

Garage Liability Application

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

The Garage Liability Policy provides coverage for Bodily Injury and Property Damage resulting from Garage Operations only.

Is this an application for a quotation? Yes No Is this an application for a bound policy? Yes No
 If Yes, what is the Policy Number? _____

Type of Risk: Auto Repair Service Station Body & Fender Towing Service
 Used Car Sales Parking Garage Other (Specify) _____

Garage liability can only be written if an applicant operates from a commercial location. Applicants operating from a residence can only qualify for a Business Auto Policy (complete **Dealer & Transporter Plate Application**). Complete **Commercial Automobile Application** for specifically registered vehicles.

Corporate or Individual Name (Include DBA): _____ FEIN: * _____

Mailing Address: _____ Contact: _____

Telephone No.: () _____ E-Mail: _____ Fax No.: () _____ Years in Business: _____

Garage Location: Location # 1 Location # 2 Location # 3
 Street _____ _____ _____
 City _____ _____ _____
 State and ZIP _____ _____ _____
 Hours of Operation ___ hrs. per day ___ days per week ___ hrs. per day ___ days per week ___ hrs. per day ___ days per week

CHECK COVERAGE REQUIRED: Dealer Non-Dealer

LIMITS REQUESTED

LIABILITY ** (Non-Dealers must select C.S.L. ONLY)	NO-FAULT (Dealers Only)	UNINSURED / UNDERINSURED MOTORISTS (Dealers Only)
<input type="checkbox"/> \$50,000 CSL (Non-dealers only) <input type="checkbox"/> \$25/\$50/\$10 <input type="checkbox"/> \$60,000 CSL (Dealers only) <input type="checkbox"/> \$50/\$100/\$25 <input type="checkbox"/> \$100,000 CSL <input type="checkbox"/> \$100/\$300/\$50 <input type="checkbox"/> \$300,000 CSL <input type="checkbox"/> \$250/\$500/\$100 <input type="checkbox"/> \$500,000 CSL <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> \$750,000 CSL \$ _____ <input type="checkbox"/> \$1,000,000 CSL	<input type="checkbox"/> Mandatory <input type="checkbox"/> Additional (Specify) _____ <input type="checkbox"/> OBEL (\$25,000)	<input type="checkbox"/> \$ _____ <p style="text-align: center;">Specify Limit (Cannot Exceed Liability Limit)</p>

** Limits are per accident and annual aggregate for other than Auto Garage Operations

ADDITIONAL COVERAGES:

- FIRE LEGAL LIABILITY:** Limit Requested: \$ _____
 Specify Construction Type: Frame Joisted Masonry Other (specify) _____
- ADDITIONAL INSURED** (Name & Address): _____
 Specify Relationship: (Landlord, Franchisor, Municipality Issuing Permit, etc.) _____
- PERSONAL INJURY/ADVERTISING LIABILITY** (A, B, C and Deletion of Exclusion C)
- GARAGEKEEPERS LEGAL LIABILITY** } Available in Non-Admitted Market. Complete **Lawrence Excess**
- DEALERS PHYSICAL DAMAGE** } **Garagekeepers Legal Liability & Dealers Open Lot Application**

* A Federal Employer Identification Number is required for each corporate entity

GENERAL INFORMATION

- A. If you sell or repair any of the following types of vehicles, indicate with "x". Check all that apply. Provide percentage of your total sales and/or repairs that generate from each vehicle type.
- Motorcycles ___ %
 Private Passenger Cars ___ %
 Trailers ___ %
 Pick-ups/Vans ___ %
 Trucks or Truck Tractors ___ %
 Taxi or Other Passenger Transportation Vehicles ___ %
 High Performance or Antique Cars ___ %
 ATVs / Snowmobiles / Mobile Homes ___ %
- B. Do you modify vehicles? Style: Yes No Performance: Yes No Handling: Yes No
 If Yes, explain: _____
- C. Do you install: Roll bars: Yes No Re-capped tires: Yes No
- D. Do you or have you ever "stretched" vehicles? Yes No Do you straighten chassis? Yes No
- E. Do you weld? Yes No If Yes to C, D or E, provide details: _____
- F. Do you rent or loan autos to your customers while their autos are left for service? Yes No
 If Yes, explain: _____
 If Yes, do you require evidence of insurance from customers? Yes No
- G. Do your sales personnel usually accompany customers on "Test" or "Demo" rides? Yes No
- H. Do you drive or otherwise transport vehicles for sale, repair or pick-up more than 50 miles from your location? Yes No
 What is your average trip? _____ miles What is your maximum trip? _____ Miles
- I. Do you own commercial vehicles, tow trucks or private passenger vehicles? Yes No
 If Yes, complete **Section H** on Page 4.
- J. Do you handle any butane or propane containers? Yes No
- K. Do you have any guard dogs? Yes No If Yes, how many? _____ Breed(s): _____
- L. Are all employees covered by Worker's Compensation? Yes No If Yes, provide insurance carrier and policy number.
 Company: _____ Policy Number: _____
- M. Do you sell vehicles on the internet? Yes No If Yes, provide web address: _____
- N. Do you repossess vehicles? Yes No

