



**Western Heritage**  
Insurance Company

**APPLICATION FOR GARAGE POLICY**

Policy Period Desired: From \_\_\_\_\_ To \_\_\_\_\_

Business Trade Name: \_\_\_\_\_ Insured: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Internet Address (If any): \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Sales/Repair Experience: \_\_\_\_\_ Business Entity:  Individual  Partnership  Corp.

Describe your Operations: \_\_\_\_\_

Locations/Premises where you conduct Garage Operations

1. \_\_\_\_\_ 2. \_\_\_\_\_

**GENERAL INFORMATION**

A. What are your normal business hours? \_\_\_\_\_

Are autos stored at your premises after normal business hours? .....  Yes  No

If yes, describe your theft barriers/storage at each location, for autos you OWN (building, fence & gate or post & cable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Describe your theft barriers/storage at each location, for autos you do NOT OWN (building, fence & gate or post & cable)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Do you own or lease Location 1?  Own  Lease Do you own or lease Location 2?  Own  Lease

B. Do you have or maintain animals on your premises? .....  Yes  No

If yes, what types/breeds? \_\_\_\_\_

Are this/these animals pets? .....  Yes  No

Are they used for security purposes? .....  Yes  No

Do you maintain any other security measures not already listed? .....  Yes  No

If yes, explain: \_\_\_\_\_

C. Please provide value and number of autos stored at each location:

	Max. Value of ALL Autos	Avg. Value Per Auto	Max. Value Per Auto	Avg. # of Autos	Max. # of Autos
Location #1					
Location #2					

D. Describe your key controls during business hours: \_\_\_\_\_ After business hours: \_\_\_\_\_

If a key box is used, describe location of key box (in building or attached to autos): \_\_\_\_\_

- E. Do you pick up or deliver autos not owned by you? .....  Yes  No  
 If yes, explain: \_\_\_\_\_  
 Do you tow for hire?.....  Yes  No  
 If yes, explain: \_\_\_\_\_
- F. Who drives or tows vehicles to your premises? \_\_\_\_\_
- G. What is your normal radius of operations? \_\_\_\_\_
- H. Do you Loan or Lease autos? .....  Yes  No  
 If yes, do you loan or lease autos to customers while their auto is being repaired?.....  Yes  No  
 Do you loan or lease autos for shorter than 12 months? .....  Yes  No
- I. Do you sell or store salvaged autos? .....  Yes  No  
 If yes, please indicate the purpose: Sale of Salvage Titled Autos \_\_\_\_% Rebuilding/Repairing Customers Autos \_\_\_\_%  
 Sale of Used Parts \_\_\_\_% Other \_\_\_\_% Explain: \_\_\_\_\_

J. List ALL Owners, Employees & Drivers

Name	DOB	Driver License Number	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. #	Violations & Accidents Past 3 Yrs	Full or Part Time	Job Title/Duties
				Y/N	Class					

K. List ALL Family members and non-family members (except customers):  
 (Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	DOB	Driver License Number	State of DL	Will drive for <u>or</u> Work in business? Yes or No	Furnished Auto? Yes or No	Violations & Accidents Past 3 Yrs	Relationship

- L. Will anyone listed in either Items J. or K. use an auto for reasons other than listed?.....  Yes  No  
 If yes, please explain: \_\_\_\_\_
- M. Have all members of your household been disclosed on this application?.....  Yes  No  
 If no, explain: \_\_\_\_\_
- N. Have all drivers, such as children away from home or in college, who may operate your vehicles on a regular or infrequent basis, been listed on this application?.....  Yes  No  N/A

**INSURANCE HISTORY**

Has your insurance been cancelled or non-renewed within the last 3 years (not applicable in MO)? .....  Yes  No  
 If yes, please explain: \_\_\_\_\_

A minimum of 3 year history is required. If 3 year history is unavailable, please explain: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \_\_\_\_\_  
 Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \_\_\_\_\_  
 Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \_\_\_\_\_

Date of Loss	Amount	Description of Loss

**UNDERWRITER INFORMATION**

Please provide your percentage of operations (Percentages MUST equal 100%).

