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| **Garage Automobile Supplemental Application** | | | | | | | | | | | | | | | | | | | | | | |
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| Legal Name of Applicant | | | |  | | | | | | | | | | | Policy Number | | | |  | | | |
| Brokerage Name | | | |  | | | | | | | | | | | | | | | | | | |
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| **Applicant's Information** | | | | | | | | | | | | | | | | | | | | | | |
| Location Address | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | |  | | | | | | | | | | | | | | | | | | | | |
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| Provide location of other premises where business is conducted (show each building and lot separately) | | | | | | | | | | | | | | | | | | | | | | |
| **Location** | | | | | | | | | | | | | | | | **Building** | | | | | | **Lot** |
| (A) |  | | | | | | | | | | | | | | |  | | | | | |  |
| (B) |  | | | | | | | | | | | | | | |  | | | | | |  |
| (C) |  | | | | | | | | | | | | | | |  | | | | | |  |
| (D) |  | | | | | | | | | | | | | | |  | | | | | |  |
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| **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) | | | | | | | | $ |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | |  | |  | | | | | | | | |

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| 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** | | |
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| 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)** | | | |
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| Types and Values of Automobiles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Values** | | | | | **Cars/Trucks** | | | | | | | | | | | | | | | | | | **Cars/Trucks** | | | | | | | | | | | | | | |
| **Owned** | | | | | | | | | | **Customers** | | | | | | | | **Owned** | | | | | | | | **Customers** | | | | | | |
| **Maximum Value** | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |
| **Average Value** | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |
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| 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 |  |

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| 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? | | | | | | | | | | | | | | | | | | |
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| **Claims** | | | | | | | | | | | | | | | | | | |
| Previous Insurer |  | | | | | | | | |  | Previous Policy Number | | | |  | | | |
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| 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** | | | | | | |
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| Losses – Damage to customer automobiles in the past 6 years | | | | | | | | | | | | | | | | | | |
| **Date (dd/mm/yy)** | **Type of Loss** | | | | | **Amount Paid**  **(open reserve including expenses)** | | | | | | **Description** | | | | | | |
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| Has any insurer ever cancelled, declined or refused to renew insurance for the applicant? | | | | | | | | | | | | | YES | |  | NO | |  |
| If "YES", provide details | | | | | | | | | | | | | | | | | | |
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| **Applicant Acknowledgement** | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | |
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| **Applicant Name** | |  | | | | | | | | **Title/Position** | | |  |
| **Applicant Signature** | |  | | | | | | | | **Date** | | |  |
|  | | | | | | | | | | | | | |
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| **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 | |  |  | |
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| **Comments** | | | | | | | | | | | | | |
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