



114 W Magnolia St. Ste 505, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: 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
- Currently valued loss runs for the prior four years.
- Complete Vehicle & Equipment Schedule
- 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 coverages requested: Garagekeepers Legal Liability, 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
 General Aggregate \$ _____
 Products Aggregate \$ _____
 Fire Damage \$ _____
 Medical Payments \$ _____
 Employee Benefits Liability \$ _____
 Employer's Liability (Stop Gap) \$ _____

AUTO COVERAGE

Auto Liability \$ _____ Deductible \$ _____ PD
 Personal Injury Protection(PIP)* (KS, ND, OR, UT, WA) 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 Deductibles \$ _____
 Hired Auto Liability If Any Sub-Haul COH \$ _____ Brokerage COH \$ _____
 Non-Owned Liability Number of Employees _____
 Motor Truck Cargo Limit \$ _____ 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 Limit\$ _____ Legal Liability Direct Primary 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	_____
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? * _____ *Come-back means vehicles/equipment coming back for improperly completed repairs

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 _____% Describe _____

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 _____% List _____

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. Commercial 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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10. 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: _____