		Repair	Sales			Repair	Sales
1	Private passenger cars, SUV's Pick-up trucks, vans	%	%	8	Equipment (farm, construction, contractors, etc.)	%	%
2	Motorhomes	%	%	9	Travel Trailers or Camper Trailers	%	%
3	Motorcycles	%	%	10	Utility Trailers or Livestock Trailers	%	%
4	Motor-coaches or Buses	%	%	11	Trucks, Tractors, Semi-Trailers	%	%
5	Watercraft (Boats, Jet Skis, etc.)	%	%	12	Salvage Titled Autos	%	%
6	Dirt Bikes or ATV's	%	%	13	Salvage Parts	%	%
7	All Other Recreational Autos	%	%	14	Other: _____	%	%
Total						100%	

Total Gross Receipts from:  
 All Vehicle/Equipment Sales \$ \_\_\_\_\_ All Repair \$ \_\_\_\_\_ Other Product Sales \$ \_\_\_\_\_  
 Tow Truck Operations \$ \_\_\_\_\_

**All Vehicle/Equipment Sales Dealer / Sales Information**

- Where do you purchase vehicles? \_\_\_\_\_  
 Do you buy or sell vehicles on the Internet? .....  Yes  No  
 Explain: \_\_\_\_\_
- Do you drive-away more than 300 miles from point of purchase? .....  Yes  No  
 If yes, how often? \_\_\_\_\_
- How many vehicles do you sell per year? \_\_\_\_\_ How many of those are on consignment? \_\_\_\_\_
- How many dealer plates do you have? \_\_\_\_\_

5. Do you repossess vehicles? .....  Yes  No  
 If yes, are these autos you have sold? .....  Yes  No  
 Do you repossess autos for banks or other dealers? .....  Yes  No
6. Test drives: Do you always obtain a copy of the customer's license? .....  Yes  No  
 Do you always obtain proof of insurance? .....  Yes  No  
 Do you always ride along? .....  Yes  No

**Auto Service/Repair/Installation Information**

1. What percentage of your work is (Total of percentages must equal 100%):

	%		%		%		%		%
Oil & Lube		Brakes		Frame Work		Clear Coating		Lift Kit Installation	
Tune-Up		Hitches		Painting		Stereo System		Suspension (Not Lift Kits)	
Muffler		Upholstery		Body Work		Alarm System		Wheel Alignment	
Radiator		Tires (New)		Wash/Detail		Transmission		Performance Adjustments	
Electrical		Tires (Used)		Window Tint		Windshield		Other: _____	

2. Do you do any welding? .....  Yes  No  
 If yes, explain: \_\_\_\_\_
3. Do you have a spray paint booth? .....  Yes  No If yes, is it U/L approved? .....  Yes  No  
 Is it ventilated? .....  Yes  No Are fixtures covered/protected? .....  Yes  No  
 Is paint stored in fire-resistive cabinets outside the paint booth? .....  Yes  No
4. Do you sell gasoline?  Yes  No If yes, how many gallons per year? \_\_\_\_\_  
 Do you sell LPG?  Yes  No If yes, how many gallons per year? \_\_\_\_\_
5. Do you recap tires or sell recapped tires? .....  Yes  No