RATING INFORMATION

If you are a Used Car Dealer, complete remainder of application. If you are a Non-Dealer, complete Sections C, D, E, F, and G. Complete as indicated for each individual location. Use separate sheets for additional locations.

A. PROVIDE NUMBER OF EMPLOYEES FOR EACH OF THE FOLLOWING CATEGORIES:

1. CLASS I EMPLOYEES – REGULAR Include all proprietors, partners, officers, salespeople, general managers, service managers, or any other employees who use or are furnished with a covered auto

<u>Location #1</u>	<u>Location #2</u>	<u>Location #3</u>
Full Time _____ Part Time* _____	Full Time _____ Part Time* _____	Full Time _____ Part Time* _____

* Part Time means less than 20 hours per week

2. CLASS I EMPLOYEES - ALL OTHER Include all employees not listed above

<u>Location #1</u>	<u>Location #2</u>	<u>Location #3</u>
Full Time _____ Part Time* _____	Full Time _____ Part Time* _____	Full Time _____ Part Time* _____

* Part Time means less than 20 hours per week

3. CLASS II NON-EMPLOYEES Include persons furnished with a covered auto who are not employees, including inactive proprietors, partners or officers and relatives.

<u>Location #1</u>	<u>Location #2</u>	<u>Location #3</u>
_____	_____	_____

- B.** No. of Dealer Plates issued to you: _____ No. of Transporter Plates issued to you: _____
 List each Dealer Plate number: _____ List each Transporter Plate number: _____

DRIVER INFORMATION

C. EMPLOYEES - Regular and All Other Complete all sections below for all employees and proprietors who operate or are furnished vehicles.

Name	Address	D.O.B.	Driver License No.	State	Loc #

Do any of the individuals listed above use Dealer or Transporter plates for Personal Use? Yes No

D. NON-EMPLOYEES Indicate number of non-employees, by age category, who you allow to operate vehicles.

Under 21 Years: _____ 21 to 24 Years: _____ 25 and Over: _____

Complete all sections below for all non-employees, including relatives, who you will allow to operate vehicles.

Name	Address	D.O.B.	Driver License No.	State	Loc #

E. COMPLETE INFORMATION BELOW FOR EACH LOCATION

	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>
1. Total Weekly Payroll:	\$ _____	\$ _____	\$ _____
2. Number of Employees:	_____	_____	_____
3. Number of Owners or Partners	_____	_____	_____
4. Annual Gross Sales	\$ _____	\$ _____	\$ _____

F. LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION If no losses, indicate "no losses" under the **Amount Paid** column. Furnish loss information, whether or not covered by insurance, for the past 3 years for coverages you are requesting. Attach Loss Runs.

Year	Carrier	Policy #	Premium	# of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

G. Has your garage insurance ever been canceled, declined or nonrenewed? Yes No

If Yes, explain: _____

EFFECTIVE DATE REQUESTED _____

H. SCHEDULE OF COMMERCIAL VEHICLES, TOW TRUCKS AND PRIVATE PASSENGER VEHICLES YOU OWN

If quotation for these vehicles is required, complete **Commercial Automobile Application**.

Unit #	Year	Trade Name/Model	Vehicle Identification #	Body Type	Cost New *	GVW	Garage Location	State of Registration
1					\$			
2					\$			
3					\$			
4					\$			
5					\$			

* If special equipment is attached to any vehicle, include value under **COST NEW**.

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **LANCER INSURANCE COMPANY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

MANDATORY STATE FRAUD WARNINGS

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

PENNSYLVANIA: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND PAYMENT OF A FINE OF UP TO \$15,000."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

Name of Insured and Title (Print) _____
Name of Broker

Signature of Insured Date Signature of Broker Licensee Date
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Address of Broker _____
Broker's Phone Number

Broker's Email Address

Are you the incumbent producer? Yes No If no, name of incumbent producer: _____

Co-Broker's Name, Address and Phone Number