Auto \$ \_\_\_\_\_ Deductible

Coverage:  Legal Liability  Direct Excess  Direct Primary  
 Specified Causes of Loss  Comprehensive  Collision

In -Tow \$ \_\_\_\_\_ Limit Per auto # of Tow Trucks \_\_\_\_\_

Dealers Open Lot \$ \_\_\_\_\_ Limit Per Location \$ \_\_\_\_\_ Limit Per Auto \$ \_\_\_\_\_ Deductible

Coverage:  Specified Causes of Loss  Comprehensive  Collision  False Pretense

Medical Payments \$ \_\_\_\_\_ Auto \$ \_\_\_\_\_ Garage Operations

Uninsured / Underinsured Motorist \$ \_\_\_\_\_ Per Accident \_\_\_\_\_ # of Dealer Tags

Personal Injury Protection \$ \_\_\_\_\_ Per Statute \_\_\_\_\_ # of Dealer Tags

Broadened Coverages - Garage (includes personal injury and \$50,000 fire legal)

Personal Injury Liability

Fire Legal \$ \_\_\_\_\_

Hired Auto

Additional Insured Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Insurable Interest: \_\_\_\_\_

Waiver of Subrogation (for owner of premises)

Errors & Omissions  Title E & O  Odometer E & O  Truth in Lending E & O \$ \_\_\_\_\_ Limits

**Prior Carrier/Loss History for 3 years prior**

Prior Carrier	Policy Term	Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

**Additional Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*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 and criminal penalty or fine.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_