

Garage Automobile Supplemental Application

Legal Name of Applicant _____ Policy Number _____
 Brokerage Name _____

Applicant's Information

Location Address _____
 Mailing Address _____

Provide location of other premises where business is conducted (show each building and lot separately)

Location	Building	Lot
(A)		
(B)		
(C)		
(D)		

Description of Exposure

Number of years in business _____ Number of years operating at the present location _____

Operations - Indicate the operations of the Applicant by showing the approximate Gross Revenues generated by each for the past year

Sales of New Vehicles	\$	Leasing (over 30 days)	\$
Sales of Used Vehicles	\$	Service – Oil, lube, etc.	\$
Sales of Fuel, oil, etc.	\$	Service - Snowploughing	\$
Sales of Specialty Vehicles (high value)	\$	Pick-up and Delivery	\$
Repairs – Body	\$	Parking - to repair customers	\$
Repairs - Mechanical	\$	Parking - to general public	\$
Renting (under 30 days) to repair customers	\$	Towing	\$
Renting (under 30 days) to general public	\$	Specialty Shops (eg. Muffler, Tinting, Glass)	\$
Other Operations/Activities (describe)	\$ _____		

Summary of Automobiles Owned by Insured

Commercial		Miscellaneous Vehicle(s)			
Number of Tow Trucks		Number of Motorcycles		Number of Motor Homes	
Number of Parts Trucks		Number of Snowmobiles		Other (describe)	
Number of Service Trucks		Number of Trailers			

Number of Private passenger vehicles supplied to persons listed on page 2 _____

Number of Courtesy Vehicles (loaned or rented to customers only) _____

Number of dealer license plates _____

Summary of Personnel (attach supplementary sheet if insufficient space; list names of all Proprietors, Partners, Executive Officers and Employees)

Name	Birth Date (dd/mm/yy)	Driver's License Number	Vehicle Supplied	Accidents (last 6 years)	Convictions (last 3 years)	Date Employed (dd/mm/yy)	Part Time (check if yes)	Position Title

List all other operators (not employees) who are supplied with their own automobile for regular and frequent use. Include all occasional operators (O.E.F.76)

Name	Birth Date (dd/mm/yy)	Driver's License Number	Accidents (last 6 years)	Convictions (last 3 years)	Date Licensed (dd/mm/yy)

Types and Values of Automobiles

Values	Cars/Trucks			
	Owned		Customers	
Maximum Value				
Average Value				

Security Measures

Location	Night Watchman				Guard Dogs				Fenced Compound				Outside Area Floodlights				Burglar Alarm System			
(A)	YES		NO		YES		NO		YES		NO		YES		NO		YES		NO	
(B)	YES		NO		YES		NO		YES		NO		YES		NO		YES		NO	
(C)	YES		NO		YES		NO		YES		NO		YES		NO		YES		NO	
(D)	YES		NO		YES		NO		YES		NO		YES		NO		YES		NO	

Do salesmen always accompany customers who are test driving automobiles? YES _____ NO _____
 If "NO", describe procedures or other precautions taken (i.e. Driver's License checked)

Does the Applicant have written rules regarding use of company owned automobiles? YES _____ NO _____
 If "YES", provide a copy
 If "NO", provide details

Is demonstrator use restricted to employees only? YES _____ NO _____
 Are motor vehicle abstracts obtained for all new employee drivers? YES _____ NO _____
 If "YES", describe how often

Number of Spray Booths _____ Are the Booths CSA/ULC Approved? YES _____ NO _____
 Welding Operations? YES _____ NO _____
 Does the Applicant dispense propane, do propane conversions, or repair or maintain propane fuel systems? YES _____ NO _____
 If "YES", provide Number of Employees _____ Receipts _____ %
 Provide details of any contractual liability the insured has entered into assuming responsibility for damage to vehicles in his care, custody and control

Where and how are vehicles (held for sale) obtained?

Where are keys kept?

Claims

Previous Insurer _____ Previous Policy Number _____

Losses – Damage to or by owned automobiles in the past 6 years

Date (dd/mm/yy)	Type of Loss	Amount Paid (open reserve including expenses)	Description

Losses – Damage to customer automobiles in the past 6 years

Date (dd/mm/yy)	Type of Loss	Amount Paid (open reserve including expenses)	Description

Has any insurer ever cancelled, declined or refused to renew insurance for the applicant? YES _____ NO _____
 If "YES", provide details

Applicant Acknowledgement

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the Insurer to offer, nor the Applicant to accept Insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued, and this form will be attached to and become part of the policy.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the Company to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Applicant Name _____ **Title/Position** _____
Applicant Signature _____ **Date** _____

Broker's Declaration

Note: Binding authority is subject to submission of Application with 5 days from date coverage bound

Broker's Assessment of the Risk

Date risk inspected (dd/mm/yy) _____

Building Condition	Excellent	_____	Good	_____	Fair	_____
Housekeeping of Premises	Excellent	_____	Good	_____	Fair	_____
Neighbourhood	Excellent	_____	Good	_____	Fair	_____
Overall Risk Assessment	Excellent	_____	Good	_____	Fair	_____

Comments

Broker's Name _____ **Date** _____
Broker's Signature _____