*To save this form after the fields are filled in, you will need Adobe Reader 9 or later. If you do not have version 9 or later

SPECTRUM
Risk Management & Insurance Services LLC
Lic. #0C77485

Spectrum Risk Management & Insurance
74 Discovery, Irvine, CA 92618
Toll Free: 800-723-1022
www.spectrumrisk.com
Contact us at office@spectrumrisk.com

Garage Application

ACCOUNT INFORMATION:

Account name: _____

Effective date: _____ Expiration date: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

County: _____ Normal Business Hours: _____

Fein #: _____ Dealership License Number: _____

Insured Email Address: _____

Website address: _____

Contact name: _____ Contact Phone Number: _____

Years in business: _____ Annual sales: $_____ (Required for Service Risks)

*If less than 3 years, please provide industry experience: _____

_____

_____

*What positions have been held? _____

_____

LINES OF BUSINESS: ☐ Property ☐ Garage/ Auto ☐ IM ☐ Crime ☐ Umbrella
For IM, Crime or Umbrella please include applicable ACORD Application

LEGAL STATUS: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

DESCRIPTION OF OPERATIONS:

Non-Franchise Dealer _____ Non-Dealer _____

% Retail Sales _____ % Wholesale Sales _____ (Complete Wholesale Questionnaire)

Non-Dealer (Please describe operation) _____

_____

_____

LOCATION INFORMATION (For Additional Locations, copy this page)

LOCATION # _____

Address: _____

City _____ State _____ Zip _____

LOCATION # _____

Address: _____

City _____ State _____ Zip _____

GARAGE RATING INFORMATION

COVERAGE		LIMITS/DEDUCTIBLES
LIABILITY **Personal Injury** ☐ Include ☐ Exclude **Damage to Rented Premises** ☐ Include ☐ Exclude		**Each Accident Limit:** $ _____ **Aggregate Limit:** $ _____ **Deductible:** $ _____ **Damage to Rented Premises Limit:** $ _____
PIP	☐ Yes ☐ No	

UNINSURED/UNDERINSURED MOTORISTS **Limit** $ _____

TOTAL # OF PLATES _____ **Dealer _____** **Transporter _____**
*****NOTE: THIS INFORMATION IS NEEDED TO RATE UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

MEDICAL PAYMENTS **Limit** $ _____

Garage Operations _____ **Auto _____** **Both _____**

GARAGEKEEPERS:

Limit	Maximum Limit Per Auto	Comprehensive Deductible	Collision Deductible
$	$	$	$
$	$	$	$

☐ Direct Primary ☐ Direct Excess ☐ Legal Liability
Storage In: ☐ Standard Open Lot ☐ Non Standard Open Lot ☐ Building

Are Vehicles Stored Overnight? ☐ Yes ☐ No

DEALERS OPEN LOT:

Limit	Maximum Limit Per Auto	Comprehensive Deductible	Collision Deductible
$	$	$	$
$	$	$	$

False Pretense Limit: $ _____
Storage In: ☐ Standard Open Lot ☐ Non Standard Open Lot ☐ Building
☐ Lots Lit ☐ Key Storage ☐ After Hours

Standard Open Lot: Open parking or storage lots enclosed on all sides by a metal cyclone fence not less than six feet in height or bounded on one or more sides by the wall or walls of a building with no unprotected opening and with exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with opening securely locked when unattended.
Non-Standard Open Lot: Any other type of protection or fencing or unprotected lot.

INTERESTS TO BE COVERED FOR AUTOS HELD FOR SALE

Owned Autos	Owner's interest in financed autos	Owner & Creditor Interest	Consigned Autos

FOR CONSIGNED AUTOS - WE WILL NEED COPY OF CONSIGNMENT AGREEMENT

Additional Garage Coverage:_____

_____

GARAGE/AUTO COVERAGE INFORMATION

Dealers Errors & Omissions		
Odometer	☐ Include ☐ Exclude	Limit $ _____ Deductible $ _____
Title E&O	☐ Include ☐ Exclude	Limit $ _____ Deductible $ _____
Truth-In-Lending	☐ Include ☐ Exclude	Limit $ _____ Deductible $ _____
Agent's E&O	☐ Include ☐ Exclude	Limit $ _____ Deductible $ _____

EMPLOYEE LIST *-(Please Refer to Employee List Key Below)*

				Violations or Accidents Last 3 Years				
Last Name	First Name	State	License #	Accidents	Minor Violations	Birthdate	Vehicle Use*	Position/Status*

Have any drivers been convicted of a major violation in the last 3 years? ☐ Yes ☐ No

If Yes, list drivers: _____

EMPLOYEE LIST KEY*

Vehicle Use: A = Furnished for Personal Use B = Empl not furnished but uses for business C = Non-Driving
D = Non-empl w/ occasional access to business vehicles E = Operates customer's vehicles

Position: 1 = Owner , Active Partner 2 = Inactive Partner 3 = Manager 4 = Sales 5 = Lot Person/Mechanic
6 = Clerical 7 = Spouse 8 = Child 9 = Occasional Driver 10 = Other

