



Garage Product Application – All States

Applicant's name: _____

Business of applicant (Check all that apply):

General mechanical repair	Auto body repair/Painting/Rustproofing	Quick lube shop
Transmission repair shop	Brakes/Mufflers/Wheel alignment	Radiator shop
Other – describe _____		

Do any of the following exposures exists?

Painting	Gas pumps	Acetylene torch cutting	Manufacturing
Propane tank filling	Tire re-treading/Recapping	Welding	

Who performs snow and ice removal? Insured Contractor Tenant Not a cold weather state

ELIGIBILITY CRITERIA

1. No distribution, sale or filling of liquid petroleum gas (a.k.a. LPG, propane)-tank exchanges that are not filled on the premises are acceptable	True	False
2. No manufacturing performed by the applicant	True	False
3. No salvage, dismantling or recycling operations	True	False
4. Functional and operational smoke and/or heat detectors in all units/occupancies	True	False
5. There is a "No Smoking" policy enforced in the shop	True	False
6. Applicant is not a tire store, upholstery shop or performs rustproofing or tire retreading/recapping	True	False
7. Applicant does not perform installation, service or repair work on trucks, trailers or tankers that are involved in hauling/transporting of waste, chemicals or hazardous materials	True	False

PROPERTY

- If you own the building and it is older than 15 years old, please complete the following:
Age of roof _____ yrs.
- Plumbing type: PVC Copper Lead Galvanized Other _____
- All rags stored in a fire resistive container when the shop is closed True False
- All flammables stored in a fire resistive cabinet True False
- There is UL approved paint spray booth True False

OPTIONAL COVERAGES

1. Assault & Battery	N/A	\$50,000/\$100,000	\$100,000/\$100,000	
2. Terrorism		Yes	No	
3. Water Back Up	N/A	\$25,000		
4. Hired and Non Owned Auto	N/A	Yes	No	
# of employees	N/A	0-25	26-100	101 or more
Cost to lease, hire or rent vehicles annually?		_____		
Does applicant run MVRs on all employees?	N/A	Yes	No	
5. Employee Benefits Liability				
Limits (each employee/aggregate)	N/A	\$25,000/ \$25,000	\$50,000/ \$50,000	\$100,000 /\$100,000
# of employees _____ (full and part time employees)				
Are all personnel who counsel employees familiar with the details of the insured's program?	N/A	Yes	No	
Are all programs in compliance with Cobra requirements?	N/A	Yes	No	
For optional employee benefits are rejections, either signed or electronic, required and kept on file?	N/A	Yes	No	

6. Employee Dishonesty

Limits	N/A	\$25,000	\$50,000			
Are bank accounts reconciled by someone not authorized to deposit or withdraw therefrom?				N/A	Yes	No
Is Countersignature Of Checks Required?	N/A	Yes	No			
If Not, Who Signs Controls?	_____					
Frequency of audits and by whom made?	_____					
Any losses within the last 5 years?	_____					
# of employees- full and part time employees	_____					

7. Ordinance or Law Coverage (Coverage A, B & C combined) N/A \$100,000 \$250,000 \$500,000

LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages		None, or provide detail below.		
Year	Status	Incurred		Description
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____

Liability Coverages		None, or provide detail below.		
Year	Status	Incurred		Description
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____
_____	Open/Closed	\$ _____	_____	_____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M

ADDITIONAL APPLICANT INFORMATION

Inspection contact name: _____

Telephone/E-mail address: _____