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| **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 |       |  |

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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** |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|  |
| 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** | **Cars/Trucks** |
| **Owned** | **Customers** | **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 |
|       |
|  |

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| **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** |
|       |
|       |
|       |
|

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| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **Broker's Name** |  |  |  |
| **Broker's Signature** |  | **Date** |  |

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