



PO Box 949, Troy, OH 45373
(800) 648-0357 Fax: (877) 311-6887
www.coxspecialty.com

Agent Name _____
and Address _____

Phone _____ Fax _____

Garage Application



General Information

Proposed Effective Date _____
Applicant Name (Legal) _____
Applicant Name (DBA) _____
Mailing Address _____
Email Address _____ Web Address _____
Inspection Contact _____ Phone Number _____
Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other, Describe: _____
Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? ☐ Yes ☐ No (n/a in MO)
If yes, please explain: _____
Years this business entity has been in operation? _____
If less than 3 years, explain training and any certifications: _____

General Underwriting Information

1. Describe your operations: _____

Dealer:

- | | | |
|------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Antique/Classic Auto Dealer | <input type="checkbox"/> Car Dealer with Salvage | <input type="checkbox"/> Non-Franchised Motorcycle Dealer |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Commercial Trailer Dealer | <input type="checkbox"/> RV Dealer |
| <input type="checkbox"/> Boat Dealer | <input type="checkbox"/> Equipment Dealer | <input type="checkbox"/> Truck Dealer |
| <input type="checkbox"/> Car Dealer | <input type="checkbox"/> Franchised Motorcycle Dealer | <input type="checkbox"/> Wholesaler |

Service:

- | | | |
|---------------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Antique/Classic Service/Repair | <input type="checkbox"/> Motorcycle Service/Repair | <input type="checkbox"/> Storage Facilities/Lots |
| <input type="checkbox"/> Boat Service/Repair | <input type="checkbox"/> Repossessors | <input type="checkbox"/> Tow Truck Operators |
| <input type="checkbox"/> Car Service/Repair | <input type="checkbox"/> RV Service/Repair | <input type="checkbox"/> Truck Service/Repair |
| <input type="checkbox"/> Equipment Service/Repair | <input type="checkbox"/> Salvage Yards | <input type="checkbox"/> Valet |

Other: _____

2. Locations where you conduct Garage Operations (include full address and Zip Code)

- 1] _____
2] _____
3] _____
4] _____

3. What percentage by type of vehicle do you sell or service? (Total must equal 100%)

Cars, SUV's, Pickups, Vans	_____ %	RV (Motorhome, Camping Trailer)	_____ %
Commercial Trucks & Trailers	_____ %	Salvage (used) parts	_____ %
Construction & Farming Equipment	_____ %	Tow Truck Operators	_____ %
Emergency Vehicles & Equipment	_____ %	Valet	_____ %
Motorcycle & Off-road RV	_____ %	Watercraft (including Jet Skis)	_____ %

4. Have you owned another business under a different name or entity? ☐ Yes ☐ No

If yes, please explain: _____

5. Do you have an ownership interest or operate any other business? ☐ Yes ☐ No

a. If yes, provide name and physical address: _____

b. Describe the operation of the business: _____

c. What is the relationship between the business indicated and the business we are being asked to insure?: _____

6. Are there any other businesses or operations at any of your locations? ☐ Yes ☐ No

a. If yes, what is the nature of those operations? _____

7. Are firearms kept on the premises? ☐ Yes ☐ No

8. Do you have any dogs on the premises? ☐ Yes ☐ No

If yes, are they kept in a pen and away from customers during business hours? ☐ Yes ☐ No

Breed? _____

9. Are autos loaned, leased or rented to customers? ☐ Yes ☐ No

a. Is there a contract agreement? ☐ Yes ☐ No

b. Do you get a copy of the driver's license? ☐ Yes ☐ No

c. Do you verify that the customer has auto insurance? ☐ Yes ☐ No

d. What is the minimum age? _____

10. Do you install trailer hitches? ☐ Yes ☐ No

11. Do you perform work on airbags or breathalizers? ☐ Yes ☐ No

12. Do you sponsor a race car? ☐ Yes ☐ No

13. Do you pick-up and deliver customers' vehicles? ☐ Yes ☐ No

If yes, how many times per week? _____ How far from your shop? (mi) _____

14. How many Transporter Plates (Non-Dealer) do you have? _____

15. Describe lot security (fences, gates, cables, lights) _____

16. Where are dealer plates and car keys kept? _____

17. DEALERS & SERVICE RATING EXPOSURE BASIS: Must list ALL Owners, ALL Employees (including clerical) and ALL Drivers (Cannot be blank or "n/a")

Name	DOB	DL Number	State	CDL? Y/N	Furn. Auto? Y/N	FT/ PT	Job Title / Duties

Attach additional pages if additional space is needed.

18. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: List ALL Family members and non-family members (except customers) and indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished or if they have the opportunity to drive a scheduled auto.

Name	DOB	DL Number	State	Will drive for OR Work in Business?	Furn. Auto? Y/N	# Violations/ Accidents Past 3 Yrs	Relationship

Attach additional pages if additional space is needed.

19. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS:

Have all members of your household been disclosed on this application?

☐ Yes ☐ No

if no, explain:

20. DEALERS ONLY or SERVICE WITH SCHEDULED AUTOS: 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

21. Previous Insurer Information Please complete the following table with the previous insurer information. If none, indicate "none".

Policy Period	Insurer	Limits	Premium

22. Loss History for 3 years ☐ No Known Losses ☐ Losses Reported in Last 36 months (attach loss runs)

Policy Period	Insurance Carrier	Driver Name	Description of Loss	Paid	Total Amount of Losses	Status
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed
						<input type="radio"/> Open <input type="radio"/> Closed

Sales Questions

23. Who drives or transports vehicles to your lot? ☐ Insured/Employees ☐ Contract Drivers ☐ Transporter
(must be listed on driver schedule)

24. Do you drive newly acquired autos over 300 miles from point of purchase to your lot? ☐ Yes ☐ No
If Yes, how many trips per year? _____ How far one-way for longest trip? (road miles) _____

25. How many vehicles do you sell per year? _____
a. What percentage is sold "sight unseen" over the internet? (Vehicle sale is not completed on the lot) _____
If over 15% of total vehicles sold, provide website address: _____

b. How many vehicles do you sell per year on consignment? (attach consignment agreement) _____

26. How many dealer plates do you have for: Autos _____ Boats _____ Motorcycles _____ Trailers _____

27. Do you repossess vehicles? ☐ Yes ☐ No If Yes, explain: _____

28. If you repair salvage titled vehicles prior to sale, are repairs: Structural _____ % Mechanical _____ % Cosmetic _____ %

29. Do salespeople always accompany customers on demonstration rides? ☐ Yes ☐ No
If no, what precautions are implemented _____

Service Questions

30. What percentage of your work is?

Alignment	_____ %	Lift Kit	_____ %	Sound/Alarm System	_____ %
Batteries	_____ %	Muffler	_____ %	Suspension/Frame	_____ %
Body (Not Fiberglass)	_____ %	Oil & Lube	_____ %	Tires	_____ %
Brakes	_____ %	Paint	_____ %	Trailer Hitches	_____ %
Engine Overhaul	_____ %	Radiator	_____ %	Transmission	_____ %
Fiberglass	_____ %	Roadside Assistance	_____ %	Tune Up	_____ %
Frame Straightening	_____ %			Wash/Detail	_____ %

(device is ☐ Laser ☐ Digital ☐ Optical ☐ Mechanical)

Custom/Fabrication _____ % Must Describe _____

Performance Enhance _____ % Must Describe _____

Other _____ % Must Describe _____

31. Are signs posted to keep customers out of the work area?

☐ Yes ☐ No

32. Do you sell gasoline?

☐ Yes ☐ No

If yes, **a.** Is it ☐ Self Service ☐ Full Service?

b. How many gallons do you sell annually? _____

33. Do you sell Liquefied Petroleum Gas (LPG)?

☐ Yes ☐ No

if yes **a.** Is the storage tank protected by collision barriers?

☐ Yes ☐ No

b. Are "No Smoking" signs posted?

☐ Yes ☐ No

c. Do only qualified operators fill customer's tanks?

☐ Yes ☐ No

d. How many feet separate storage tank from adjacent buildings & vehicles? _____

34. If you install Lift Kits: Do you lift over 6"

☐ Yes ☐ No

What percentage is: Body Lifts? _____ % Suspension Lifts? _____ %

What is training and experience? _____

35. If you paint, do you have a spray paint booth/separate room?

☐ Yes ☐ No

If yes, is booth/room well ventilated?

☐ Yes ☐ No

36. Do you sell or install Mobility Equipment?

☐ Yes ☐ No

a. Do you sell power chairs and other durable medical equipment?

☐ Yes ☐ No

if Yes, is this exposure covered elsewhere?

☐ Yes ☐ No

b. Do you install wheel chair ramps in private residences or businesses?

☐ Yes ☐ No

if Yes, _____ % is this exposure covered elsewhere?

☐ Yes ☐ No

37. Racing: Do you have an owned vehicle racing or exhibition exposure?

☐ Yes ☐ No

Do you service any vehicles involved in racing or exhibition events?

☐ Yes ☐ No

38. Are oily rags disposed of properly in metal container?

☐ Yes ☐ No

39. If you sell or service Tires (Other than Motorcycle or Roadside Assistance) complete the following section:

- a.** What percentage of your work is Service only, no sales _____ % Describe _____
- b.** What percentage of your work is Specialty Tires _____ % Off Road _____ % Racing _____ % Const/Farm Equip _____ %
Describe _____
- c.** Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes? ☐ Yes ☐ No
- d.** What percentage of Tires sold are: New Tires _____ % Used Tires _____ % (quantity, not gross receipts)
- e.** Do you sell new tires manufactured more than 3 years ago? ☐ Yes ☐ No
- f.** For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle? ☐ Yes ☐ No
- g.** Do you sell used tires manufactured over 4 years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
- h.** If you sell used tires, what method do you use to mark them? _____

Coverage Requested

☐ **Garage Liability** Limit \$ _____ Each Accident \$ _____ Aggregate _____

☐ **Medical Payments** Limit \$ _____ ☐ Premises Only ☐ Combined

☐ **Garagekeepers** ("Autos" left with you for service, repair, storage or safekeeping)
Loc 1 Limit \$ _____ Loc 2 Limit \$ _____ Loc 3 Limit \$ _____ Loc 4 Limit \$ _____
Max limit per auto _____
☐ Legal Liability OR ☐ Direct Primary
☐ Specified Causes Of Loss OR ☐ Comprehensive
☐ Collision
Deductible ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000

☐ **Dealers Physical Damage** (Dealers "autos" and "autos" held for sale by non-dealers or trailer dealers. Physical damage coverages.)
ISO Coverage provides a 100% coinsurance provision on Dealers Physical Damage Coverage. Be sure to insure to total lot value.
Loc 1 Limit \$ _____ Loc 2 Limit \$ _____ Loc 3 Limit \$ _____ Loc 4 Limit \$ _____
Max limit per auto _____
☐ Specified Causes Of Loss OR ☐ Comprehensive
☐ Collision
Deductible ☐ 500 ☐ 1,000 ☐ 2,500 ☐ 5,000 ☐ 10,000
Types of vehicles: ☐ New ☐ Used Interests Covered: ☐ Owner ☐ Owner and Creditor ☐ Consignment
Loss Payee _____
Loss Payee _____

☐ **Related Ops** (Show gross receipts unless otherwise specified)

<input type="checkbox"/> Automobile Parts & Supplies Stores \$ _____	<input type="checkbox"/> Mobility/Adapt. Ramp/Accessory \$ _____
<input type="checkbox"/> Beds & Showers at Truck Stop \$ _____	<input type="checkbox"/> Machine Shops - NOC \$ _____
<input type="checkbox"/> Building / Premises - Lessors Risk - Area _____	<input type="checkbox"/> Grocery Stores - NOC \$ _____
<input type="checkbox"/> Car Washes - Self Service \$ _____	<input type="checkbox"/> Restaurants (Truck Stop) \$ _____
<input type="checkbox"/> Concessionaires - NOC \$ _____	<input type="checkbox"/> Stores - NOC \$ _____
<input type="checkbox"/> Gasoline Stations - Self Service - Gallons _____	<input type="checkbox"/> Vacant Land - Acre \$ _____
<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> Welding \$ _____

Describe _____

Other Coverages & Enhancements☐ Additional Insured Their Interest? _____

Full Name & Address _____

☐ Waiver of Subrogation Their Interest? _____

Full Name & Address _____

☐ Broadened Coverage - Garage☐ Federal Odometer☐ False Pretense☐ Repossessor's E&O☐ Truth-in-Lending☐ Drive Other Car☐ Fire Legal Liability Limit \$ _____☐ Hired Autos

Cost of Hire \$ _____

☐ Hired Physical Damage

Deductible \$ _____

AVAILABLE TO DEALERS AND/OR SCHEDULED AUTOS ONLY:☐ Uninsured Motorists Limit \$ _____ (Signed state form required.)☐ Underinsured Motorists Limit \$ _____ (Signed state form required.)☐ Uninsured Motorists PD Limit \$ _____ (Signed state form required.)☐ PIP (or state equivalent) Limit \$ _____ (Signed state form required.)**Specifically Described Autos (Use ACORD 127 for additional vehicles):**

Are the scheduled units registered and titled in the business name?

☐ Yes ☐ No

No.	Year	Make / Model	V.I.N.	Radius	GVW	Use of Vehicle
1						
2						
3						
4						

No.	Stated Amount	Comp or SCOL?	Comp/SCOL Deductible	Collision	Collision Deductible	On-Hook (In-Transit) Limit	Loss Payee (Name and Address)
1		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000		
		<input type="radio"/> Comp					
2		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000		
		<input type="radio"/> Comp					
3		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000		
		<input type="radio"/> Comp					
4		<input type="radio"/> SCOL	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 500 <input type="radio"/> 1000 <input type="radio"/> 2500 <input type="radio"/> 5000		
		<input type="radio"/> Comp					

FILINGS MC # _____ ☐ Form E ☐ Form H ☐ MCS 90 ☐ WV DMV Other _____
USDOT# _____ ☐ ICC - BMC91x (federal)

Other Coverages / Remarks: _____

FRAUD NOTICE

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.

STATE SPECIFIC PROVISION

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.

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 such person to criminal and civil penalties.

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.

<p>I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE</p> <p>The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.</p>

Applicant	_____	Producer	_____
Signature	_____	Signature	_____
Date	_____	Date	_____