



Western Heritage Insurance Company

P.O. Box 5100 Scottsdale, Arizona 85261
9200 E Pima Ctr. Pkwy., Ste. 350 Scottsdale, Arizona 85258
1-800-873-9442
A STOCK COMPANY

APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From _____ To _____

Business Trade Name: _____ Applicant: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____ Phone (____) ____ - _____

Internet Address (If any): _____

Years in Business: _____ Years Sales/Repair Experience: _____

Business Entity: Individual Partnership Corporation Other: _____

Describe your Operations: _____

Locations/Premises where you conduct Garage Operations:

1. _____
2. _____

GENERAL INFORMATION

1. What are your normal business hours? _____
2. Are autos stored at your premises after normal business hours?..... Yes No
 - a. If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable):
 - Loc 1. _____
 - Loc 2. _____
 - b. If yes, describe your theft barriers/storage at each location, for autos you do **not** OWN (building, fence & gate or post & cable):
 - Loc 1. _____
 - Loc 2. _____
 - c. Do you own or lease Location 1?..... Own Lease
 - d. Do you own or lease Location 2?..... Own Lease
3. Do you have or maintain animals on your premises?..... Yes No

If yes, what types/breeds? _____

Are these animals pets?..... Yes No

Are they used for security purposes?..... Yes No

Do you maintain any other security measures not already listed?..... Yes No

If yes, explain: _____

4. Please provide value and number of autos stored at each location:

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

5. Describe your key controls during business hours: _____ After business hours: _____

If a key box is used, describe location of key box (in building or attached to autos): _____

6. Do you pick up or deliver autos not owned by you? Yes No

If yes, explain: _____

Do you tow for hire?..... Yes No

If yes, explain: _____

7. Who drives or tows vehicles to your premises? _____

8. What is your normal radius of operations? _____

9. Do you loan or lease autos?..... Yes No

If yes, do you loan or lease autos to customers while their auto is being repaired?..... Yes No

Do you loan or lease autos for shorter than twelve (12) months?..... Yes No

10. Do you sell or store salvaged autos?..... Yes No

If yes, please indicate the purpose:

Sale of Salvage Titled Autos % Rebuilding/Repairing Customers Autos %

Sale of Used Parts %

Other % Explain: _____

11. List ALL Owners, Employees & Drivers:

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations & Accidents Past 3 Yrs.	Full or Part Time	Job Title/Duties
				Y/N	Class					

12. List ALL Family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	DOB	Driver License No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?*	Violations & Accidents Past Three Yrs.	Relationship

*P=Personal use; R=Regular use; NRF=Not regularly furnished.

13. Will anyone listed in either Items J. or K. use an auto for reasons other than listed? Yes No

If yes, please explain: _____

14. Have all members of your household been disclosed on this application? Yes No

If no, explain: _____

15. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application? Yes No N/A

INSURANCE HISTORY

16. Has your insurance been cancelled or non-renewed within the last three years (Not applicable in Missouri)? Yes No

a. If yes, please explain: _____

b. A minimum of three year history is required. If three year history is unavailable, please explain: _____

Current Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____
 Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____
 Prior Carrier: _____ Eff. Date: _____ Exp. Date: _____ Policy Premium: \$ _____

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

UNDERWRITING INFORMATION

16. Please provide your percentage of operations (Percentages MUST equal one hundred percent [100%]).

	Repair	Sales
Private passenger cars, SUVs pick-up trucks, vans	%	%
Motorhomes	%	%
Motorcycles	%	%
Motor coaches or buses	%	%
Watercraft (boats, jet skis, etc.)	%	%
Dirt Bikes or ATVs	%	%
All other recreational autos	%	%
Equipment (farm, construction, contractors, etc.)	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers	%	%
Salvage titled autos	%	%
Salvage parts	%	%
Other: _____	%	%
TOTAL	100%	100%

17. Total Gross Receipts from:

All Vehicle/Equipment Sales \$ _____ All Repair \$ _____
 Other Product Sales \$ _____ Tow Truck Operations \$ _____

18. Where do you purchase vehicles? _____
 Do you buy or sell vehicles on the Internet?..... Yes No
 Explain: _____

19. Do you drive-away more than three hundred (300) miles from point of purchase? Yes No
 If yes, how often? _____

20. How many vehicles do you sell per year? _____
 How many of those are on consignment? _____

21. How many dealer plates do you have?..... _____

22. Do you repossess vehicles?..... Yes No
 If yes, are these autos you have sold? Yes No
 Do you repossess autos for banks or other dealers? Yes No

23. Test drives: Do you always obtain a copy of the customer's license?..... Yes No
 Do you always obtain proof of insurance? Yes No
 Do you always ride along? Yes No

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

Type of Work	Percent	Type of Work	Percent
Oil & Lube	%	Wash/Detail	%
Tune-Up	%	Window Tint	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo System	%
Electrical	%	Alarm System	%
Brakes	%	Transmission	%
Hitches	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kits)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	Other: _____	%
Body Work	%	Other: _____	%

25. Do you do any welding?..... Yes No
 If yes, explain: _____

26. Do you have a spray paint booth?..... Yes No
 If yes, is it U/L approved?..... Yes No
 Is it ventilated?..... Yes No
 Are fixtures covered/protected?..... Yes No
 Is paint stored in fire-resistive cabinets outside the paint booth?..... Yes No

27. Do you sell gasoline?..... Yes No If yes, how many gallons per year? _____
 Do you sell LPG?..... Yes No If yes, how many gallons per year? _____

28. Do you recap tires or sell recapped tires?..... Yes No

COVERAGE REQUESTED

29. Check applicable box (es):

GARAGE LIABILITY \$ _____
 Each Accident \$ _____
 Aggregate Deductible \$ _____

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control)

Legal Liability Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location No. 1: \$ _____
 Location No. 2: \$ _____
 Deductibles: Specified Causes or Comprehensive Deductible \$ _____
 Collision Deductible \$ _____
 Maximum Deductible Per Loss \$ _____

In-Transit Limits (On-Hook): \$ _____ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)

DEALERS PHYSICAL DAMAGE (Coverage for damage to autos while held for sale)

Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision

Total Limits: Location No. 1: \$ _____

Location No. 2: \$ _____

Deductibles: Specified Causes or Comprehensive Deductible \$ _____

Collision Deductible \$ _____

Maximum Deductible Per Loss \$ _____

Type: New Used

Interests Covered: Owner Owner and Creditor (Bank) Consignment

Drive-away Miles (if over three hundred [300] miles): _____

Other Limits: At Temporary Locations: \$ _____ While in Transit: \$ _____

Loss Payee: _____

Loss Payee Address: _____

MEDICAL PAYMENTS: Applicable to: Garage Operations Autos Both
 Limits: \$500 \$1,000 \$2500 \$5,000

UNINSURED MOTORIST: \$ _____ **PERSONAL INJURY PROTECTION:** \$ _____

ADDITIONAL INSURED: _____

Address: _____

Explain the relationship there will be between the named insured and the additional insured: _____

SPECIFICALLY DESCRIBED AUTOS

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

ADDITIONAL COVERAGES REQUESTED

30. Check applicable box(es):

- CA 20 01 Lessor-Additional Insured & Loss Payee
- CA 20 27 Registration Plates Not Issued For A Specific Auto
- CA 25 03 False Pretense
- CA 25 08 Personal Injury Liability
- CA 25 10 Damage To Rented Premises Liability \$50,000 \$100,000 Other _____
- CA 25 14 Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises)
- CA 99 10 or CA 99 18 Drive Other Car (Dealers only)
- WHI 26-0401 Federal Odometer Errors and Omissions

Remarks: _____

PROPERTY INFORMATION

31. Location where you conduct garage operations:

32. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Business Personal Property						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Business Income:						
Bldg. 1						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$
Bldg. 2						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$

33. Building Information

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

34. Building Improvements: Provide year updated

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					

35. Operation Safeguards:

Welding: Inside Outside Safeguards: _____

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
 (Authorized owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____

INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: NAME: _____

PHONE NUMBER: _____