

Program Insurance Application

BROKERING AGENT'S REGISTER NUMBER # _____

CARRIER: GRANADA INS. CO.		UNDERWRITER:		DATE:	
PRODUCER:			DATE BOUND:		TIME BOUND:
ADDRESS:			POLICY NUMBER:		
			EFF DATE:		EXP DATE:
PHONE:			PREMIUM:		POLICY FEE: \$25.00
PRODUCER CODE:		PRODUCER ID:		TOTAL PREMIUM:	

APPLICANT INFORMATION

NAMED INSURED:					
MAILING ADDRESS:					
CITY:		COUNTY:		STATE:	ZIP:
INDIVIDUAL: <input type="checkbox"/>	PARTNERSHIP: <input type="checkbox"/>	CORPORATION: <input type="checkbox"/>	LLC: <input type="checkbox"/>	YEARS IN BUSINESS:	
INSPECTION CONTACT:			ACCOUNTING RECORD CONTACT:		
PHONE:			PHONE:		

PREMISES INFORMATION

LOC 1	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:
LOC 2	STREET:	CITY:	COUNTY:	STATE: FL	ZIP:

ADDITIONAL INSURED EXPLAIN INTEREST

NAME:		SPECIFY INTEREST:
ADDRESS:		
NAME:		SPECIFY INTEREST:
ADDRESS:		

Agent to provide company with a copy of each certificate of insurance issued

BUSINESS INFORMATION

AUTO SERVICE OPERATIONS

<input type="checkbox"/> REPAIR SHOP	<input type="checkbox"/> SERVICE STATION	<input type="checkbox"/> OTHER
IF OTHER, DESCRIBE:		

COVERAGES AND LIMITS

AUTO LIABILITY / OTHER THAN AUTO LIABILITY

LIABILITY	COVERED AUTO SYMBOL	30
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GARAGE LIABILITY LIMITS

EACH ACCIDENT		AGGREGATE	
AUTO ONLY	OTHER THAN AUTO ONLY	OTHER THAN AUTO ONLY	NO. OF EMPLOYEES: TERRITORY:

GARAGEKEEPERS LEGAL LIABILITY LIMITS

COVERAGES / LIMITS

LEGAL LIABILITY	SPECIFIED PERILS	X	COLLISION	X	COVERED AUTO SYMBOL	30
LIMIT:	DEDUCTIBLE PER AUTO \$500			MAXIMUM DED PER LOSS \$2500 Maximum \$35,000 per vehicle		

COVERED AUTO SYMBOL (30) AUTOS LEFT FOR SERVICE / REPAIR / STORAGE

OPERATION INFORMATION

Yes No

Does applicant pick up or deliver customer's cars?		
Does applicant pickup/delivery exceed 50 miles?		
Does applicant sell recap tires?		
Does applicant own or sponsor a car for racing?		
Does applicant handle butane, propane, or other gases?		
Does applicant perform spray painting or welding?		
Does applicant dismatle autos or have salvage operations?		
Does applicant own and/or operate tow trucks?		
Are applicant's sales of new and/or used tires greater than 25% of total revenue?		
Does applicant park customers' vehicles on public streets or off premises?		
Does applicant allow vehicles to be parked on applicant's premises that are not being serviced?		
Does applicant have a dog on premises?		
Does applicant have a security alarm system on premises?		
Does applicant have a fenced yard?		
Does applicant store vehicles overnight inside a closed building or behind a locked security fence?		
During the last ten years, has applicant been convicted of any degree of the crime of arson?		
Does applicant leave vehicles overnight in an "unsecured" area?		
Does applicant perform work on heavy vehicles? (Greater than 20,000 GVW)		
Does applicant perform enhancement work for high performance vehicles?		

PRIOR CARRIER INFORMATION

Category	Years:	Years:	Years:	Years:
Carrier				
Policy Number				
Limits				
Total Premium				

LOSS HISTORY Enter all claims or occurrences that may give rise to claims for the prior 3 years

Check here if none

Date of Occurrence	Type of Occurrence	Amount Paid	Claims Open	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any policy or coverage declined, cancelled, or non-renewed during the prior 3 years? Yes No
If yes, explain:

Personal information about you may be collected from persons other than you. Such information as well as other personal privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

The agent has no authority to Bind coverage on behalf of Granada Insurance Company. The Agent has no right to MAKE, ALTER, MODIFY, or DISCHARGE any CONTRACT or POLICY issued on the basis of this application

The undersigned agree if the down payment or full payment check is returned by the bank because of nonsufficient funds, coverage will be null and void from inception.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

This application is in compliance with Florida Statute 626.752 A copy has been furnished to the applicant or insured and coverage is () Bound effective _____(Time) _____(Date) () Not Bound
 I understand this application is not a binder unless indicated as such on this form by the Brokering Agent.

APPLICANT'S SIGNATURE _____ **DATE** _____

PRODUCER'S SIGNATURE _____ **DATE** _____