

GARAGE RATING/UNDERWRITING SUPPLEMENT

Name of Applicant: _____ Binder/Policy Number: _____
If space is insufficient for a proper response, please attached a separate sheet showing details.

1. OPERATIONS:

- a) Indicate the operations of the Applicant *check those applicable*:
- Sale of: New vehicles ☐ Franchise for _____ Used Vehicles ☐ Wholesale/Auction ☐
Repairs ☐ Service Station ☐ Storage Garage ☐ Parking Lot ☐ Towing: Cars ☐ Other ☐
- b) Kinds of vehicles sold or serviced:
- Cars & Light Trucks ☐ Heavy Trucks ☐ Motorcycles ☐ Snow Vehicles ☐ Recreational Vehicles ☐
Antique/Specialty/Exotic ☐ Other ☐ specify _____
- c) Does the Applicant provide **Courtesy Cars** (vehicles exclusively supplied to customers whose own vehicle is being serviced, repaired or awaiting delivery of a new vehicle) Yes ☐ No ☐
If YES, number of vehicles _____
- d) Other operations (specify) _____
- e) Does the Applicant engage in the pickup and delivery of automobiles belonging to customers? Yes ☐ No ☐
(The Applicant delivers vehicles carrying the owner's vehicle plates.)
Does the Applicant engage in the pickup and delivery of other automobiles? Yes ☐ No ☐
(Driveaway: The Applicant picks up or delivers vehicles carrying his/her dealer plates.)
Does Applicant obtain from or deliver vehicles to distant points using others not regularly employed? Yes ☐ No ☐
Does Applicant have locations other than those shown on application? Yes ☐ No ☐
Details of any YES answer: _____
Radius of operations: _____
Any operations in the U.S.A.? Yes ☐ No ☐

2. DRIVER INFORMATION:

Attached employee's authorization to enable insurer to obtain a Driver Record Abstract where such authorization is required by law.

- a) All proprietors, partners, officers and employees:

	Name as shown on Driver's License	Driver's License Number	Birth Date yy/mm/dd	Sex	Years Licensed	Date Employed mm-yy	Full or Part Employee	Position
1								
2								
3								
4								
5								

Are Driver Record Abstracts obtained on all new employees? Yes ☐ No ☐

- b) Other Drivers, **not employees**, who will drive vehicles, owned or not owned, insured by this policy. *SEF76, OEF76 or NBEF76 is required.*

	Name as shown on Driver's License	Driver's License Number	Birth Date yy/mm/dd	Sex	Years Licen- sed	Relationship	Residence Address
6							
7							
8							
9							
10							

- c) List details of all accidents, convictions and license suspensions/cancellation of any driver listed above during the last 6 years.

Driver Number	Date	Accidents Details

Driver Number	Date	Convictions, Suspensions/Cancellations Details

- d) Has the Applicant or any driver listed above, to the knowledge of the Applicant, been found by a court to have committed a fraud in connection with automobile Insurance? Yes ☐ No ☐
If YES, give details: _____

3. VEHICLES OWNED BY THE INSURED:

For risks rated as Automobile Dealer and SEF 71, OEF 71 or NBEF 71 is not attached to policy.

NOTE: Vehicles

- i) rented or leased to others other than Courtesy Cars (defined above)
- ii) used in Towing Services not incidental to garage operations
- iii) leased by the Applicant from others

are not covered by Facility Association on this policy form. These may be insured on an Owner's Policy Form.

a) LIST All vehicles owned by or registered to the Applicant which are Not Held For Sale

List Price New – Retail selling price new, with taxes, including any customizing features and permanently attached equipment

	Year	Make & Model, Body Type	List Price New	Vehicle Identification Number (Serial Number)	Use	Driver Number	Percent of Use
1							%
2							%
3							%
4							%
5							%
6							%
7							%
8							%

b) List All Dealer Plate Numbers in possession of Applicant:

Plate Numbers: _____

List All Other Plate Numbers held by the Applicant: *Attach copy of all plate registrations.*

Plate Numbers: _____

4. VEHICLES HELD FOR SALE AND CUSTOMERS' AUTOMOBILES:

<u>Vehicles Held For Sale</u>	<u>Within Building</u>	<u>Open Lot-Location A</u>	<u>Open Lot-Location B</u>	
Average Number	_____	_____	_____	Average Age of Vehicles sold
Maximum Number	_____	_____	_____	
Average Value	_____	_____	_____	
Maximum Single Value	_____	_____	_____	
<u>Customers' Vehicles</u>	<u>Within Building</u>	<u>Open Lot-Location A</u>	<u>Open Lot-Location B</u>	
Average Number	_____	_____	_____	
Maximum Number	_____	_____	_____	
Average Value	_____	_____	_____	
Maximum Single Value	_____	_____	_____	

Storage Particulars:

Building: Construction (*Masonry?*) _____ Heating _____ Number of Vehicle Exits _____

Details of any welding or spray painting _____

Protection: Give details of any protection (fencing, chains, lighting, watchmen) _____

Where are keys for vehicles kept? during business hours _____ after hours _____

5. ADDITIONAL INFORMATION

- a) Insurance
- | | | |
|------------------------|-------------------------|------------------------|
| <u>Previous Garage</u> | <u>Other Automobile</u> | <u>Other Liability</u> |
| Insurer _____ | _____ | _____ |
| Policy Number _____ | _____ | _____ |
| Expiry Date _____ | _____ | _____ |
- b) How long has the Applicant been in this business? _____
- c) How long at present location? _____
- d) Does Applicant hold a municipal business license to conduct this business? Yes ☐ No ☐
- e) Any other business carried on at this location, or sale of goods except vehicles, their equipment and accessories? Yes ☐ No ☐
- If YES, details: _____

Date: _____ Signature of Applicant: _____

6. BROKER'S/AGENT'S REPORT:

a) How long have you known Applicant? _____ b) How long business through your office? _____

Date: _____ Signature of Broker/Agent: _____