

BROKERING AGENT'S REGISTER NUMBER #: _____

(IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, UNSE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING TELEPHONIC, ELECTRONIC OR FACSIMIL APPROVAL FROM THE INSURER.)

GARAGE SUPPLEMENTAL APPLICATION

NEW RENEWAL

Proposed Effective Date: _____ To _____ Policy Number: _____

Applicant/Insured:				
DBA:		Producers Name & Address:		
Address:				
City & State:	Zip:			
Inspection Contact:	Phone: () -			
Accounting Contact:	Phone: () -	Agent's 2-20 License #:		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Prof Corp.	Years in Business: _____
Location 1:	Street: _____	City & State: _____	County: _____	Zip: _____
Location 2:	Street: _____	City & State: _____	County: _____	Zip: _____

Business Information:

1. Type of business: Repair Shop Other: _____

2. Coverages / Limits:

Auto Liability / Other than Auto Liability:	\$ _____	Liability	Covered Auto Symbol 29
Auto Only:	\$ _____	Each accident	
Limits of Liability: Other than Auto Only:	\$ _____	Each accident	
Other than Auto Only:	\$ _____	Aggregate	
Medical Payments	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000	Garage Premises Only	

Garage Operation Information:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does applicant pick-up or deliver customer's cars? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are recapped or retreated tires sold? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does applicant own or sponsor a car for racing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does applicant handle butane, propane, or other gases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does applicant perform spray painting or welding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does applicant dismantle autos or have salvage operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does applicant own and operate tow trucks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does applicant park customer's vehicles on public streets or off premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Does applicant allow vehicles to be parked on applicant's premises that are not being serviced? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Does applicant have a dog on premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does applicant have a fenced yard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does applicant store vehicles over night inside a closed building or behind a locked security fence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. During the last ten years, has applicant been convicted of any degree of the crime of arson? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Does applicant leave vehicles overnight in an "unsecured" area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Any policy or coverage declined, cancelled or no-renewed during the prior 3 years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

I agree that if my down payment or full payment check is uncollectible due to a returned check because of insufficient funds or any other form of dishonored payment including but not limited to an electronic transaction, coverage will be void or null from inception.

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 12.01 am _____ (Date) _____ (Not Bound)

On this application, Florida Statute 627.409 states: "A misrepresentation, omission, concealment of fact, or incorrect statement may prevent recovery under the contract or policy..."

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

I agree and understand that this application will be made part of the policy when issued.

I understand this application is not a binder indicated as such on this form by the Brokering Agent.

Insured's Signature

Agent's Signature

Date