Status: F = Full Time (over 20 Hrs. per week) P = Part Time (20 Hrs. or less per week) N = Non-Employee

VEHICLE SCHEDULE IF YOU HAVE SCHEDULED VEHICLES

Vehicle #	Year	Make	Body Type	VIN	ACV	GVW

			Filings Required		Coverage Desired? Y/N			
Vehicle #	Radius	Use	Yes/No	State/Federal	Liability	Physical Damage	Deductible	Loss Payee
			☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No		
			☐ Yes ☐ No		☐ Yes ☐ No	☐ Yes ☐ No		

Loss payee name & address _____

SURVEY OF HAZARDS

General Underwriting Questions

1. Does applicant have an established store front? ☐ Yes ☐ No
2. Does applicant share premises with any other occupants? ☐ Yes ☐ No
   If yes, describe: _____
3. Any animals on premises? ☐ Yes ☐ No
   If yes, what type _____
4. Is applicant a subsidiary of another entity or have any subsidiaries? ☐ Yes ☐ No
   If yes explain: _____
5. Does applicant sub contract any work including repair of vehicles held for sale? ☐ Yes ☐ No
   If yes explain: _____
6. Has coverage been declined, canceled or non-renewed in last 3 years? ☐ Yes ☐ No
   If yes explain: _____
7. Does applicant have any other business ventures not included in this submission? ☐ Yes ☐ No
   If yes explain: _____
8. Has applicant had a foreclosure, repossession or bankruptcy in the last 5 years? ☐ Yes ☐ No
   If yes explain: _____
9. Has applicant had a judgment in the last 5 years? ☐ Yes ☐ No
   If yes explain:_____
10. Are there annually serviced, charged and operable fire extinguishers on premises? ☐ Yes ☐ No
11. Does applicant store all flammable liquids in a UL listed fire cabinet? ☐ Yes ☐ No
12. Does applicant use UL listed metal containers with self closing lids? ☐ Yes ☐ No
13. Are no smoking signs posted? ☐ Yes ☐ No
14. General Housekeeping Practices ☐ Moderate ☐ Formal ☐ Informal
15. Employee Safety Training Practices ☐ Moderate ☐ Formal ☐ Informal
16. Describe type of mechanic certification (i.e.: ASE certified) _____
17. Describe Key Control Procedures: _____
18. Does applicant have above ground or underground gasoline storage tanks? ☐ Yes ☐ No
    If yes, please describe including age and construction and protection for above ground tanks: _____
    _____
19. Do you export vehicles out of the United States? ☐ Yes ☐ No
    If yes, is the title transferred prior to shipping? ☐ Yes ☐ No
20. Do you sell autos with salvage titles? ☐ Yes ☐ No
    If yes, please explain: _____

21. Do you sponsor any racing vehicles or work on racing vehicles? ☐ Yes ☐ No
    If yes, explain: _____
22. Do you do any towing for your business? ☐ Yes ☐ No
23. Do you tow for hire? ☐ Yes ☐ No
24. Do you use an application in your hiring process? ☐ Yes ☐ No
25. Do you check references? ☐ Yes ☐ No
26. Do you run MVR's prior to hire for drivers or anyone who is furnished a vehicle? ☐ Yes ☐ No
27. Do you repossess autos for yourself or others? ☐ Yes ☐ No
28. Do you use a title verification company? ☐ Yes ☐ No
    If yes, provide name of company: _____
29. If you are a buy here/pay here operation, do you:
    a. Transfer titles to buyer's name at time of sale? ☐ Yes ☐ No
    b. Hold title as lienholder only for final payment? ☐ Yes ☐ No
    c. Require a proof of insurance from the buyer? ☐ Yes ☐ No

PRIOR CARRIER/LOSS HISTORY *(minimum currently valued expiring plus 3 years)*

Carrier	Policy Term	Loss Date	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

TYPES OF VEHICLES SOLD AND/OR REPAIRED

Sales %	Repair %	Types of Vehicles
%	%	Private Passenger Autos, Pickups, Vans, SUVs
%	%	RVs Motorhomes, Campers Complete Supplement)
%	%	Heavy Truck/Semi Trailers (Complete Supplement)
%	%	Boats (Describe): _____
%	%	Power Sports (Jet Skis, ATVs, UTVs)
%	%	Motorcycles (Complete Supplement)
%	%	Golf Carts
%	%	Antique or Classic Cars
%	%	Bucket Trucks, Man Lifts
%	%	Contractors Equipment (Describe): _____
%	%	Agricultural Equipment
%	%	Emergency Vehicles (Describe): _____
%	%	Buses (list all types): _____
%	%	Trailers (other than semi)
%	%	Other (Describe): _____
%	%	Total percentage of operations combined should equal 100%

