



1417 N State Street, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: [info@bell-uw.com](mailto:info@bell-uw.com)

## GARAGE LIABILITY APPLICATION

Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please include the following with all applications:**

- Current MVR's for all drivers
- Complete Vehicle & Equipment Schedule
- Currently valued loss runs for the prior four years.
- Complete description of Insured operations

### 1. General Information

Applicant Legal Name: \_\_\_\_\_ DOT #: \_\_\_\_\_

DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  LLC/LLP  Other \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years experience: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Contact for Inspection: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of business operations (provide specific details on type of business and vehicle use – attach risk narrative if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Coverage History

Current Carrier: \_\_\_\_\_ Premium: \_\_\_\_\_

Is this account currently written by your agency?  Yes  No

Is this a mid-term replacement?  Yes  No

If "Yes," please explain: \_\_\_\_\_

Prior Carriers	Limits	Premium	Term
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the insured maintained commercial insurance for the past 12 months?  Yes  No

If "No," please explain: \_\_\_\_\_



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Has the insured had their coverage cancelled or non-renewed in the last five years?  Yes  No

If "Yes," please explain: \_\_\_\_\_

### 3. Coverage/Limits Requested

List all coverage requested. Garagekeepers Legal Liability, Property, Hired Auto Physical Damage, Hired Auto Liability, Non-Owned Auto Liability, and Inland Marine (Cargo, On Hook and Contractor's Equipment), may require a supplemental application.

#### GENERAL LIABILITY

##### LIMIT/DEDUCTIBLES

Each Occurrence \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  PD  BI  BI/PD  
 General Aggregate \$ \_\_\_\_\_  
 Products Aggregate \$ \_\_\_\_\_  
 Fire Damage \$ \_\_\_\_\_  
 Medical Payments \$ \_\_\_\_\_  
 Employee Benefits Liability \$ \_\_\_\_\_  
 Employer's Liability (Stop Gap) \$ \_\_\_\_\_

#### AUTO COVERAGE

Auto Liability \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  BI  PD  BI/PD  
 Personal Injury Protection (PIP)\*  Statutory  Increased Limits  Other \_\_\_\_\_  
 Medical Payments \$ \_\_\_\_\_  
 Uninsured/Underinsured Motorists (UM/UIM)\* \$ \_\_\_\_\_  
 Comprehensive Deductible \$ \_\_\_\_\_  
 Specified Perils Deductible \$ \_\_\_\_\_  
 Collision Deductible \$ \_\_\_\_\_  
 Trailer Interchange Limit \$ \_\_\_\_\_ # of Trailer Days \_\_\_\_\_ Deductibles \$ \_\_\_\_\_  
 Hired Auto Physical Damage  If Any  COH \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_ Deductibles \$ \_\_\_\_\_  
 Hired Auto Liability  If Any  Sub-Haul COH \$ \_\_\_\_\_  Brokerage COH \$ \_\_\_\_\_  
 Non-Owned Liability Number of Employees \_\_\_\_\_  
 Motor Truck Cargo Legal Liability \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_  
 Are vehicles left unlocked or unattended?  Yes  No  
 Additional Coverage:  
 On Hook Coverage Deductible \$ \_\_\_\_\_  
 Loading & Unloading Deductible \$ \_\_\_\_\_  Terminal Coverage Deductible \$ \_\_\_\_\_

Will the insured have other Auto Liability coverage in force concurrent with this coverage?  Yes  No

If "Yes," please explain: \_\_\_\_\_

\*PIP limits lower than the statutory minimum and UM/UIM limits lower than the auto liability limit may require a signed rejection form.



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**OTHER COVERAGE (please include ACORD applications)**

- Garagekeepers Legal Liability                       Property                       Contractors' Equipment

**4. Loss History**

If currently valued loss runs are not available, please provide the reason and list all known and/or reported losses (or claims where no loss payment was made) for the past four (4) years (attach another sheet if necessary).

Date of Loss	Coverage	Description of Loss	Paid	Reserved	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Schedule of Equipment Used in Operations (Owned and Non-Owned)**

Model Year	Make, Model and Vehicle/Trailer Type	VIN	GVW	Cover for Phys Dam?	ACV
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**6. Exposure**

Description	Class Code	Exposure Basis	Exposure
Auto Repair Shops	10073	Gross Sales	_____
Auto Parts Stores	10071	Gross Sales	_____
Tire Dealers	18616	Gross Sales	_____
Dwellings – 1 Family – LRO	63010	Each	_____
Truckers	99793	Payroll (Mechanics)	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____

**7. Employees**

What is the number of employees in each category?

Full Time Mechanics	_____	Part Time Mechanics	_____
Full Time Driver	_____	Part Time Driver	_____
Full Time Other	_____	Part Time Other	_____



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How many employees have been with the insured for:

Less than 6 months: \_\_\_\_\_ Six months to one year: \_\_\_\_\_ One to three years: \_\_\_\_\_ More than Three years: \_\_\_\_\_

*Complete the following sections as applicable for the Specific Business Operations of the Insured.*

### 8. Garage Operations

1. What is the average number of repairs performed by the insured each month? \_\_\_\_\_

2. What are the insured's annual billable repair hours? \_\_\_\_\_

3. What is the insured's come-back percentage? \_\_\_\_\_

4. What is the percentage of vehicles that need to be test driven after repair service is performed? \_\_\_\_\_%

5. What is the percentage breakdown for each type of vehicle repaired by the insured?

PPT, Light/ Medium Trucks _____%	Heavy & Ex-Heavy Trucks/ Truck-Tractors (26,001+ GVW) _____%	Trailers _____%
Garbage Trucks _____%	Tank Trucks or Trailers _____%	Other _____%

