



APPLICATION FOR GARAGE POLICY

Applicant Name: _____ /dba _____ Agent: _____

Mailing Address: _____ Address: _____

Phone Number: _____ Contact Name _____ Website _____

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____

Business Entity:

Years in business: _____ Years of Experience in this field: _____ Individual Joint Venture

If New Venture, describe experience: _____ Partnership Corporation

Description of Operations: _____ Other: _____

Locations: Same as Mailing Address

1) Address: _____ City: _____ State _____ Zip _____

2) Address: _____ City: _____ State _____ Zip _____

3) Address: _____ City: _____ State _____ Zip _____

List any other business operations operated by you: _____

INSURANCE HISTORY No prior insurance

Current Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

Prior Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

Prior Carrier _____ Eff Date ____ / ____ / ____ Exp Date ____ / ____ / ____ Premium _____

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? Yes No
If yes, explain:

LOSS HISTORY No prior losses

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

Loss Year _____ Amount _____ Description _____ Driver _____

AUTO EXPOSURE

Auto – Used Private Passenger, Light Trucks _____% Golf Carts – Off Road Use _____%

Auto Auction (held on your premises) _____% *Heavy Truck (26,000 GVW) _____%

Antique or Classic Auto _____% High Performance or Race Car _____%

ATV, Snowmobile, Dirt Bike _____% Mobile Home or Tiny Home _____%

*Boat or Jet Ski _____% *Motorcycle or Scooter _____%

*Bus _____% Off Road 4x4 _____%

Camper or Travel Trailer _____% *RV, Camper or Motor Coach _____%

Emergency Vehicles _____% *Semi-Trailer _____%

*Equipment – Contractors, Farm, Lawn _____% Trailer (Utility or Livestock) _____%

Golf Carts – Licensed for Road Use _____% *Valet Parking _____%

Other: _____%

***Complete SUPPLEMENT**



DO YOU:

Obtain certificates of insurance from all sub-contractors? Yes No Have weapons on person/ premises? Yes No
Loan, lease or rent autos to others? Yes No Have animals on premises? Yes No
If yes: Loan/ Rent to customer while repairing their auto Rent/ Lease to the public Rental/Loaner Agreement in place

Explain all yes answers: _____

DEALER OPERATIONS

Nature of Business:

Broker _____% Import _____% *Salvage / Reconstructed Titled Autos _____%
Consignment _____% Internet _____% *Wholesale _____%
Export _____% Retail _____% *Complete Supplement

Vehicles sold per year _____

Number of Dealer Plates _____ Number and type of any other plates: _____

List all states where you conduct business: _____

Who transports your vehicles? Driven by Owner/Employees Temporary or Contract Driver Owned Tow Bar or Dolly
 Owned Tow Truck or Car Hauler Contracted Tow Truck or Car Hauler

DO YOU:

Accompany customers on all test drives? Yes No

If no, do you:

Allow extended or overnight test drives? Yes No

Require a copy of their Driver's License & Proof of Insurance? Yes No

Accompany anyone under age 21? Yes No

Offer Buy-Here / Pay-Here Sales, Rent-to-Own, Lease-to-Own, or in-house financing? Yes No

If yes, do you:

Transfer title to the customer as lienholder and immediately report the sale to the state? Yes No

NON-DEALER OPERATIONS

Nature of Business: Repair on Premises _____% Mobile Repair _____%

DO YOU:

Allow customers to drive vehicles into the bay? Yes No

Park autos on public streets? Yes No

Have signs posted to keep customers from work areas? Yes No

Have No Smoking signs posted? Yes No

Have serviced and charged fire extinguishers on site? Yes No

Have Repair/Transporter plates? If yes, # _____ Yes No

Pick-up or deliver customers' vehicles? Yes No

If yes, how far do you go and how often? _____ Miles _____ Times a week

Sell any autos? Yes No

If yes, how many do you sell per year? _____

Have any other sales exposure? Yes No

If yes, provide:

Number of gallons: Gasoline _____ Diesel Fuel _____ LPG _____

New Parts \$ _____ Used Parts \$ _____ Convenience Store \$ _____

Other: _____ \$ _____



NON-DEALER OPERATIONS

"Auto" refers to types of vehicles identified on page 1

***SUPPLEMENT REQUIRED**

Alarm, Stereo or Navigational Systems _____%	Gas Station <input type="checkbox"/> Full Serve <input type="checkbox"/> Self-Serve _____%
Alignment _____%	Handicap Vehicle Conversion* _____%
Alarms, GPS, Radio/Stereo, Sirens _____%	Impound / Storage Yard _____%
Airbags _____%	Inspection Station _____%
Auto Dismantling _____%	Lift / Lowering Kits Max # inches _____%
Auto Restoration Ground-Up? <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Machine Shop _____%
Bedliner Installation _____%	Oil /Lube _____%
Body & Paint Shop _____%	Parking Lot or Garage (self-park) _____%
Brakes _____%	Parts Sales (Uninstalled) _____%
Breathalyzer / Ignition Interlock _____%	Pawn Shop – Auto and/or Title Pawn _____%
Car Wash <input type="checkbox"/> Full Service <input type="checkbox"/> Self Service _____%	Roadside Assistance _____%
Is there an automated car wash on premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	24 Hr? <input type="checkbox"/> Yes <input type="checkbox"/> No Tires _____%
If yes, who drives vehicles through? <input type="checkbox"/> Customer <input type="checkbox"/> Employee	Salvage Operations* _____%
Convenience Store _____%	Salvage Titled Auto Repair /Rebuilding _____%
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salvage Yard _____%
Customization and/or Performance Enhancement _____%	Suspension _____%
Purpose: <input type="checkbox"/> Speed <input type="checkbox"/> Appearance <input type="checkbox"/> Run Better	Tires (If any, complete tire section below) _____%
Detailing (hand wash/detail only) _____%	Trailer Hitch Install or Repair _____%
DIY Self Service Bay Rental _____%	Bolt _____% Weld _____%
Engine Repair _____%	Transmission _____%
Fabrication / Machine Shop _____%	Tune Ups / Maintenance _____%
Fiberglass Body Repair _____%	Window Tinting _____%
Frame Work: Straightening <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Windshield Install or Repair _____%
Cutting/Stretching <input type="checkbox"/> Yes <input type="checkbox"/> No _____%	Wraps _____%
Do you cut between the axles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wrecker For Hire Repo <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____%
Fuel Conversion (CNG, Nitrous) Type _____%	Wrecker Not For Hire _____%
Are all spray painting operations completed in a separate, ventilated room? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Painting	
Are all fiberglass resins, paints and solvents stored in a fire resistive cabinet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain if No _____	

TIRES and RIM REPAIR (Complete if any percentage of Tires above)

- | | |
|--|--|
| 1) New Tires _____% Used Tires _____ | 6) Do you perform Rim Repair <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Do you fix/change tires for heavy trucks? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: a) Are tires removed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Do you sell Tires over 5 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | b) Cosmetic Only? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Do you rent or lease Tires? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____ | |

AUTO STORAGE – DEALER AND NON-DEALER

Fully fenced and gated?

In Building Age: _____ Construction: _____ PC: _____ Central Station Alarm? Yes No

Other _____

Do you store autos anywhere other than your lot? Yes No If yes, where? _____

Are keys left in or on any vehicles? Yes No

Are keys secured in a lock box? Yes No

If no, describe key controls: _____



EMPLOYEE and NON-EMPLOYEE INFORMATION: ALL owners, employees, drivers and household members **MUST** be listed, including contract drivers, 1099 and other employees who do not have their own insurance

Loc #	Name	Driver's License #	State	Date of Birth	Accidents/Violations (past 3 yrs.)	Hours Worked*	Status **	Auto Use ***	PAP In Place? ****

Blanket Contract Driver Exposure: Yes No

MISSOURI ONLY: Anyone under the age of 21 must be listed on the MUS 70019 Driver Exclusion, with the insured's signature.

***Hours Worked:**
 F = Full-Time (over 20 hrs/week)
 P = Part-Time (20 or less hrs/week)
 N – Non-Employee

****Auto Use:**
 A = Furnished a covered auto for personal use
 B = Business Use only of covered autos
 C = Excluded Driver

*****PAP = Personal Auto Policy**

**** Status:**

1. Active owner, partner or officer	5. Mechanic	9. Spouse of any other person furnished an auto
2. Inactive owner, partner or officer	6. Clerical	10. Child of any other person furnished an auto
3. Lot person	7. Spouse of owner, partner or officer	11. Occasional or contract driver
4. Salesperson	8. Child of owner, partner or officer	12. Other: _____

COVERAGE & LIMITS

Garage Liability Deductible _____

Limit of Garage Liability Auto _____ / Other Than Auto _____ / Aggregate _____

Radius of Pickup & Delivery: 1-300 miles 301-500 miles 501-1,000 miles Over 1,000 miles

Dealer's Errors & Omissions (\$50,000 Limit) Truth in Lending Federal Odometer Title Insurance Agents

Package Additional GL Operations: _____

Garagekeepers Limits of Coverage

<input type="checkbox"/> Legal Liability	<input type="checkbox"/> Comprehensive & Collision	Location #1 _____	Max Limit Per Vehicle _____
<input type="checkbox"/> Direct Excess	<input type="checkbox"/> Specified Causes & Collision	Location #2 _____	_____
<input type="checkbox"/> Direct Primary	Deductible _____	Location #3 _____	_____

In - Tow Coverage: For Hire Not-For-Hire Limit Per Tow Truck: _____ Number of Tow Trucks _____

Dealers Physical Damage Limits of Coverage

<input type="checkbox"/> Comprehensive & Collision	Location 1 _____	Max Limit Per Vehicle _____
<input type="checkbox"/> Specified Causes & Collision	Location 2 _____	_____
Deductible _____	Location 3 _____	_____

