

# Garage Automobile Supplement



Name of Applicant/ Insured;	Policy Number:	Effective Date:
Broker Name & Number:		In Business Since:

LOCATIONS (Address, Structure Type, Building Lot)				
Location A:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistant	<input type="checkbox"/> Building <input type="checkbox"/> Lot
Location B:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistant	<input type="checkbox"/> Building <input type="checkbox"/> Lot
Location C:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistant	<input type="checkbox"/> Building <input type="checkbox"/> Lot
Location D:	<input type="checkbox"/> Masonry	<input type="checkbox"/> Frame	<input type="checkbox"/> Fire Resistant	<input type="checkbox"/> Building <input type="checkbox"/> Lot

OPERATIONS									
	Location					Location			
	A	B	C	D		A	B	C	D
Automobile Repair Garage with incidental used sales					Automobile Sales (New & Used)				
Automobile Repair Garage					Automobile Sales (New only)				
Auctioneers/Wholesalers/Automobile brokers					Automobile Sales (Used only)				
Autobody & Paint Shops					Automobile Service Stations/Gas Bars				
Automobile Car Wash					Automobile Storage Facilities				
Automobile Drive-Away Service					Mobile Repairs				
Parking Lots					Specialty Shops				
Parking Lots with/ Valet					Towing Operations				
Other Operations, Details and Remarks:									
Does the Applicant/Insured pick up or deliver customer's automobiles? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If "Yes", please provide details (frequency, radius breakdown):									
Does the Applicant/Insured have business locations other than those shown on the application? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If "Yes", please provide details:									

VEHICLE TYPES					
	Percentage Repaired/Service	Percentage Sold		Percentage Repaired/Service	Percentage Sold
Private Passenger Vehicles	%	%	Exotic & Racing	%	%
Light Commercial Vehicles	%	%	Motorcycles	%	%
Heavy Commercial Vehicles	%	%	ATVs	%	%
Trailers (Heavy/Light)	%	%	Snowmobiles	%	%
Motorhomes	%	%	Other:	%	%
Antique & Classic	%	%		%	%
Does the Applicant/ Insured provide courtesy cars (vehicles exclusively supplied to customers whose own vehicle is being serviced, repaired, or awaiting delivery of a new vehicle)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If "Yes", provide vehicle details (year, make, model, serial number, where are these vehicles insured):					

SUMMARY OF EMPLOYEES/DRIVERS (FT = Full Time; PT = Part Time)								
	Number at Each Location							
	A		B		C		D	
	FT	PT	FT	PT	FT	PT	FT	PT
Proprietors, Partners, Executive Officers, Managers								
Sales Staff								
Mechanics, Apprentice Mechanics, Parts Delivery Staff								
Tow Truck Operators								
Body Shop Workers, Service Station Attendants								
Full-Service Station Attendants								
Security Staff, Building Maintenance Staff								
Parts Department Staff, Self Service Gas Attendants								
Parking Lot Attendants								
Valet Parking Attendants								
Clerical, Office Employees								
Other Details & Remarks:								

EMPLOYEE/DRIVER INFORMATION INCLUDING OWNERS, PROPRIETORS, PARTNERS AND OFFICERS* (If additional space is required, attach list)							
Name	License Number	License Class	Date of Birth yyyy-mm-dd	Position	Full or Part Time	Years Licensed	Convictions/Suspensions for the last three years

OTHER DRIVERS (NOT EMPLOYEES) WHO WILL DRIVE VEHICLES, OWNED OR NOT OWNED, INSURED BY THIS POLICY (E.G. SPOUSE, CHILDREN)* (Such persons must be specifically added by means of the Additional Insured Endorsement - No. 76, otherwise there is no coverage on the Standard Garage Automobile Policy - No.4 for owned automobiles supplied for their regular and frequent personal use).(*If additional space is required, attach list.)						
Name	License Number	License Class	Date of Birth yyyy-mm-dd	Relationship to the Named Insured	Years Licensed	Convictions/Suspensions for the last three years

LIST ALL ACCIDENTS, LOSSES, AND INSURANCE CLAIMS (AT FAULT LOSSES AND NOT AT FAULT LOSSES) IN THE PAST SIX YEARS FOR THE APPLICANT/INSURED				
Driver/Employee Name	Date of Loss yyyy-mm-dd	Type of Loss	Amount paid, reserves including expenses	Description of Loss

SUMMARY OF ALL ACTIVE (REGULARLY PLATED) VEHICLES AND PLATES OWNED BY APPLICANT/INSURED	
Are all active vehicles owned by, and registered to the Applicant/Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", provide details:	

**NOTE:** The Standard Garage Automobile Policy does **not** provide coverage for vehicles rented or leased to the Insured under a lease contract for a period exceeding 30 days, or those rented or leased by the Insured to customers.

Such vehicles must be insured separately on an Owner's Automobile Policy – No. 1, and appropriately endorsed with permission to rent or lease.

**Summary of Plates (Dealer, White and Service):**

	Location:					Dealer Plate Numbers:
	A	B	C	D	Total	
Number of Dealer Plates						Service Plate Numbers:
Number of Service Plates						
Number of White Plates						

**Summary of all Active Vehicles:**

Summary of Regularly Plated Vehicles:	Location:										
	A	B	C	D	Total		A	B	C	D	Total
Number of Parts Trucks						Number of Shuttle Vehicles					
Number of Service Trucks						Number of Private Passenger Vehicles					
Number of Courtesy Vehicles (not exceeding 30 days)						Other Details/Remarks:					
Number of Tow Trucks											

Are the Applicant's/Insured's tow trucks insured elsewhere?