**COVERAGE REQUESTED**

- GARAGE LIABILITY** \$ \_\_\_\_\_ each accident \$ \_\_\_\_\_ aggregate Deductible \$ \_\_\_\_\_
- GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody & control)  
 Legal Liability Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision  
 Total Limits: Location #1: \$ \_\_\_\_\_ Location #2: \$ \_\_\_\_\_  
 Deductibles: Spec. Causes or Comp. Ded. \$ \_\_\_\_\_ Collision Ded. \$ \_\_\_\_\_  
 Maximum Ded. Per Loss: \$ \_\_\_\_\_  
 In-Transit Limits (On-Hook): \$ \_\_\_\_\_ per auto (Garagekeepers coverage required to qualify for In-Transit Coverage)
- DEALERS PHYSICAL DAMAGE** (Coverage for damage to auto's while held for sale)  
 Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision  
 Total Limits: Location #1: \$ \_\_\_\_\_ Location #2: \$ \_\_\_\_\_  
 Deductibles: Spec. Causes or Comp. Ded. \$ \_\_\_\_\_ Collision Ded. \$ \_\_\_\_\_  
 Maximum Ded. Per Loss: \$ \_\_\_\_\_

Type:  New or  Used Interests Covered:  Owner  Owner and Creditor (Bank)  Consignment  
 Drive-away Miles (If over 300 miles): \_\_\_\_\_  
 Other Limits: At Temporary Locations: \$ \_\_\_\_\_ While in Transit: \$ \_\_\_\_\_  
 Loss Payee: \_\_\_\_\_  
 Loss Payee Address: \_\_\_\_\_

PREMISES MEDICAL PAYMENTS  \$1,000  \$5,000

SPECIFICALLY DESCRIBED AUTOS

Veh. No.	Year	Make	Body Type	V.I.N.	ACV	GVW
1						
2						
3						

Veh. No.	Radius	Personal, Service or Comm'l Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State/Fed	Liab.	Phys. Dam.	Other	
1								
2								
3								

UNINSURED MOTORIST \$ \_\_\_\_\_ PERSONAL INJURY PROTECTION \$ \_\_\_\_\_  
 FIRE LEGAL LIABILITY  \$50,000

Additional Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Explain the relationship between the named insured and the additional insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

**I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.**

**I have completed and signed a state form selecting or rejecting Uninsured / Underinsured Motorist Coverage.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency Name and Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE  
SELECTION OR REJECTION**

Uninsured/Underinsured Motorist Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle.

By law, your policy will include UMBI Coverage at the same time as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company.

Economic losses are those which can be measured in specific monetary terms including, but not limited to medical costs, funeral expenses, lost wages and out of pocket expenses. Non-economic losses are losses other than economic losses including, but not limited to pain & suffering, inconvenience and mental anguish.

You may select one of the following UMBI Coverage options (initial only one option):

\_\_\_\_\_ I select UMBI Coverage which will compensate me for my economic and non-economic losses with the same limits as my Liability Coverage.

\_\_\_\_\_ I select UMBI Coverage which will compensate me for my economic and non-economic losses with limits lower than by Liability Coverage limits:

\_\_\_\_\_ Limit of Coverage

\_\_\_\_\_ I select UMBI Coverage which will compensate me for my economic only losses with the same limits as my Liability Coverage.

\_\_\_\_\_ I select UMBI Coverage which will compensate me for my economic only losses with limits lower than by Liability Coverage limits:

\_\_\_\_\_ Limit of Coverage

\_\_\_\_\_ I do not want UMBI Coverage. I understand that I will not be compensated through UMBI Coverage for losses arising from an accident caused by an uninsured/underinsured motorist.

The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Liability Coverage or UMBI Coverage.

0 \_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of a Named Insured or Legal Representative

\_\_\_\_\_  
Date

**UNINSURED/UNDERINSURED MOTORIST PROPERTY DAMAGE COVERGE  
SELECTION OR REJECTION**

The Louisiana Insurance Code provides that if you have selected Uninsured Motorists Coverage and your automobile liability policy does not afford collision coverage, you may select Uninsured/Underinsured Motorist Property Damage Coverage. Uninsured/Underinsured Motorist Property Damage Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owner or operator of an uninsured or underinsured motor vehicle because of property damage to the motor vehicle described in the policy arising out of the operation, maintenance or use of the uninsured/underinsured motor vehicle. Coverage shall be in the amount of the actual cash value of such motor vehicle described in the policy or \$10,000, whichever is less, subject to a deductible of \$250 for any one accident.

