



# SCOTTSDALE INSURANCE COMPANY®

Home Office: One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

## Garage Insurance Application

### GENERAL INFORMATION

Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Location Address: 1. \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### DESCRIPTION OF OPERATIONS

Individual                       Partnership                       Corporation                       Other

Used Car Dealership     Service Operation     Both

Applicant's Years in Business \_\_\_\_\_ Applicant's Years at this Location \_\_\_\_\_

COVERAGE	LIMITS OF LIABILITY		
<input type="checkbox"/> Liability—Garage Operations	Auto Only	\$	Each Accident— Dealers Only
<input type="checkbox"/> Dealer <input type="checkbox"/> Non-Dealer	Other Than Auto	\$	Each Accident— Dealers and Non-Dealers
<input type="checkbox"/> P.D. Deductible \$		\$	
<input type="checkbox"/> Personal Injury Protection	\$		
<input type="checkbox"/> Added P.I.P.	\$		
<input type="checkbox"/> Medical Payments	\$	<input type="checkbox"/> Auto <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Both	
<input type="checkbox"/> Uninsured Motorist	\$	Each Accident	
<input type="checkbox"/> Underinsured Motorist	\$		

# Dealer Plates: \_\_\_\_\_

### Dealers Open Lot Physical Damage

Coverage	Loc.	Number of Autos Held for Sale		Enter Limit for Each Location		Deductible Per Auto	Max. Ded. For Any One Loss
		Maximum	Average	Max. Value Any One Auto	Max. Value for All Autos		
<input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive	1			\$	\$	\$	\$
	2			\$	\$	\$	\$
	3			\$	\$	\$	\$
Collision				\$	\$	Deductible \$	

Other Coverage—Specify: \_\_\_\_\_

Garagekeepers							
			Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	# of Autos	Deductible Per Auto	Max. Ded. For Any One Loss
θ Legal Liability θ Direct Basis θ Primary θ Excess	θ Specified Perils	θ Comp.	1	\$		\$	\$
			2	\$		\$	\$
			3	\$		\$	\$
θ Storage θ In Tow	Collision		1	\$		\$	
			2	\$		\$	
			3	\$		\$	
Other Coverage—Specify:							

	Sales	Repair	Total Gross Receipts from:	
Private Passenger Autos (include pickups & vans)	___%	___%	All Sales & Repair	\$ _____
Motorcycles/Boats/Snowmobiles	___%	___%		
Motor Homes/Utility Trailers/Campers	___%	___%	Tow Truck Operations	\$ _____
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	___%	___%		
Farm Machinery/Contractors Equipment	___%	___%	Other than Sales,	
Other—Describe: _____	___%	___%	Repair & Tow	\$ _____
	100 %	100 %		
Total Gross Receipts	\$ _____	\$ _____		

**List any owned autos NOT held for sale:**

Year, Model	Cost New	VIN	Registered To	Plate Type	On-Hook Limit	On-Hook Ded.

For wreckers/tow trucks: Type of vehicles towed? \_\_\_\_\_

Loss Payees: \_\_\_\_\_

Do you want coverage for these vehicles? .....  Yes  No

Liability .....  Yes  No

Physical Damage: .....  Yes  No

Describe any other business operations at this location, including leasing: \_\_\_\_\_

HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST 5 YEARS? (Not applicable in Missouri.) .....  Yes  No

If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

**LOSS EXPERIENCE AND EXPOSURE INFORMATION—Current and Previous 3 Years.**

Policy Period		Name of Insurance Company	Loss Amount		Description of Loss
From	To		Paid	Reserve	

**A. GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS.**

1. Do you modify vehicles for Style: .....  Yes  No  
 Performance: .....  Yes  No  
 Handling Characteristics: .....  Yes  No  
 If "Yes," complete Section E.
2. Do you install trailer hitches? .....  Yes  No
3. Do you perform any welding? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_
4. Do you install or repair butane, propane or liquid petroleum systems? .....  Yes  No
5. Do you conduct any spray painting operations? .....  Yes  No  
 If "Yes," do you have an approved spray booth? .....  Yes  No  
 If "No," explain extent of spray painting operations: \_\_\_\_\_
6. Do you have any storage of oil, gasoline or other petroleum products? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
7. Do you recap any tires? .....  Yes  No
8. Do you sell any tires? .....  Yes  No
9. Do you rent or loan autos to your customers while their autos are left with you for service or repair? ..  Yes  No  
 If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
10. Indicate the number of license plates you have: Dealers \_\_\_\_\_ Regular \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_
11. Do you own or sponsor any racing vehicles? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_
12. Do you sponsor any drivers' education cars? .....  Yes  No  
 If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

13. Do you pick up or deliver automobiles? .....  Yes  No

If "Yes," indicate miles:            50 mi \_\_\_\_\_ %            50-200 \_\_\_\_\_ %            over 200 \_\_\_\_\_ %

14. Do you have any dogs? .....  Yes  No

15. Do you repossess autos?.....  Yes  No

16. Do you engage in any dismantling/salvage or rebuilding autos?.....  Yes  No

17. Do you have frame straightening equipment? .....  Yes  No

If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

18. Do you deal in any of the following:     Foreign Sports Cars     Fiberglass Body     Antique Autos  Buses

If "Yes," explain in Comment section.

