

**ACCIDENT INSURANCE
COMPANY**

3440 Blue Springs Rd
Suite A-203
Kennesaw, Ga 30144

Phone (888) 376-9633
Fax (866) 369-4955

GARAGE SUPPLEMENTAL APPLICATION

ALL QUESTIONS MUST HAVE COMPLETE ANSWERS

AGENT INFORMATION

Agency: _____ Phone: _____ Fax: _____

INSURED INFORMATION

Name: _____ Policy Period Requested
Address: _____ From: _____ To: _____
City: _____ State: _____ Zip: _____ Years in Business: _____
Phone: _____ Business Entity: Individual Partnership Corporation LLC

What is your experience in the Automotive Industry? _____

1. Describe your operations: _____

2. What percentage by type of vehicle do you sell or service?

Cars, sport utility, pickups, vans: _____ % Recreational Vehicles: _____ %
Construction or Farming Equipment: _____ % Commercial trucks & trailers: _____ %
Salvage (used) parts: _____ % Motorcycles: _____ %

3. Locations where you conduct Garage Operations (include zip code):

a . _____ b . _____

c . _____ d . _____

4. Have you been cancelled or non-renewed in the last three years? Yes No

5. Filings needed? Yes No Docket # _____ MDOT Cert? _____

6. Total number of employees: _____ Full-time _____ Part-time

COVERAGE REQUESTED:

Garage Liability Limit \$ _____ Each Accident: \$ _____ aggregate

Garage Keepers Limit \$ _____ per location
 Comp \$ _____ deductible Collision \$ _____ deductible
 Value per auto \$ _____ In Transit Limit per auto \$ _____

Dealer's Physical Damage Limit \$ _____ per location
 Comp \$ _____ deductible Collision \$ _____ deductible
 Value per auto \$ _____ Drive-Away Road Miles _____

Type of Vehicles: New Used

Medical Payments Limit \$ _____ Auto Premises Combined

Uninsured Motorist \$ _____ (Signed State form selecting or rejecting coverage is required)

Personal Injury Protection \$ _____ (Signed State form selecting or rejecting coverage is required)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contractor or policy?"
Any person who knowingly and with intent to injure, defraud, or deceive any insurer file a statement of claim or an application containing any false, incomplete or misleading information is guilty of FELONY of third degree.

I agree and understand that this application will be made part of the policy when issued.
Applicant Name (Print):

_____ Applicant Signature: _____

Date: _____