

MINNESOTA JOINT UNDERWRITING ASSOCIATION
 445 MINNESOTA ST SUITE 514
 ST. PAUL, MN 55101
 1 (800) 552-0013 or (651) 222-0484 fax: (651) 222-7824

GARAGE APPLICATION

YOU MUST ATTACH CURRENT MVR'S FOR ALL DRIVERS.

Section I – General Information – These questions apply to both Dealer and Service Operations

Requested Date of Coverage: _____

1. Your Name: _____ Phone: (____) _____

DBA: _____

2. Mailing Address: _____

3. Location # 1 Address: _____

4. Location #2 Address: _____

Is there work done elsewhere? i.e., roadside? _____ customer business location? _____

5. How long have you been in business? _____ If new business, how many years experience? _____

6. Type of Legal entity: corporation partnership individual LLC other

7. Applicant's Business:

Dealer:

franchised non-franchised retail wholesale auction consignment

Service:

general service trailer sales

Please indicate all the apply and show percentage of operation for each

	Sales %	Repair %
All Terrain Vehicles	_____	_____
Car Kits/Truck Kits	_____	_____
Car Wash - <input type="checkbox"/> attended <input type="checkbox"/> self serve	_____	_____
Farm Machinery/Contractors Equipment	_____	_____
LPG sales/handling	_____	_____
Motor cycles/Boats/Snowmobiles	_____	_____
Motor Homes/Mobile Homes	_____	_____
Private Passenger (incl. Pickups/Vans)	_____	_____
Propane conversions	_____	_____
Recreation or Utility Trailers	_____	_____
Salvage Operation/Yard/Vehicles	_____	_____
Semi Trailers or Trailers or 5 th Wheels	_____	_____

	Sales %	Repair %
Service Station	_____	_____
Grocery sales _____%		
Liquor sales _____%		
Storage Parking for:	_____	_____
<input type="checkbox"/> public <input type="checkbox"/> impound <input type="checkbox"/> repo <input type="checkbox"/> other		
Tire Sales	_____	_____
<input type="checkbox"/> new _____%		
<input type="checkbox"/> used _____%		
<input type="checkbox"/> recaps _____%		
Truck or Truck Tractors	_____	_____
Used Parts Sales	_____	_____
Other: Please specifically describe.	_____	_____

- _____

- _____

- _____

8. Explain any other business, owned by you, that is conducted on the premises: _____

- _____

9. Do you loan any vehicles? yes no If yes, explain: _____

10. Do salespeople accompany customers on demo rides? yes no If no, explain: _____

11. Do you modify, rebuild or perform conversions on vehicles? yes no If yes, explain: _____

- _____

12. Do you perform any frame straightening: yes no If yes, answer the following questions:

a. List equipment: Year _____ Brand _____ Model _____

b. Bench type Floor model

c. Laser Measuring Device Optional Measuring Device

d. Do you buy salvage for reconstruction? yes no

e. Do you repair vehicles with damage totaling more than 60% of the ACV of vehicles? yes no

13. Do you own or sponsor a race car? yes no

14. Do you install trailer hitches? yes no If yes, what % is this of your business? _____

15. Do you perform any work on airbags (including any deactivating) or breathalizers? yes no

16. Do you repossess autos? yes no

17. Do you have a valet parking service? yes no

SECTION III – THREE YEAR LOSS HISTORY

30. Has similar insurance ever been cancelled, declined or refused renewal? yes no
 If yes, explain; _____

Policy Year	Premiums Paid	Previous Carrier	Description of Loss	Amount Paid	Amount Reserved

LOSS RUNS REQUIRED

SECTION IV – EMPLOYEE AND DRIVER INFORMATION

Name	Birthdate	License No./State	Violations and Accidents – Last 3 Years	Truck/Tractor Driving Experience (if working on/selling heavy equip.)
1.				
2.				
3.				
4.				
5.				

Job duties incl. Mechanical experience for the above names	Rating Units or Payroll	Full Time	Part Time (20 hrs or less/week)	Furnished a Car?
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST.

SECTION IV – COVERAGE

Garage Liability Limits:

31. Combined Single Limit: \$ _____ Other than Auto Aggregate: \$ _____

32. Liability Deductibles: Fixed at \$2500.00/vehicle

33. Do you desire Uninsured/Underinsured Motorist coverage? (for requirements, check state statutes)
yes no If yes, desired \$ _____

34. Number of Dealer Plates: _____
Transporter Plates: _____
Full Use or Personal Tags: _____

Other plates/tags used in your garage business (please describe): _____
-

35. Do you desire Personal Injury Protection coverage? (for requirements, check state statutes)
yes no

Garagekeepers (for customer cars in your care, custody and control):

36. Limit of Liability at Location #1 \$ _____ Limit per Vehicle \$ _____
Limit of Liability at Location #2 \$ _____ Limit per Vehicle \$ _____
Legal liability Direct primary Direct excess (legal liability applies unless other selection made)

37. Specific Causes of Loss Deductible per auto \$2500

38. Collision coverage Deductible per auto: \$2500

Dealers Open Lot (coverage for damage to your autos):

39. Limit of Liability at Location #1 \$ _____ Limit of Liability at Location #2 \$ _____
Specified causes of loss

40. Deductible per auto: \$2500

41. Blanket Collision (total for all listed locations) Limit \$ _____

42. Interests covered: (check all that apply)

- Your interest in covered “autos” you own
- Your interest only in financed covered “autos”
- Your interest and the interest of any creditor named as a loss payee
- All interests in any “auto” not owned by you or any creditor while in your possession on consignment

43. Confirm weekly inventory control procedures in place? yes no

44. List any Additional Insureds to be named and what their interest is in this operation.

- _____
- _____
- _____

SECTION VII – SIGNATURES

I declare to the best of my knowledge that all statements here in are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Agent

Are you personally familiar with this Applicant's operations? yes no
Did your office control this risk in the past year? yes no

Agent/Broker Name: _____

Agency: _____

Agency Address: _____

- _____

Agent Signature: _____ Date: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING FALSE OR DECEPTIVE STATEMENTS MAY BE SUBJECT TO CIVIL OR CRIMINAL PENALTIES.