\_\_\_\_\_ I select Uninsured/Underinsured Motorist Property Damage Coverage.

\_\_\_\_\_ I reject Uninsured/Underinsured Motorist Property Damage Coverage.

The choice I made by my initials on this form will apply to all persons insured under my policy. My choice shall apply to the motor vehicles described in the policy and to any replacement vehicles, to all renewals of my policy, and to all reinstatement or substitute policies until I make a written request for a change in my Uninsured/Underinsured Motorist Property Damage Coverage.

0

\_\_\_\_\_  
Named Insured

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Signature of a Named Insured or Legal Representative

\_\_\_\_\_  
Date

## Garage Application Supplement Heavy Truck, Bus & Equipment

### Types of Vehicles (Must = 100%)

- |  |   |
|--|---|
| <input type="checkbox"/> Private Passenger Types & Light Trucks  | % |
| <input type="checkbox"/> Heavy Trucks (GVW 20,001 - 45,000 pounds)                                       | % |
| <input type="checkbox"/> Extra Heavy Trucks –over 45,000 GVW Yes / No , Truck-Tractors Yes / No (circle) | % |
| <input type="checkbox"/> Dump Trucks, Other Contractor Trucks or Equipment                               | % |
| <input type="checkbox"/> Bucket Truck / Cherry Picker (Truck with people lift)                           | % |
| <input type="checkbox"/> Buses (list the passenger capacity: _____)                                      | % |
| <input type="checkbox"/> Trailer (list the types of trailers: _____)                                     | % |
| <input type="checkbox"/> Equipment (list types: _____)   | % |
| <input type="checkbox"/> Other (specify: _____)  | % |

### Types of Repairs (Must = 100%)

- |  |   |
|--|---|
| <input type="checkbox"/> Alignment, Steering or Suspension   | % |
| <input type="checkbox"/> Body Work   | % |
| <input type="checkbox"/> Brakes  | % |
| <input type="checkbox"/> Engine Minor / Major / Rebuilding (circle)  | % |
| <input type="checkbox"/> Fifth wheel Installation / Repair   | % |
| <input type="checkbox"/> Framework Is a machine used? Yes / No Any cutting or stretching? Yes / No                                 | % |
| <input type="checkbox"/> Hydraulic Work (What does the hydraulic component operate? _____)   | % |
| <input type="checkbox"/> Lifts (Describe lifts: _____)   | % |
| <input type="checkbox"/> Lube & Oil  | % |
| <input type="checkbox"/> Manufacturing / Fabrication (What is produced? _____)   | % |
| <input type="checkbox"/> Painting Paint booth: Yes / No (circle one) If yes, does entire vehicle fit inside? Yes / No (circle one) | % |
| <input type="checkbox"/> Refrigeration (Refrigeration of the cargo hold)   | % |
| <input type="checkbox"/> Tanker (What products do the tankers hold? _____)   | % |
| <input type="checkbox"/> Tires - new   | % |
| <input type="checkbox"/> Tires – used Are tires over 5 years old? ___ Yes ___ No Any recapping? ___ Yes ___ No                     | % |
| <input type="checkbox"/> Trailer Hitch Installation / Repair Bolt on / Weld on (circle)  | % |
| <input type="checkbox"/> Trailer Repair (Box & Cargo only, see above for tanker trailers)  | % |
| <input type="checkbox"/> Transmission (Including clutch & differential work)   | % |
| <input type="checkbox"/> Tune-up   | % |
| <input type="checkbox"/> Wash / detail Interior Only / Exterior Only / Interior & Exterior (circle)                                | % |
| <input type="checkbox"/> Welding (What exactly is welded? _____)   | % |
| <input type="checkbox"/> Other (Description required: _____)   | % |
| <input type="checkbox"/> Other (Description required: _____)   | % |
| <input type="checkbox"/> Other (Description required: _____)   | % |

