

Auto Garage & Auto Dealer Quote Request

Your Business Information

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Corp LLC Sole Prop FEIN or SSN: _____

Year Business Started: _____ Years Experience in Industry: _____

Website: _____

Point of Contact: _____

Phone: _____ Fax: _____ Email: _____

Current Insurance Company(s): _____

Policy Period: _____ Total Yearly Premium(s): \$ _____

Street Address

Location 1: _____

Location 2: _____

Location 3: _____

Business Operations

NON-DEALER: Repair Shop Gas Station

DEALER: Franchised Non-Franchised Wholesale Retail Consigned

Do You:

1. Engage in any other operations? Yes No
2. Sponsor Sporting or Racing Events? Yes No
3. Repossess vehicles for others? Yes No
4. Work on aircraft, or at airport, seaport or railroad premises? Yes No
5. Structurally alter or convert vehicles from their original design? Yes No
6. Engage in auto pawning? Yes No
7. Allow customers in the work area? Yes No
8. Own or operate a car crusher? Yes No

Explain all YES responses:



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Vehicle Types

Indicate percentage of the types of vehicles in which you are involved.

Private Passenger Vehicles, Including Light & Medium Trucks	_____	%
Boats	_____	%
Buses	_____	%
Contractor or Farm Equipment	_____	%
Emergency or Public Livery	_____	%
Heavy Truck (over 26,000 GVW)	_____	%
Motorcycles, ATVs, Scooters, Snowmobiles	_____	%
Recreational Vehicles, Motorhomes and Campers	_____	%
Semi Trailers	_____	%
Trailers - Other than Semi Trailers	_____	%
Other: _____	_____	%
TOTAL:		100%

Radius of Pickup and Delivery:

None 0 – 300 miles 301 – 500 miles 501 – 1,000 miles + 1,000 miles

Services Performed

Auto Maintenance or Repair	_____	%
Alarm, Stereo or Navigational System	_____	%
Auto Dismantling / Salvage	_____	%
Auto Painting	_____	%
Auto Parts (uninstalled)	Receipts: \$ _____	%
Body Shop	_____	%
Propane or other Liquefied Gas Sales	_____	%
Car Wash - Full Service	_____	%
Convenience Store	Receipts: \$ _____	%
Detailing	_____	%
Gasoline Station	_____	%
Mobile Auto Repair / Roadside Assistance	_____	%
Oil/Lube Service	_____	%
Tire Dealers - New	_____	%
Tire Dealers - Used, Retreads or Split Rims	_____	%
Towing Service & Impound Yard	_____	%
Trailer Hitch Installation or Repair	_____	%
Upholstery	_____	%
Welding	_____	%
Window Tinting	_____	%
Windshield Installation/Repair	_____	%
Other: _____	_____	%
TOTAL:		100%



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Coverages & Limits

GARAGE LIABILITY / GENERAL LIABILITY Do not quote

Limits

Each Occurrence: 1,000,000 2,000,000 3,000,000 Other: _____
Aggregate (Total) 1,000,000 2,000,000 3,000,000 Other: _____

Underwriting Info

Number of Dealer Tags: _____
Yearly Est. Gross Sales Loc 1: \$ _____
Yearly Est. Gross Sales Loc 2: \$ _____
Yearly Est. Gross Sales Loc 3: \$ _____
Do you currently offer health insurance to your employees? Yes No

GARAGEKEEPERS Do not quote

Clients vehicles while in your care.

Legal Liability Direct Excess Direct Primary (leave blank if not known)
Limit \$ _____ Per Location
Limit \$ _____ Per Auto
Deductible \$ _____ Per Collision
Deductible \$ _____ Other Than Collision

DEALERS OPEN LOT Do not quote

Vehicles held for sale

Comprehensive Collision Specified Cause of Loss False Pretense
Limit \$ _____ Per Location
Limit \$ _____ Per Auto
Deductible \$ _____ Collision
Deductible \$ _____ Other Than Collision

How are vehicles stored?

Standard Lot Non-Standard Lot Unprotected Lot Building

Standard Lot: Standard lots are enclosed on all sides by a metal fence not less than six feet in height, and can be bounded on one or more sides by walls of a building with no unprotected openings.

Non-Standard Lot: Any other type of protection or fencing.

Unprotected Lots: All Other

IN-TOW COVERAGE Do not quote

Do you operate: For Hire? Not for Hire?
 Comprehensive Collision Specified Cause of Loss
Limit \$ _____ Per Tow Truck
_____ Number of Tow Trucks

AUTO Do not quote

Complete driver list and vehicle list below for owned autos.

Each Occurrence: 1,000,000 2,000,000 3,000,000 Other: _____
Add'l Coverages Hired (rented) Non Owned (employee's) Other: _____



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Vehicle List

Business vehicles only. Do not include dealer vehicles held for sale. Lists in client's format are acceptable.

	Year	Make	Model	VIN	Total \$ Value	Seating Capacity*	Liab	Comp	Coll	Med	PIP
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Include driver in seating capacity.

Liab = Liability
 Comp = Comprehensive
 Coll = Collision
 Med = Medical Payments
 PIP = Personal Injury Protection



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Driver List

Use this form or attach a copy from your existing policy.

	Name	Date of Birth	License #	State Licensed:	Years Experience	# of Traffic Violations*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						



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Property Coverage Do not quote

Location 1

Insured Values: Building \$ _____ Contents \$ _____

Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____

Location 2

Insured Values: Building \$ _____ Contents \$ _____

Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____

Location 3

Insured Values: Building \$ _____ Contents \$ _____

Business Income \$ _____ Misc \$ _____

Wall Construction (masonry, frame, metal, etc.): _____

Roof Construction (shingle, metal, tar and gravel, etc.): _____

Year Built: _____ Sq Ft: _____

Alarmed? (describe): _____ Sprinklered?: _____

Year Updated: Roof _____ Wiring _____ Plumbing _____ Heating _____

Protection Class (leave blank if unknown): _____ Distance to Hydrant: _____

Responding Fire Co: _____



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Workers' Compensation Do not quote

\$100,000/\$500,000/\$100,000

\$500,000/\$500,000/\$500,000

\$1,000,000/\$1,000,000/\$1,000,000

Yearly Estimated Payroll (attach separately if needed.)

Auto Repair \$ _____ Dealers / Salespeople \$ _____ Clerical \$ _____

Owners/Officer information

Name	Date of Birth	Ownership %	Include/Exclude?	Payroll Estimate
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Other Coverage Interests

Umbrella Liability: Yes No

Employment Practices Liability: Yes No

Inland Marine (mobile equipment): Yes No

Transportation: Yes No

Flood: Yes No

Employee Dishonesty: Yes No

Cyber Liability / Data Breach: Yes No

Directors and Officers: Yes No

Employee Benefits Liability: Yes No

Group Health, Vision, Dental, Life, or Disability: Yes No

Other: _____

Claims History: Describe all claims within last five years, with approximate dates and amounts.

Comments/Questions:

Applicant Signature: _____ Date: _____

sales@bankersinsurance.net

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