



EZ RATER GARAGE APPLICATION

General Information

Effective Date: _____

1. Your Name _____ Phone No. _____

(dba) _____

2. Mailing Address _____

3. Your Web site address _____

4. Location Address _____

Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____

6. How long have you been in business? _____ How many years of related experience? _____

7. Type of Legal entity: Individual Partnership Joint Venture Limited Liability Corp.
 Trust Other Organization, including a Corporation (Please Describe) _____

8. Your Business operation? _____

Explain any other business, owned by you _____

9. Total number of owners and employees? 1 2 3 More than 3

10. Do you work on vehicles other than private passenger, pick-up trucks, vans, or sports utility? Yes No

11. Do you own, repair, service, or sponsor a race car? Yes No

12. Do you perform any machining, re-machining, re-boring operations? Yes No

13. Do you rebuild salvage titled autos? Yes No

14. Do you assemble cars from a kit? Yes No

15. Do you modify, rebuild or perform conversions on vehicles? Yes No

16. Do you rebuild any of the following: brakes, steering systems, or restraint systems? Yes No

17. Do you perform any frame straightening? Yes No

If **yes**, do you use a frame straightening machine? Yes No

18. If you perform spray painting, do you have a spray booth? Yes No

Is it equipped with explosion proof lights, outside ventilation & bay separation? Yes No

19. Do you weld, cut, or stretch any car frames? Yes No

20. Do you dismantle autos or have salvage operations? Yes No

21. **Previous Carrier and Loss Information. Complete all fields. Indicate if "None" applies.**

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$



Service Work. Identify type of service work from the list below

<input type="checkbox"/> Accessories Installation
<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Airbags
<input type="checkbox"/> Alarm Installation
<input type="checkbox"/> Application of Leather and Fabric Protector
<input type="checkbox"/> Batteries
<input type="checkbox"/> Bedliner Installation
<input type="checkbox"/> Belt Replacement
<input type="checkbox"/> Body Work
<input type="checkbox"/> Brakes
<input type="checkbox"/> Electrical
<input type="checkbox"/> Engine Cleaning (exterior surfaces)
<input type="checkbox"/> Engine Tune-Up
<input type="checkbox"/> Gasoline Delivery (2 gallon maximum)
<input type="checkbox"/> Glass Installation
<input type="checkbox"/> GPS Installation
<input type="checkbox"/> Hand washing and polishing painted surfaces
<input type="checkbox"/> Handicap Vehicle Equipment Installation or Repair
<input type="checkbox"/> Interlock Devices (aka Breathalyzers)

<input type="checkbox"/> Lift Kit Installation
<input type="checkbox"/> Lock out services
<input type="checkbox"/> Muffler
<input type="checkbox"/> Oil & Lube < 25% of total receipts
<input type="checkbox"/> Oil & Lube > 25% of total receipts
<input type="checkbox"/> Other: Description:
<input type="checkbox"/> Paint Touch-up
<input type="checkbox"/> Paintless Dent Removal
<input type="checkbox"/> Radiator
<input type="checkbox"/> Smog and Emissions Control Shops
<input type="checkbox"/> Spray Painting
<input type="checkbox"/> Stereo Installation
<input type="checkbox"/> Tire recapping, regrooving or retreading
<input type="checkbox"/> Tires ____%New ____% Used
<input type="checkbox"/> Transmission
<input type="checkbox"/> Vacuum Interior
<input type="checkbox"/> Video Installation
<input type="checkbox"/> Window Tinting
<input type="checkbox"/> Windshield Repair

Coverages

A. Garage Liability - Limit of Liability (Per 1,000)

Limit of Liability - Defined as:

Each Accident - Covered Auto/Each Accident - Garage Operations/ Aggregate - Garage Operations

\$100/100/200 \$300/300/600 \$500/500/1,000 \$1,000/1,000/2,000

B. Garagekeepers Legal Liability - Comprehensive & Collision - Limit Per Vehicle/Limit Per Location

\$25,000/25,000 \$50,000/50,000 \$50,000/100,000

C. List any Additional Insured's to be named and advise what their interest is in this operation.

Additional Insured - Landlord Lessor or Leased Equipment Franchisee **Customer

_____ If customer, please attach a copy of the contract that requires the Additional Insured.

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_____ If customer, please attach a copy of the contract that requires the Additional Insured.

D. Premises Medical Payments Coverage

\$1,000 \$5,000

E. Broadened Coverage

No Yes If yes, limit of Fire Legal Liability is \$50,000 \$100,000



SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS: A.C.A. § 23-66-503

"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."

COLORADO: C.R.S. 10-1-128

"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: D.C. Code § 22-3225.09

"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: Fla. Stat. § 817.234

"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."

KENTUCKY: KRS § 304.47-030

"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: La. R.S. 40:1424

"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: 24-A M.R.S. § 2186

"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."

NEW JERSEY: N.J. Stat. § 17:33A-6

"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: N.M. Stat. Ann. § 59A-16C-8

"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."

OHIO: ORC Ann. 3999.21

"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: 36 Okl. St. § 3613.1

"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: Bulletin 2010-3

"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."

PENNSYLVANIA: 18 Pa.C.S. § 4117(K)(1)

"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."

RHODE ISLAND R.I. Gen. Laws § 27-54-8 – DISCLOSURE OF ARSON CONVICTION. (SEE ALSO "OTHER STATES" NOTICE THAT APPLIES.) "THE FAILURE TO DISCLOSE A CONVICTION FOR ARSON MAY SUBJECT THE APPLICANT TO CRIMINAL PENALTIES."

TENNESSEE- Tenn. Code Ann. § 56-53-111(b)(1)(A); **VIRGINIA** - Va. Code Ann. § 52-40; **WASHINGTON-** Rev. Code Wash. (ARCW) § 48.135.080.

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OTHER STATES including but not limited to:

MARYLAND - Md. INSURANCE Code Ann. § 27-805; **RHODE ISLAND** - R.I. Gen. Laws § 27-29-13.3; **WEST VIRGINIA** - W. Va. Code § 33-41-3.

WARNING: 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 MAY BE GUILTY OF INSURANCE FRAUD, WHICH IS A CRIME, AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW YORK: NY CLS Ins § 403

"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."

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email