### Locations where you conduct operations

- |   |  |
|---|--|
| <input type="checkbox"/> At your premises                                       | %  |
| <input type="checkbox"/> At customers premises                                  | %  |
| <input type="checkbox"/> On the roadside  | %  |
| <br>  |  |
| <input type="checkbox"/> Do you pick up or deliver customer autos?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Does the OWNER have a CDL (commercial driver license)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Do ALL drivers have CDL (commercial driver license)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Western Heritage Insurance Company

GARAGE RENEWAL APPLICATION

- 1. Policy Number: Renewal Period: From: To:
2. Business Trade Name: Insured:
3. Has the Named Insured or Location changed?
4. New Mailing Address: City:
5. County: State: Zip Code: Phone:
6. New Location Address: City:
7. Internet Address:
8. Number of owners and employees: Changes to drivers' furnished autos:
9. Number of Dealer Plates: Describe any other type of plates:
10. Any changes in Liability or UM/UIM limits?
11. Any changes in Garagekeepers or Dealers Physical Damage limits?
12. If there are changes to the policy, please update the information by completing the following charts:

Table with 5 columns: Maximum Value of ALL Autos, Average Value per Auto, Maximum Value per Auto, Average No. of Autos, Maximum No. of Autos. Rows for Location #1 and Location #2.

List ALL owners, employees and drivers:

Table with 10 columns: Name, Date of Birth, Driver's License Number, State of DL, CDL? (Y/N, Class), Furnished Auto? (Yes or No), Works at (Loc. #), Violations & Accidents (Past 3 Years), Full or Part Time, Job Title/Duties.

List ALL family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	Date of Birth	Driver's License Number	State of DL	Will drive for <u>or</u> work in business? Yes or No	Furnished Auto? Yes or No	Violations and Accidents Past 3 Years	Relationship

SPECIFICALLY DESCRIBED AUTOS

Veh. No.	Year	Make	Body Type	VIN	ACV	GVWR
1						
2						
3						

Veh. No.	Radius	Personal, Service or Comm'l Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State/Fed	Liab.	Phys. Dam.	Other	
1								
2								
3								

13. Fire Legal Limit: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

LOSS HISTORY

Provide updated information regarding losses: \_\_\_\_\_

\_\_\_\_\_

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

I have completed and signed a state form selecting or rejecting Uninsured/Underinsured Motorist Coverage.

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Western Heritage Insurance Company

Garage Application Supplement

**Towing Operations**

1. Do you tow for hire? \_\_\_\_\_
2. Are you on any police rotations? \_\_\_\_\_
3. What is your maximum radius of operation? \_\_\_\_\_
4. Do you operate a repair/service facility? If so, do you tow-for-hire, to compliment your repair facility? \_\_\_\_\_
5. Do you store vehicles? \_\_\_\_\_
6. Where do you usually drop off vehicles, your location or other locations at the customers' request? \_\_\_\_\_
7. Do you impound vehicles? \_\_\_\_\_ If so, please describe your lot? \_\_\_\_\_
8. Do you do repossession work? \_\_\_\_\_
9. Do you transport more than 2 vehicles at a time? \_\_\_\_\_
10. Do you tow for used auto dealers? \_\_\_\_\_ If so, from what location to what location? \_\_\_\_\_
11. What is the largest city you operate in? \_\_\_\_\_
12. Do you have contracts with any organization for towing operations? (ie. AAA) \_\_\_\_\_
13. On average how many pickups do you make daily? \_\_\_\_\_
14. Do you cross state lines? \_\_\_\_\_
15. What filings (if any) do you require? \_\_\_\_\_
16. Where are the tow trucks kept when not on the road? \_\_\_\_\_