Yes ☐ No ☐

If "Yes", please provide details:

If "No", please complete the table below:

Vehicle details (make, model, serial number)	Body Type (ramp, flat deck, bed, standard)	Description of attached equipment	Value of attached equipment	Number of vehicles that can be towed/carried

**DETAILS OF ALL VEHICLES OWNED BY OR REGISTERED TO THE INSURED/APPLICANT WHICH ARE NOT HELD FOR SALE:**

(For risks rated as Automobile Dealer and the Owned Automobile Exclusion Endorsement - No. 71 is not attached to the policy.)

Model Year	Make, Model, Body Type	Vehicle Identification Number	List Price New	Vehicle Use	Driver(s) (Principal & Occasional)

**OWNED AUTOMOBILES INCLUDING VEHICLES HELD FOR SALE**

LOCATION	A	B	C	D
MAXIMUM NUMBER IN BUILDING				
MAXIMUM NUMBER ON LOT				
MAXIMUM VALUE				
AVERAGE VALUE				

**CUSTOMER'S AUTOMOBILES**

LOCATION	A	B	C	D
MAXIMUM NUMBER IN BUILDING				
MAXIMUM NUMBER ON LOT				
MAXIMUM VALUE				
AVERAGE VALUE				

SECURITY MEASURES									
Where are keys kept: _____									
During business hours: _____									
After business hours: _____									
Security Systems	Location:								Comments/Description
	A		B		C		D		
Outside Floodlights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Burglary Alarm System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fenced Compound	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Guard Dogs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Night Watchman	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SPRAYING & WELDING						
	Number of Spray Booths	Inspected & Approved	Percentage of Spraying	Any welding?	Percentage of Welding	Comments/Description
Location A		Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	
Location B		Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	
Location C		Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	
Location D		Yes <input type="checkbox"/> No <input type="checkbox"/>	%	Yes <input type="checkbox"/> No <input type="checkbox"/>	%	

USED CAR SALES																
Does the Applicant/Insured have written rules regarding the use of company owned automobiles? If "Yes", please attach a copy. If "No", please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Is demonstrator use restricted to employees only? Including spouses? Including children? Other:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>															
Is vacation use of owned vehicles permitted?	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Are customers permitted to test drive automobiles held for sale? Does a salesperson accompany customers on all test drives? If "No", provide procedures for other precautions taken (e.g., driver's license checked, recorded):	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>															
Do sales include recreational vehicles (e.g., snowmobiles, ATVs, motorhomes): If "Yes", are customers permitted to test drive recreational vehicles:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>															
<b>Applicable to Alberta &amp; Ontario only:</b> Is the Applicant/Insured currently registered with the applicable provincial Motor Vehicle Industry Council (AMVIC/ OMVIC)? If "Yes", indicate the license/registration number and license/registration expiry date:	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Is there a formal policy regarding lien checks?	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Is there a formal policy regarding consignment sales? If "Yes", what policies and procedures are in place to ensure that coverage remains in force on consignment vehicles?	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Does the Applicant/Insured sell vehicles outside Canada (US sales)?	Yes <input type="checkbox"/> No <input type="checkbox"/>															
Where are the vehicles held for sale obtained (e.g. auction, dealer, private purchase)?																
How are the vehicles held for sale moved from purchase site to the Insured's premise?																
Indicate the number and average retail values sold:																
	<table border="1"> <thead> <tr> <th></th> <th>Number Sold</th> <th>Average Retail Value</th> </tr> </thead> <tbody> <tr> <td>3 Years Prior</td> <td></td> <td></td> </tr> <tr> <td>2 Years Prior</td> <td></td> <td></td> </tr> <tr> <td>Expiring Year</td> <td></td> <td></td> </tr> <tr> <td>Expected for Coming Year</td> <td></td> <td></td> </tr> </tbody> </table>		Number Sold	Average Retail Value	3 Years Prior			2 Years Prior			Expiring Year			Expected for Coming Year		
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3 Years Prior																
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ALTERNATIVE FUEL	
Does the Applicant/Insured dispense alternative fuel such as propane, natural gas, ethanol, or hydrogen etc.? If "Yes", please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Applicant/Insured do fuel conversions such as propane, natural gas, hydrogen, biodiesel, ethanol etc.? If "Yes", please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the Applicant/Insured repair or provide maintenance of alternative fuel systems? If "Yes", please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

THIS SUPPLEMENTARY FORM IS INTENDED TO PROVIDE INFORMATION IN ADDITION TO THAT PROVIDED WITHIN THE CORRESPONDING APPLICATION FOR AUTOMOBILE INSURANCE GARAGE FORM. CONSENT AND DISCLOSURE PROVIDED WITHIN THE CORRESPONDING APPLICATION FOR AUTOMOBILE INSURANCE GARAGE FORM EXTENDS TO THIS SUPPLEMENTARY FORM, AND THE APPLICANT ACKNOWLEDGES THAT THE APPLICATION FOR AUTOMOBILE INSURANCE GARAGE FORM IS BASED ON THE TRUTH OF THE INFORMATION PROVIDED HEREIN.	
Signature of Applicant/Insured:	Date:
<b>REPORT OF BROKER:</b> Have you bound this risk? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this business new to you? Yes <input type="checkbox"/> No <input type="checkbox"/> How long have you known the Applicant/Insured? _____ Other details/remarks: _____	
Signature of Broker:	Date: