

Garage Automobile Renewal Supplement



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

OPERATIONS:									
	Location					Location			
	A	B	C	D		A	B	C	D
Automobile Repair Garage with Incidental Used Automobile 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:									

VEHICLE TYPES:					
Vehicle Type	Percentage Repaired/Service	Percentage Sold	Vehicle Type	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					

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, Department 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 Staff								
Clerical, Office Employees								
Other Employees, Details and 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 past 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 Garage Automobile Policy - No. 4 for owned automobiles supplied for their regular and frequent personal use). (*If additional space is required, attach drivers 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

SUMMARY OF ALL ACTIVE (REGULARLY USED) VEHICLES AND PLATES OWNED BY APPLICANT/INSURED

Are all active vehicles owned by, and registered to the Applicant/Insured?

☐ Yes ☐ No

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:

Commercial Vehicles	Location					Private Passenger Vehicle (used by employees or other drivers)	Location				
	A	B	C	D	Total		A	B	C	D	Total
Tow Trucks						Courtesy Cars (loaned or rented to customers not exceeding 30 days)					
Tilt and Load											
Parts Truck							Location				
Service Trucks							A	B	C	D	Total
Shuttle Vehicles											

Other Details/ Remarks:

DETAILS OF ALL VEHICLES OWNED BY OR REGISTERED TO THE 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 PER VEHICLE				
AVERAGE VALUE				
CUSTOMER'S AUTOMOBILES				
LOCATION	A	B	C	D
MAXIMUM NUMBER IN BUILDING				
MAXIMUM NUMBER ON LOT				
MAXIMUM VALUE PER VEHICLE				
AVERAGE VALUE				

SECURITY MEASURES (for owned and customer's automobiles):	
Are there any changes in management, security/access control, driver screening practices or other measures used by the Applicant in protecting owned property or property of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" provide details:	

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:
Signature of Broker:	Date: