

# ESSEX INSURANCE COMPANY

## GARAGE APPLICATION (NON-DEALER)

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION  
MUST BE SIGNED AND DATED BY THE APPLICANT

APPLICANT Name and Mailing Address

AGENT Name and Address

Proposed Policy Period from: \_\_\_\_\_ to \_\_\_\_\_

Location #1

Location #2

Individual   
  Partnership   
  Joint Venture   
  Corporation   
  Other

Inspection and Audit Contact / Phone Number

Web Address

Years In Business:

Years of experience in this field:

Total # of Employees:  
(Includes owners/partners)

NATURE OF BUSINESS					
Description of Operations					
PRIOR CARRIER AND LOSS HISTORY					
Please list prior carrier for the last three years. If no prior insurance, indicate NONE					
Year	Carrier	Date of Loss	Description of Loss	Driver	
Has any company ever canceled, declined or refused to issue any similar insurance to the applicant in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain					
EMPLOYEE AND NON-EMPLOYEE INFORMATION					
YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, OWNERS, PARTNERS AND OFFICERS					
Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

HOURS WORKED:      F = Full Time (Over 20 hours per week)  
                               P = Part Time (20 or less hours per week)  
                               N = Non-Employee

**UNDERWRITING INFORMATION**

	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	10. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	11. Subcontract any work out?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	12. Post signs to keep customers away from Work area?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sell or install any new or used parts without installation?	<input type="checkbox"/>	<input type="checkbox"/>	13. Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Engage in auto dismantling or Salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	14. Sell or distribute butane, propane or other Liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
6. Conduct structural alterations or Frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	15. Keep firearms on premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. Modify vehicles for performance Style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or loan vehicles, machinery or Equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
8. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	17. Any dogs on premises?	<input type="checkbox"/>	<input type="checkbox"/>
9. Leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	18. Other operations not shown above	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN ALL "YES" RESPONSES:

**PERCENTAGE OF OTHER OPERATIONS**

Parts Sales. <input type="checkbox"/> Used <input type="checkbox"/> New    %	Storage Lots    %
Sports Car Repair    %	Tow truck service for hire    %
Classics (MuscleCars/Hot Rod Repair)    %	Other:    %
Antique Auto Repair    %	(please describe)
Vehicle Conversions (Specify type of conversion):    % Type:	
Suspension Work    % <input type="checkbox"/> - To factory specs <input type="checkbox"/> - Modify from factory specs <input type="checkbox"/> - Lift Kit Installation <input type="checkbox"/> - Other	

**LOT INFORMATION**

Where are vehicles stored?     \*Standard Lot     Non-Standard Lot     Unfenced Lot     Building

\* A standard lot is defined as being 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.

Is lot well lit?     Yes     No    Guard dogs?     Yes     No

Security Guards?     Yes     No    Armed?     Yes     No

Other security devices? (Cameras, alarms, etc.)     Yes     No  
 \*If yes, describe

Maximum value of any one vehicle?    Average number of cars on lot?

Maximum value of all vehicles on lot?

TYPES OF VEHICLES TO BE REPAIRED	
Private Passenger Types, Light & Medium Trucks (0-20,000 GVW)	%
Heavy, Extra Heavy Trucks & Truck Tractors (20,000+ GVW) <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
*If yes, do all drivers have a Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Heavy Equipment (Specify):	%
<input type="checkbox"/> ATVs <input type="checkbox"/> Motorcycles <input type="checkbox"/> Scooters <input type="checkbox"/> Golf Carts <input type="checkbox"/> Snowmobiles	%
Boats, Jet ski's or other Watercraft	%
Motor Homes or Recreational Vehicles	%
Other (Specify):	%
<u>TOTAL</u>	<u>100%</u>
Types of repairs	
Airbag Repair/Installation	%
Alignment, Steering or Front End Suspension Work	%
Brake Work	%
Breathalyzer Repair/Installation	%
Body Work or Spray Painting Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Approved Booth? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Engine Work	%
Hydraulic Work?	%
Are employees certified in hydraulic work? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Manufacturing/Fabricating (Specify)	%
Oil, Lube, Tune-Up	%
Reefer Work	%
Are employees certified in refrigeration work? <input type="checkbox"/> Yes <input type="checkbox"/> No	%
Tanker Work – Describe	%
Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Recap <input type="checkbox"/> Split Rim Work <input type="checkbox"/> Retreads	%
Trailer Repair – Describe	%
Welding	%
Other (Specify):	%
<u>TOTAL</u>	<u>100%</u>
WORK LOCATIONS	
At Shop	%
Away From Premises (Customer's Location)	%
Away From Premises (Roadside) <input type="checkbox"/> *Yes <input type="checkbox"/> No	%
<u>TOTAL</u>	<u>100%</u>

**PROPERTY INFORMATION**

1. Location where you conduct garage operations:
2. Coverage/Valuation Requested:

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

3. Building Information

<b>Building No.</b>	<b>Building Age</b>	<b>Building Constr.</b>	<b>Total Sq. Ft. Building</b>	<b>Total Sq. Ft. Occupied</b>	<b>No. of Stories</b>	<b>Sprinkler System</b>	<b>Fire Protection System</b>	<b>Burglar Alarm—Type</b>
						<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
						<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

4. Building Improvements: Provide year updated

	<b>Wiring</b>	<b>Roof</b>	<b>Plumbing</b>	<b>HVAC</b>	<b>Other</b>
Bldg. 1					
Bldg. 2					