19. Are customers permitted to test drive auto without a salesperson? .....  Yes  No

20. Are any automobiles consigned? .....  Yes  No

21. Where are keys to autos kept at night? \_\_\_\_\_ During business hours? \_\_\_\_\_

22. Please list any additional insureds or loss payees: \_\_\_\_\_

**B. NON-DEALERS (SERVICE OPERATIONS)**

Estimated annual payroll for all employees: \_\_\_\_\_ Number of employees: \_\_\_\_\_

**C. DEALERS**

**Do you:** 1. Furnish or loan vehicles for any group or organization? .....  Yes  No

2. Have any consigned autos held for sale? If "Yes," include a copy of the contract.....  Yes  No

**If you finance autos held for sale, do you:**

1. Hold title for final payment? .....  Yes  No

2. Finance for three months or less? .....  Yes  No

3. Require a certificate of insurance from the buyer?.....  Yes  No

When are titles transferred? \_\_\_\_\_

Who transports vehicles to and from the auctions or other places where autos are purchased? \_\_\_\_\_

Are they on the drivers' list?.....  Yes  No            Trips per year? .....  1-10             Over 10?

Drivers are:             Employees             Contract Drivers             Other: \_\_\_\_\_

**D. DEALERS' PHYSICAL DAMAGE AND GARAGEKEEPERS' LIABILITY**

1. Are autos kept:     Inside \_\_\_\_\_ %             Outside \_\_\_\_\_ %

If autos are kept inside, indicate age, construction and condition of building: \_\_\_\_\_

2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel pad-lock? .....  Yes  No

If "No," explain: \_\_\_\_\_

Where are the keys kept? \_\_\_\_\_

3. Is (Are) your lot(s) lighted? .....  Yes  No  
 Is there police protection? .....  Yes  No  
 Do you employ a guard while business is closed? .....  Yes  No

4. Loss Payee Name and Address: \_\_\_\_\_

5. Please indicate the interests to be covered for autos held for sale.

Your Interest in Covered Autos You Own	Your Interest Only in Financed Covered Autos	Yours and Financed Interest in Covered Autos	All Interest in Covered Autos
0	0	0	0

6. Vehicle Storage—Indicate Lot Type.

Type of Facility	Location		
	1	2	3
Building	0	0	0
Standard Open Lot	0	0	0
Nonstandard Open Lot	0	0	0
	0	0	0

**E. VEHICLE CONVERSIONS AND MODIFICATIONS—Complete the following if you modify vehicles for style, performance or handling characteristics.**

1. Are you a member of the Recreational Vehicle Industry Association? .....  Yes  No  
 2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles? ...  Yes  No  
 3. Do you subcontract any work to others? .....  Yes  No

If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Are vehicles worked on owned by you? .....  Yes  No  
 By others? .....  Yes  No

If owned by others, explain: \_\_\_\_\_

5. Do you provide a written contract? .....  Yes  No

If "Yes," attach a copy of typical contract.

6. Do you provide a warranty? .....  Yes  No

If "Yes," attach a copy.

7. Indicate type of work performed and/or equipment installed:

- 0 Stoves                      0 Heaters                      0 Suspension                      0 Frame  
 0 Tanks                      0 Refrigerators                      0 Brakes                      0 Steering Controls  
 0 Air Conditioners                      0 Water Systems                      0 Chassis                      0 LPG Systems

0 Other (describe): \_\_\_\_\_

**F. COMMENT SECTION**

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**Employee and Driver Information**

Complete the information below for ALL employees. If a dealership, include all family members—employees or not.

	Name	A Position*	B F, P, or N**	C Vehicle Use***	Rating Units or Payroll	Surcharges	Final Rating Units
1							
2							
3							
4							
5							
6							
7							
8							

Continue completing for above names.

	Birth Date	Driver's License Number	State	Violations & Accidents Last Three Years	No. Years Employed By You	No. Years Ex- perience This Business	Indicate if Drive Tow Truck
1							
2							
3							
4							
5							
6							
7							
8							

List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

Type of Work	Percent
Oil & Lube	%
Tune-Up	%
Muffler	%
Radiator	%
Electrical	%
Brakes	%
Hitches	%
Upholstery	%
Tires (New)	%
Tires (Used)	%
Frame Work	%
Painting	%
Body Work	%

Type of Work	Percent
Wash/Detail	%
Window Tint	%
Clear Coating	%
Stereo System	%
Alarm System	%
Transmission	%
Windshield	%
Lift Kit Installation	%
Suspension (Not Lift Kits)	%
Wheel Alignment	%
Performance Adjustments	%
Other: _____	%
Other: _____	%

**A**

\*Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto
11. Occasional Driver
12. Other

**B**

\*\*F, P or N

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-employee

**C**

\*\*\*Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customer's vehicles.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a 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.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LICENSED AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Applicable in Iowa Only)

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only.)

**IMPORTANT NOTICE**  
As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.