False Pretense Coverage *Limit Calculation: Value Per Auto: Average _____ Max _____
 Number of Autos: Average _____ Max _____

Coverage applies to: (Check at least 1)

Your interest in covered autos you own Consigned Autos

Your interest and the interest of any creditor as Loss Payee (provide name/address below)

Loss Payee Name/Address: _____
 (Dealers PD): _____

ADDITIONAL COVERAGE OPTIONS

Medical Payments Garage Operations /Premises Limit _____ Auto Limit _____
 Personal Injury Protection (limit per statute)

Uninsured Motorists Each Accident Limit _____ Number of Plates: Dealer _____
 Underinsured Motorists Each Accident Limit _____
 Uninsured Motorists Property Damage Limit _____
 I reject all Uninsured Motorists Coverages

Personal Injury Protection Limit Per Statute _____

Broadened Coverage (*includes Personal Injury and \$ 100,000 in Damage to Rented Premises*)
 Damage to Rented Premises Limit _____
 Personal Injury Liability (*do not select if Broadened Coverage is requested*)
 Hired Auto
 Broad Form Products
 Drive Other Car

ADDITIONAL INSURED OPTIONS

Owner of Garage Premises (CA 2509)

 Designated Insured (CA 2048)

 Blanket Additional Insured
 Grantor of Franchise (CA 2049)

 Leased Equipment (CA 2047)

 Waiver of Subrogation _____
 Provide Insurable Interest/ Relationship to risk:

SCHEDULED AUTOS

Coverage(s): Liability Comprehensive & Collision Specified Causes & Collision Deductible _____

Year	Make	Model	VIN	Value	GVW	Use	Radius



FRAUD STATEMENT

(Not applicable in the states mentioned below where a specific warning applies.)

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 may be subject to civil and criminal penalties.

In AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines, (restitution in AL) or confinement in prison.

In Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

In Florida and Oklahoma: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

In Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

In KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation in NY).

In Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

In New Jersey: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

In Oregon: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I declare to the best of my knowledge that all statements herein are true, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.

Signature of Agent

Date

Signature of Applicant



-
1. Name of Applicant: _____
2. Is the yard completely fenced? Yes No
If yes: Describe type of fencing: _____

- What is the height of your fence? _____
3. Is the yard kept separate from the rest of your operations? Yes No
4. Are customers permitted to pull their own parts? Yes No
5. If customers are allowed in the yard, are they always accompanied? Yes No
6. Do you perform recycling operations on premises? Yes No
7. Do you collect scrap metal other than autos? Yes No
8. Do you offer warranties on parts, autos or repairs (if yes, provide copy of warranty)? Yes No
9. How high do you stack autos? _____
10. Do you use racks to stack autos? Yes No
11. List all specialized equipment you use in your garage operations (forklifts, dozers, loaders, etc.): _____

12. How do you dispose of yard autos you no longer need? _____

13. How are the following drained, stored, and disposed:
Used tires: _____
Automotive fluids (ex. motor oil, transmission fluid): _____
Batteries: _____
14. Do you have a car crusher on premises? Yes No
If yes: Are you and your employees trained to use it? Yes No
Is the car crusher kept in a fenced area? Yes No
What safety measures are in place to prevent injury?

15. Do you have any additional premises security?
Guard Dogs Yes No
Warning / No Trespass signs Yes No
Security Lighting Yes No
Other: _____
16. If you want premises liability coverage for used parts sales:
- Provide annual gross receipts. \$ _____
- Do you sell used tires to the public? Yes No
17. Do you sell Salvage or Reconstructed Titled Autos? Yes No
If yes, complete the Dealer section of the Garage Application:
- Do you sell them exclusively "as is"? Yes No
- If no, what percentage of your repairs are:
Cosmetic ___% Mechanical ___% Structural (major frame & body) ___%
- If repair, rebuild or reconstruct Salvage Titled Autos, you must complete Non-Dealer sections of Garage App)

FRAUD WARNING STATEMENTS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ALABAMA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NOTICE TO KANSAS APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW MEXICO APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTICE TO NEW YORK APPLICANTS:

APPLICABLE TO OTHER THAN AUTO OR FIRE: 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

APPLICABLE TO FIRE: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME. THE PROPOSED INSURED AFFIRMS THAT THE FOREGOING INFORMATION IS TRUE AND AGREES THAT THESE APPLICATIONS SHALL CONSTITUTE A PART OF ANY POLICY ISSUED.

APPLICABLE TO AUTO: ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

NOTICE TO OREGON APPLICANTS: 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS:

APPLICABLE TO OTHER THAN AUTO: 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.

APPLICABLE TO AUTO: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO \$15,000.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S GARAGE INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

Named Insured (Print): _____ Date: _____

Named Insured (Signature): _____

*Authorized owner, partner or executive officer

Retail Agent Information:

Retail Agency: _____

Named of Retail Agent: _____

Retail Agent Address: _____

Retail Agent License No. _____