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## GARAGE APPLICATION

### GENERAL INFORMATION

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Inspection Contact: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Business Entity: ( ) Individual ( ) Partnership ( ) Corporation ( ) Other \_\_\_\_\_

Website Address (If Applicable): \_\_\_\_\_

Description of Operations and Exposure: \_\_\_\_\_

Garage Location #1: \_\_\_\_\_

Garage Location #2: \_\_\_\_\_

Garage Location #3: \_\_\_\_\_

### UNDERWRITING INFORMATION

1. Do you engage in other operations? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

2. Do you structurally alter or convert vehicles from their original design? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

3. Do you repossess vehicles for yourself or others? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

4. Do you allow customers in the work area? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

5. Do you pick up or deliver customer vehicles? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

**TYPES OF VEHICLES**

Sales:	Repair:	
_____ %	_____ %	Private Passenger Autos, Pickups, Vans, SUV's (new)
_____ %	_____ %	Private Passenger Autos, Pickups, Vans, SUV's (used)
_____ %	_____ %	Antique or Classic Autos
_____ %	_____ %	RV's, Motor homes, Campers <i>(include required supplement)</i>
_____ %	_____ %	Heavy Trucks/Semi Trailers <i>(include required supplement)</i>
_____ %	_____ %	Motorcycles/ATV's/Scooters <i>(include required supplement)</i>
_____ %	_____ %	Boats
_____ %	_____ %	Jet Skis
_____ %	_____ %	Golf Carts
_____ %	_____ %	Mobile Homes
_____ %	_____ %	Contractor's Equipment
_____ %	_____ %	Farm Equipment
_____ %	_____ %	Emergency Vehicles (List Type)
_____ %	_____ %	Kit Cars
_____ %	_____ %	Buses
_____ %	_____ %	Trailers - Other than Semi, list type - (i.e.. horse, utility, etc.)
_____ %	_____ %	Other - (explain)
_____ %	_____ %	<b>TOTALS</b>

**NON-DEALER OPERATIONS**

Alarm, Stereo or Navigational System	_____ %	Gasoline Station - Full Service	_____ %
Auto Dismantling	_____ %	Gasoline Station - Self Service	_____ %
Auto Maintenance & Repair, Incl. Bedliner	_____ %	Impound Yards	_____ %
Auto Painting with UL approved spray booth	_____ %	Mobile Auto Repair	_____ %
Auto Painting without UL approved spray booth	_____ %	Oil/Lube Service	_____ %
Auto Parts (uninstalled)	_____ %	Parking Lots & Garages (self park)	_____ %
Receipts \$ _____		Tire Dealers - New	_____ %
Body Shop	_____ %	Tire Dealers - Used / Retreads	_____ %
Butane, Propane or other Liquefied Gas Sales	_____ %	Trailer Hitch Installation or Repair	_____ %
Car Wash - Full Service	_____ %	Upholstery	_____ %
Convenience Store	_____ %	Valet Parking	_____ %
Receipts \$ _____		Van Conversion	_____ %
Detailing	_____ %	Window Tinting	_____ %
Driveway Contractor or Wrecker Service	_____ %	Windshield Installation/Repair	_____ %
Frame or Unibody Straightening	_____ %	Other: _____	



# AUTO SERVICE GENERAL QUESTIONNAIRE (REQUIRED)

Years in industry/experience? \_\_\_\_\_

**Number of Employees** (include all active proprietors or officers) \_\_\_\_\_

**Description of Operations** (Check all that apply and provide annual sales information)

- |   |  |
|---|--|
| <input type="checkbox"/> Mechanical Repair Annual sales? _____            | <input type="checkbox"/> Body Shop Annual sales? _____       |
| <input type="checkbox"/> Salvage/Dismantling/Junkyard Annual sales? _____ | <input type="checkbox"/> Service Station Annual sales? _____ |
| <input type="checkbox"/> Convenience Store Annual sales? _____            | <input type="checkbox"/> Car Wash Annual sales? _____        |
| <input type="checkbox"/> Tire Dealer Sales/Service Annual sales? _____    | <input type="checkbox"/> Other/Describe _____                |

Hours of Operation \_\_\_\_\_ to \_\_\_\_\_ or  24 Hour Operation

- If 24 hours, number of employees/attendants on duty during late evening/early morning hours? \_\_\_\_\_

**Any vehicle sales?** If so,  Yes  No

- Average cost and age of the vehicles? \_\_\_\_\_

- Number of vehicles sold per year? \_\_\_\_\_

**Any towing operations?** If so,  Yes  No

- Number of Tow Trucks? \_\_\_\_\_

- Towing contracts in place? If yes, describe: \_\_\_\_\_

- Repossession work?  Yes  No      Any roadside work?  Yes  No

- Estimated number of jobs per year? \_\_\_\_\_      Radius of operations? \_\_\_\_\_

**Number of dealer / transporter plates?** \_\_\_\_\_

- Identify the use of each: \_\_\_\_\_

- Who controls the use of the plates? \_\_\_\_\_

- Do non-employees have access to dealer plates?  Yes  No

**Garagekeepers**

			LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input checked="" type="checkbox"/>	LEGAL LIABILITY	COMP SPECIFIED PERILS	30	\$		\$	\$
				\$		\$	\$
				\$		\$	\$
<input type="checkbox"/>	DIRECT BASIS	COLLISION	30	\$		\$	
				\$		\$	
				\$		\$	

Maximum # of autos kept on premises at one time?      Loc#1 \_\_\_\_\_ Loc#2 \_\_\_\_\_ Loc#3 \_\_\_\_\_

