



GARAGEKEEPERS LEGAL LIABILITY APPLICATION

SECTION I - BUSINESS INFORMATION

Applicant Name:

Agent's Name:

Mailing Address:

Mailing Address:

Location Address:

Proposed Effective Date:

From:

To:

Years in business:

SECTION II – COVERAGE

1) Coverage Requested:

Legal Liability

Direct Excess

Direct Primary

2) Direct Coverage Options:

Comprehensive

Specified Causes of Loss

Collision

3) Limits Desired:

Location #1 \$

Maximum Limit per Auto: \$

Location #2 \$

Deductible per Auto: \$

Location #3 \$

SECTION III – LOCATIONS OF OPERATIONS

4) Please fully complete the below with respect to each location where customers' vehicles are stored.

Address	Description (Building, Secured/Fenced Lot, or Open Lot)	Security Measures (Closed-Circuit Security Cameras, Alarm System, Adequate Lighting, Security Guards, etc).	Average # of Customers' Autos	Average Value of Customers' Autos

5) Are any of the above locations near a body of water? Yes No
 If so, which one and how far is the distance?

SECTION IV – OPERATIONS

6) Description of Operations:

7) Do your operations include any of the following?

Towing and repossession	Yes	No
Loan, lease or rent autos to others	Yes	No
Fuel conversion	Yes	No
Performance enhancements	Yes	No
Manufacturing or fabrication of auto parts	Yes	No
Structural modification or alteration of vehicles from their original factory design	Yes	No
Dismantle auto or auto salvage	Yes	No
Own or operate a car crusher	Yes	No
Stack salvaged autos more than 2 high	Yes	No
Operate at airports, seaports or railroads	Yes	No
Auto pawning or auto title loans	Yes	No
Breathalyzer or ignition interlock system	Yes	No

SECTION V - RISK MANAGEMENT PRACTICES

8) Do you have a written contract with customers? Yes No
 If Yes, please provide a copy.

9) Is a guard dog used to protect the premises during the off hours? Yes No

- | | | |
|---|-----|----|
| 10) Do you keep customers' keys in a protected/secured area ie: safe or lockbox? | Yes | No |
| a. Is this area secured at all times? | Yes | No |
| b. Is there always employee within close vicinity of the secured area? | Yes | No |
| c. How are customers' keys protected if not in lockbox, safe or the supervision of an employee? | | |
| 11) Are parking areas for customer-owned vehicles well-lit at night? | Yes | No |
| 12) How are customer's vehicles protected from the elements if stored in an open lot? | | |
| 13) Do you own or control the parking facilities? | Yes | No |
| If Yes, how is access controlled? | | |
| 14) If you do not own or control the parking facilities, are you contractually required to maintain the premises? | Yes | No |
| 15) Do you have written procedures for regular inspections of your premises to identify potential liability hazards and to assure all necessary corrections and repairs and made? | Yes | No |
| How long are records of the inspections retained kept? | | |
| 16) Are all flammable substances stored at a safe distance from potential ignition sources? | Yes | No |
| 17) Are all spray-painting operations confined to an UL approved booth? | Yes | No |
| If No, is there explosion proof lighting and adequate ventilation? | Yes | No |
| 18) Do you hire Independent Contractors to perform any of the following? | | |
| a. Site maintenances such as systems inspection and repair, snow and ice removal, light bulb change, or etc.? | Yes | No |
| b. Security Services? | Yes | No |
| Are they armed? | Yes | No |
| c. Do you execute a written contract with the service? | Yes | No |
| If Yes, please provide a copy of the contract. | | |
| d. Does the contract require the service to defend and indemnify you to the fullest extent permitted by law? | Yes | No |
| e. Are Certificates of Insurance evidencing coverage of at least \$1,000,000 obtained? | Yes | No |
| f. Are you added as an Additional Insured on their policy? | Yes | No |
| 19) Are signs posted warning customers that the shop is not responsible for any items left inside the vehicle? | Yes | No |
| 20) Are garage doors closed or chained off with signs reading "Do Not Enter/No Trespassing" posted to deter trespassers? | Yes | No |

Please note the following documents are material to completion of the questionnaire and must be attached:

- Fully completed ACORDS 125 and 126
- 5 Years of currently valued carrier issued General Liability Loss Runs.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: 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.

Applicable in FL and OK: 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)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: 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.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.