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 Busir	ness:	
Phone: Business		Ent	ity: 🗆 Individua	I □ Partnership □	☐ Corporation ☐ LLC	
What is your experience in the A	Automotive Industry?	?				
Describe your operations: _						
2. What percentage by type of						
Cars, sport utility, picku	ups, vans:	%	Recreationa	al Vehicles:	%	
Construction or Farmin		%	Commercial	trucks & trailers:	%	
Salvage (used) parts: _	%		Motorcycles	s: %		
3. Locations where you condu	= -		code):			
a		b	-			
		<u> </u>				
C		d	•			
4. Have you been cancelled o		_				
5. Filings needed? ☐ Yes ☐	No Docket	#	MI	DOT Cert? _		
6. Total number of employees	:: Full-tii	me	Part-time			
COVERAGE REQUESTED			_			
Garage Liability Limit \$		Each Accide	ent: \$	aggr	regate	
☐ Garage Keepers Limit \$		per location				
□ Comp \$				deductible		
□ Value per auto \$						
□ Dealer's Physical Damage L		_				
□ Comp \$	deductible	—. □ Collision \$		deductible		
□ Value per auto \$			ay Road Miles			
Type of Vehicles: N						
□Medical Payments Limit \$ _		□ Auto □	Premises □ Cc	ombined		
□ Uninsured Motorist \$	(Signe	ed State form se	electing or rejection	ng coverage is requi	ired)	
□Personal Injury Protection \$		(Signed State	a form selecting (or rejecting coverage	a is required)	

SALES QUESTIONS

10.	Who drives or transports vehicles to your lot?_				
Hov	OILOIT:	How far in roa	ad miles?	·	
12.	How many vehicles do you sell per year?				
	What is your normal radius of operation?				
14.	Describe your theft barriers:				
	Fence & Gate ☐ Alarm System ☐ Gua	ard Dogs □ Security G	Guard □ Po	st & Cable	
15.	Where are the car keys kept?				
	How many dealer plates do you have?				
17.	Do you repossess vehicles? \square Yes \square No				
	If "yes", please explain:				
18.	Do you sell "salvage titled" vehicles?□ Yes	□ No			
19.	If a salvage yard, do customers pull their own	parts?□ Yes □ N	lo		
40	.				
19.	Do you always ride along on test drives?□ Ye	S ⊔ NO			
	SERV	ICE QUESTIONS			
	What percentage of your private passenger aunment: %	uto work is: Oil & Lube:	%	Tune Up:	%
Boo	ly/Paint:	Radiator:		Transmission:	
Bra	kes: % Sound/Alarm				
	Engine Overhaul: %	Suspension/Frame:		% Wash/Detail:	%
Mu	ffler: % Tires:	%	Window	Tint:	%
	Describe other work done:				
21.	Do you sell gasoline? ☐ Yes ☐ No	If "yes", how many gal	lons:		
	Do you sell LPG: ☐ Yes ☐ No	If "yes", how many gal	lons:		
22.	Do you install trailer hitches: \square Yes \square No				
23.	Do you have a spray paint booth? \Box Yes \Box	No If "yes", is it U	JL approved:	□ Yes □ No	
		Is it ventilated	d? □ Yes □	No	
24.	Do you recap tires or sell recapped tires? \square	es □ No			
25.	Do you tow for hire? ☐ Yes ☐ No				
	How many Transporter Plates do you have?				
27.	Describe lot or building security:				
28.	Where are the customer's car keys kept?				

SCHEDULED AUTOS, IF NEEDED

AUTO #	YEAR	MAKE	VIN#	STATED AMOUNT	GVW	USE	RADIUS

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 Applicant Name (Print):	that this application will be made part of the policy when issued.	
-	Applicant Signature:	
	Date:	