Number of Service Bays?      Loc#1 \_\_\_\_\_ Loc#2 \_\_\_\_\_ Loc#3 \_\_\_\_\_

Average value per auto kept on premises?      Loc#1 \_\_\_\_\_ Loc#2 \_\_\_\_\_ Loc#3 \_\_\_\_\_

Vehicles loaned, rented or leased? If yes, give details: \_\_\_\_\_  Yes  No

Dog kept on the premises at any time?  Yes  No

Insured subcontract any work?  Yes  No

- If yes, are certs. obtained?  Yes  No

Work performed on vehicles used in racing? If yes, give details: \_\_\_\_\_  Yes  No

Work performed on classic/antique vehicles? If yes, give details: \_\_\_\_\_  Yes  No

Woodstoves or waste oil heaters utilized?  Yes  No

Cutting/welding done on premises?  Yes  No

- If yes, describe operations and precautions taken to address "sparking" \_\_\_\_\_

Housekeeping and maintenance of the buildings and grounds adequate?  Yes  No

**Crime Exposures**

Building alarmed with:

Burglar Alarm?  Yes  No

- If yes, check one  Central  Local Alarm

- If yes, when was alarm last serviced? \_\_\_\_\_

Building equipped with:

- Video surveillance cameras?  Yes  No

- Robbery panic buttons?  Yes  No

Is there a security/watchman service?  Yes  No

Are there firearms on premises?  Yes  No

Maximum amount of cash kept on premises:

At any one time? \_\_\_\_\_ Overnight? \_\_\_\_\_

Employee background checks made/reviewed?  Yes  No

Cigarette/tobacco products sold?  Yes  No

- If yes: Estimate annual sales: \_\_\_\_\_

Estimate highest value of inventory on hand \_\_\_\_\_

Describe how products are displayed and stored: \_\_\_\_\_

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**OPTIONAL SUPPLEMENTAL QUESTIONNAIRES.**

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**REPAIR GARAGE SUPPLEMENTAL (If Applicable)**

Describe type(s) of repairs the insured does (e.g. tune-ups, major engine/transmission repair, etc.: \_\_\_\_\_

Describe (e.g. tuneups, major engine / transmission repair, etc.): \_\_\_\_\_

**Any work performed on: (place a check in any of the following boxes if the exposures exists)**

Heavy trucks/equipment  Farm equipment  Radiator repair

Public Transportation Vehicles  Recreational Vehicles

Describe: \_\_\_\_\_

**Any body work/spray painting?**  Yes  No

If yes, to what extent? \_\_\_\_\_

**All replacement parts new?**  Yes  No

If not, advise where parts are obtained from: \_\_\_\_\_

UL approved parts cleaning cabinet with self-closing lid used?  Yes  No

Safety solvent use for parts cleaning?  Yes  No

If no, what product(s) is used? \_\_\_\_\_

Are garage tools/equipment etched with I.D. markings and/or serial numbers records kept?  Yes  No

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**SERVICE STATION/CONVENIENCE STORE SUPPLEMENTAL (If Applicable)**

Full Service  Self Service  Combination Full/Self Service

Any convenience store operation? If so:  Yes  No

• Any alcoholic beverages sold?  Yes  No

• If yes, is there separate Liquor Liability Insurance?  Yes  No

Fire extinguishers kept within 100 feet of all tanks and pumps?  Yes  No

All tanks and pumps protected by concrete posts?  Yes  No

Liquid Petroleum Gas sold?  Yes  No

- If yes, what % of total sales does LPG sales represent? \_\_\_\_\_

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**CAR WASH SUPPLEMENTAL (If Applicable)** Auto  Manual

Attendant on premises at all times?

 Yes  No

Are floors properly finished to prevent slips/falls?

 Yes  NoFor self-service washers, how often are consoles emptied of cash and deposits made? \_\_\_\_\_

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**BODY SHOP SUPPLEMENTAL (If Applicable)**

Welding and cutting areas separated from other operations?

 Yes  No

Spray painting done? If so,

 Yes  No

- Full body or incidental/touch up work? \_\_\_\_\_

- Which of the following set ups apply to the spray paint area (check one)?

 U.L. approved booth  Separate building  Cut off room Other/describe: \_\_\_\_\_

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Facility equipped with explosion proof electrical wiring and components?

 Yes  No

UL approved ventilation system?

 Yes  No

Paints/solvents/rags stored in UL approved cabinets/containers when not in use?

 Yes  No

Portable extinguishers properly mounted, tagged and dated for inspection?

 Yes  No

Smoking prohibited in repair, painting and storage areas?

 Yes  No

Upholstery/convertible roof work performed?

 Yes  No

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**TIRE DEALER SUPPLEMENTAL (If Applicable)**

Is any Recapping or retreading performed?

 Yes  No

Square footage of floor area dedicated to tire storage? \_\_\_\_\_

Any specialty tires sold? (e.g. Farm tractors, trucks, construction equipment, etc.) If yes, explain \_\_\_\_\_

 Yes  No

Cages used in the removal of tires other than passenger car or light truck tires?

 Yes  No

Explain: \_\_\_\_\_

Any used tire sales?

 Yes  No- If yes, what % of total sales? \_\_\_\_\_

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**Prior Carrier/Loss History for 3 years prior**

Prior Carrier	Policy Term	Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Policy Premium

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_

\*\*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 committing a fraudulent insurance act, and may be subject to a civil and criminal penalty or fine.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_