5. Operation Safeguards:

Welding:     Inside     Outside     Safeguards: \_\_\_\_\_

COVERAGE	LIMIT OF LIABILITY OR INSURANCE		DEDUCTIBLE
Liability Symbol(s) 29 <input type="checkbox"/> 30 <input type="checkbox"/> 32 <input type="checkbox"/>	Auto Other Than Auto Other Than Auto	\$ Each Accident \$ Each Accident \$ Aggregate Limit	\$ BI \$ PD
Auto Medical Pay Garage Ops Medical Combined Med Pay 29 <input type="checkbox"/> 30 <input type="checkbox"/> 32 <input type="checkbox"/>	\$ \$ \$ CA 2505 – Garage Operations Medical Payments CA 9903 – Auto Medical Payments		
Garagekeepers Symbol 30 <input type="checkbox"/> Legal <input type="checkbox"/> Direct Primary	Comprehensive Specified Causes Collision Maximum per vehicle limit	Per Auto Deductible/Aggregate \$ \$ \$ \$	Per Location Limit \$ \$ \$ \$
Dealers Open Lot Symbol 31	Comprehensive Specified Causes Collision Maximum per vehicle limit	Per Auto Deductible/Aggregate \$ \$ \$ \$	Per Location Limit \$ \$ \$ \$
ADDITIONAL COVERAGE ENDORSEMENTS	<input type="checkbox"/> Broadened Coverage Endt (CA2514) <input type="checkbox"/> \$50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 fire legal <input type="checkbox"/> Personal Injury Liability(CA 2510) <input type="checkbox"/> Fire Legal Liability (CA 2508) <input type="checkbox"/> \$50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/>		
Additional Insured (Name, Address & Interest)			

NOTICE The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud the Company filing 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.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date



# ESSEX INSURANCE COMPANY

## HEAVY TRUCK, EQUIPMENT, GOLF CART, OFF ROAD VEHICLE (ATV) AND MOTORCYCLE REPAIR SUPPLEMENTAL APPLICATION

Name \_\_\_\_\_ Submission/Policy # \_\_\_\_\_

### Types of Vehicles (Must = 100%)

- Private Passenger Types & Light Trucks \_\_\_\_\_%
- Heavy Trucks (GVW 20,000 – 45,000 pounds) \_\_\_\_\_%
- Extra Heavy Trucks (GVW in excess of 45,000 pounds) \_\_\_\_\_%
- Bucket Truck / Cherry Picker (Truck with people lift) \_\_\_\_\_%
- Buses (list the passenger capacity): \_\_\_\_\_%
- Trailer (List the types of trailer): \_\_\_\_\_%
- Golf Carts: \_\_\_\_\_%
- Motorcycles \_\_\_\_\_%
- Trike Conversions: \_\_\_\_\_%
  - DFT Kits    Hannigan Kits    Champion Kits    Frankenstein Kits    Other \_\_\_\_\_
- Off Road Vehicles - ATVS \_\_\_\_\_%
- Equipment (list types): \_\_\_\_\_%
- Other (specify): \_\_\_\_\_%

### Types of Repairs (Must = 100%)

- Alignment, Steering or Suspension \_\_\_\_\_%
- Body Work \_\_\_\_\_%
- Brakes \_\_\_\_\_%
- Engine (major OR rebuilding) \_\_\_\_\_%
- Fifth wheel Installation/Repair \_\_\_\_\_%
- Framework (What is the year & make of the frame machine(s)) \_\_\_\_\_%
- Hydraulic Work (What does the hydraulic component operate?) \_\_\_\_\_%
- Lifts (Describe lifts) \_\_\_\_\_%
- Lube & Oil \_\_\_\_\_%
- Manufacturing/Fabrication (Describe what is produced.) \_\_\_\_\_%
- Painting   Paint booth: Yes / No (circle one)   If yes, does entire vehicle fit inside? Yes / No (circle one) \_\_\_\_\_%
- Refrigeration (Refrigeration of the cargo hold) \_\_\_\_\_%
- Tanker (What products do the tankers hold?) \_\_\_\_\_%
- Tires (new) \_\_\_\_\_%
- Tires (used) \_\_\_\_\_%
- Trailer Hitch Installation/Repair   Bolt on/Weld on (circle one)   Name of manufacturer: \_\_\_\_\_%
- Trailer Repair (Box & Cargo only, see above for tanker trailers) \_\_\_\_\_%
- Transmission (including clutch & differential work) \_\_\_\_\_%
- Tune-up \_\_\_\_\_%

- Wash/detail Interior Only / Exterior Only / Interior & Exterior (circle one) \_\_\_\_\_%
- Welding (What exactly is welded?) \_\_\_\_\_%
- Other (Description required) \_\_\_\_\_%
- Other (Description required) \_\_\_\_\_%
- Other (Description required) \_\_\_\_\_%

**Locations where you conduct operations**

- At your premises \_\_\_\_\_%
- At customers premises \_\_\_\_\_%
- On the roadside \_\_\_\_\_%
  
- Do you pick up or deliver customer autos?  Yes  No
- Does the OWNER have a CDL (commercial driver license)?  Yes  No
- Do ALL drivers have CDL (commercial driver license)?  Yes  No

If applicant does FMCSA annual vehicle safety inspections, answer the following:

- Does Inspector understand the FMCSA inspection criteria?  Yes  No
- Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection?  Yes  No
- Has Inspector successfully completed a State or Federal training program which qualifies him to perform commercial vehicle safety inspections?  Yes  No
- Does Inspector have at least one year of training and/or experience consisting of participation in a manufacturer sponsored training program; experience as a mechanic or inspector; in a motor carrier maintenance program; in a commercial garage; for a State or Federal government?  Yes  No

\* 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 penalty or fine.

\* Not applicable in all states.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_