6. What is the percentage breakdown for each type of repair performed by the insured?

Accessory or parts sales _____%	Manufacturing/ Fabricating, Frame, Welding _____%
Alignment, Steering or Front End Suspension _____%	Refrigeration _____%
Body Work or Painting _____%	Tires _____%
Brakes _____%	Trailer Hitch Installation _____%
Engine, Oil, Lube, Tune-up _____%	Hydraulic Work _____%
Other _____%	

7. Does the insured have any equipment to recap tires?  Yes  No

If "Yes," Please describe \_\_\_\_\_

Does the insured sell recapped Tires?  Yes  No

8. If any percentage of Repairs is Body Work or Painting, Does the insured have an EPA/OSHA approved Paint Booth?  Yes  No

If "No," Please explain \_\_\_\_\_

9. Does the insured perform service at places other than on the garage premises?  Yes  No

If "Yes," what is the percentage breakdown by location?

On Garage Premises \_\_\_\_\_%      Away from Premises - Roadside \_\_\_\_\_%      Away from Premises – Customer location \_\_\_\_\_%

10. How are waste oils, lubricants or other hazardous compounds stored and disposed of? \_\_\_\_\_

11. Does the insured have any on-site fuel storage or refueling facilities on premises?  Yes  No if "Yes,"

- A. How many tanks? \_\_\_\_\_
  - B. When were the tanks installed? \_\_\_\_\_
  - C. What are the tanks' capacities? \_\_\_\_\_ gallons
  - D. How are the tanks protected from vehicular collision? \_\_\_\_\_
  - E. Are the tanks stored below ground?  Yes  No
- If "Yes," does the insured have UST(underground storage tank) coverage?  Yes  No

Please list carrier and limits \_\_\_\_\_

12. Is the insured involved in any operations other than vehicle repair  Yes  No

If "Yes," Please describe \_\_\_\_\_

13. Have there been any significant changes in the insured's operations in the past five years?  Yes  No

If "Yes," Please explain: \_\_\_\_\_



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## 9. Towing & Recovery Operations

1. What is the average number of tows performed per month? \_\_\_\_\_
2. What is the percentage breakdown for the size of vehicles towed by the insured?  
 Light and Medium Vehicles \_\_\_\_\_%                      Commercial Vehicles over 26,000lbs \_\_\_\_\_ %
3. What is the percentage breakdown for each type of towing performed by the insured?  
 Towing For Hire-Motor Club \_\_\_\_\_%                      Towing for Hire-Banks or Finance Companies \_\_\_\_\_%  
 Private Towing -Illegal parking or Violator Removal \_\_\_\_\_%      Private Towing- Owned Garage or Body Shop \_\_\_\_\_%  
 Municipality, Highway or Turnpike Rotation \_\_\_\_\_%              Voluntary Repossession \_\_\_\_\_%  
 Involuntary Repossession \_\_\_\_\_%
4. If Repossession Towing is performed, please answer the following:  
 Who issues the assignment to pick up a vehicle? \_\_\_\_\_  
 Are Debtors notified in advance and agreeable to the voluntary surrender of the vehicles?  Yes     No
5. What type of Tow Trucks are used in the Insured's operation?  
 Boom     Hook & Chain     Wheel-Lift     Flatbed     Integrated     Other \_\_\_\_\_
6. Which of the following Safety Procedures are required on every tow (check all that apply?)  
 Safety Chains               Wheel Lift Straps               Towing Lights               Other \_\_\_\_\_
7. Are all Tow Trucks Equipped with Scanners?  Yes     No
8. Does the insured participate in any "Chase" or first on the Scene Towing?  Yes     No
9. Is each tow performed by the company required to be dispatched by an office dispatcher?  Yes     No
10. Is the condition of each vehicle to be towed checked before performing services?  Yes     No  
 If "Yes," How?     Checklist/Diagram     Digital Camera     Other \_\_\_\_\_

## 10. Commercial/Tow Truck Driver Information

1. How many drivers are classified as employees? \_\_\_\_\_ Independent Operators? \_\_\_\_\_ Other? \_\_\_\_\_
2. How many drivers are regular or full time drivers? \_\_\_\_\_ Occasional or Part time drivers? \_\_\_\_\_
3. How many drivers have been with this insured for:  
 Less than 6 months: \_\_\_\_\_ Six months to one year: \_\_\_\_\_ One to three years: \_\_\_\_\_ More than Three years: \_\_\_\_\_
4. Which of the following are utilized in the hiring and management of drivers (check all that apply)?  
 Application     Interview     Road Test                       MVR     Physical Exam     Drug Test     Written Test  
 Prior Employee Check     Periodic MVR Review     Accident Review                       Post-Accident Drug Testing
5. Are Training Courses provided for by the insured for drivers?  Yes     No
6. Are drivers required to take outside training courses?  Yes     No  
 If "Yes," what courses are required? \_\_\_\_\_
7. What are the minimum License Class or Designation requirements for all drivers? \_\_\_\_\_
8. Does the insured provide workers compensation for drivers?  Yes     No



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## 11. Insured/Producer Signature

### APPLICANT PLEASE READ

#### **FRAUD WARNING:**

#### **Applicable in AL, AR, DC, IA, 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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.

**APPLICANT'S STATEMENT:** By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_