DEALERSHIP OPERATIONS

1. Is applicant part of the National Independent Auto Dealers Association or a Certified Master Dealer? ☐ Yes ☐ No
2. Does applicant sell autos on consignment? ☐ Yes ☐ No
   If yes, please provide a copy of the consignment agreement
3. How many vehicles are sold per year on consignment? _____
4. Does applicant operate as an Auto Auction? ☐ Yes ☐ No
5. Are all test drives accompanied by an employee? ☐ Yes ☐ No
6. Are copies of driver's licenses & insurance ID cards made prior to any test drive? ☐ Yes ☐ No
7. Is the test drive route limited to all right-hand turns? ☐ Yes ☐ No
8. Are overnight test drives allowed? ☐ Yes ☐ No
9. How many vehicles are sold per month? _____
10. Do you require Demo Agreements for anyone furnished a Demo? ☐ Yes ☐ No
    If yes, does the agreement include a deductible provision? ☐ Yes ☐ No
11. Who transports vehicles to your location for sale after acquisition? _____
12. Maximum Radius of Pick Up & Delivery _____ # of Trips _____ # of Employees _____
13. What type of repair work is commonly completed on vehicles held for sale? _____
14. Does applicant rent, lease or loan vehicles? ☐ Yes ☐ No

NON-DEALER OPERATIONS - *Provide approximate percentage for all operations - Total must equal 100%*

Airbag install, service or repair	_____%	Mobile Auto Repair	_____%
Alarm, Stereo or Navigation Systems	_____%	Oil/Lube Services	_____%
Auto Dismantling/Salvage Yard	_____%	Parking Lots & Garages (Self Park)	_____%
Body Shop: (see questions below)		Parts Sales (Uninstalled)	_____%
Brake Repair	_____%	Gross Receipts	$_____
Car Wash - Full Service	_____%	Parts Manufacturing/Rebuilding	_____%
Convenience Store	_____%	Gross Receipts	$_____
Gross Receipts:	$_____	Describe Parts:	_____
Detailing:	_____%	Performance Enhancements	_____%
Maximum pick up delivery distance: _____		Any turbo or nitrous installation?	☐ Yes ☐ No
Driveaway Contractor Services:	_____%	**Tire Sales/Service (Complete Supplement)**	_____%
Frame Straightening, Cutting	_____%	Trailer Hitch Installation	_____%
Welding (See Questions below)		Bolt On _____% Welded	_____%
Fuel Tank Repair	_____%	Transmission	_____%
Gasoline Station - Full Service	_____%	Upholstery	_____%
Gallons of Gas sold annually	$_____	**Valet Parking (complete supplement)**	_____%
Ignition Interlock Systems	_____%	Vehicle Conversions - Structural:	_____%
Impound Yards	_____%	Welding	_____%
Lift/Lowering Kits	_____%	Window Tinting	_____%
Machine Shop Rebuilding	_____%	Windshield Installation/Repair	_____%

Other (Describe): _____

PAINT AND BODY SHOP OPERATIONS

1. Is spray booth NFPA compliant? ☐ Yes ☐ No
2. Are booth and paint mixing area protected by an automatic sprinkler or dry suppression system? ☐ Yes ☐ No
3. Is paint mixing area enclosed in a non-combustible enclosure with a self-closing door? ☐ Yes ☐ No
4. Do both and paint mixing area have explosion proof electrical systems? ☐ Yes ☐ No
5. Are all filters regularly cleaned and changed? ☐ Yes ☐ No
6. Maximum gallons of flammable solvent based liquid maintained at any one time? _____

FRAME STRAIGHTENING OPERATIONS

Provide year, make and model of frame machine _____

PROPERTY- *For additional locations copy this page*

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Bldg. Coverage Bldg. 1 Bldg. 2 Bldg. 3	 **$_____** **$ _____** **$ _____**					 **$_____** **$ _____** **$ _____**
Business Personal Property Bldg. 1 Bldg. 2 Bldg. 3	 **$_____** **$ _____** **$ _____**					 **$_____** **$ _____** **$ _____**
Business Income Bldg. 1 W/ Extra Expense W/O Extra Expense Bldg. 2 W/ Extra Expense W/O Extra Expense Bldg. 3 W/ Extra Expense W/O Extra Expense	 **$ _____** **$ _____** **$ _____** **$ _____** **$ _____** **$ _____**					**Monthly Limit of Indemnity** ☐ 1/3rd ☐ 1/4th ☐ 1/6th ☐ **Maximum Period of Indemnity**

BUILDING INFORMATION:

Building No.	Year Built	Building Construction	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System Yes/No	Fire Protection System Yes/No	Central Station Monitored Alarm Yes/No	Local Alarm Yes/No
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

BUILDING IMPROVEMENTS: *Provide year updated*

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					
Bldg. 3					

INLAND MARINE & CRIME *(Please include applicable ACORD Form)*

Employee Tools $ _____ Deductible $ _____

Employee Dishonesty $ _____ Deductible $ _____

Forgery $ _____ Deductible $ _____

Money Securities (Inside & Outside) $ _____ Deductible $ _____

Other: $ _____ Deductible $ _____

FRAUD WARNINGS AND ATTESTATION

This application does not bind You or 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 APPICABLE 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.

FULLY COMPLETED AND SIGNED APPLICATION IS REQUIRED TO BIND COVERAGE. NO EXCEPTIONS!