



Western Heritage Insurance Company

P.O. Box 5100 Scottsdale, Arizona 85261
9200 E Pima Ctr. Pkwy., Ste. 350 Scottsdale, Arizona 85258
1-800-873-9442
A STOCK COMPANY

APPLICATION FOR GARAGE POLICY

Proposed Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

Business Trade Name: \_\_\_\_\_ Applicant: \_\_\_\_\_

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

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

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

Years in Business: \_\_\_\_\_ Years Sales/Repair Experience: \_\_\_\_\_

Business Entity: [ ] Individual [ ] Partnership [ ] Corporation [ ] Other: \_\_\_\_\_

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

Locations/Premises where you conduct Garage Operations:

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

GENERAL INFORMATION

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

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

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

Loc 1. \_\_\_\_\_

Loc 2. \_\_\_\_\_

b. If yes, describe your theft barriers/storage at each location, for autos you do not OWN (building, fence & gate or post & cable):

Loc 1. \_\_\_\_\_

Loc 2. \_\_\_\_\_

c. Do you own or lease Location 1?..... [ ] Own [ ] Lease

d. Do you own or lease Location 2?..... [ ] Own [ ] Lease

3. Do you have or maintain animals on your premises? ..... [ ] Yes [ ] No

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

Are 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: \_\_\_\_\_

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

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1	\$	\$	\$		
Location No. 2	\$	\$	\$		

5. 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): \_\_\_\_\_

6. 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: \_\_\_\_\_

7. Who drives or tows vehicles to your premises? \_\_\_\_\_

8. What is your normal radius of operations? \_\_\_\_\_

9. 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 twelve (12) months?.....  Yes  No

10. 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: \_\_\_\_\_

11. List ALL Owners, Employees & Drivers:

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations & Accidents Past 3 Yrs.	Full or Part Time	Job Title/Duties
				Y/N	Class					

12. 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 No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?*	Violations & Accidents Past Three Yrs.	Relationship

\*P=Personal use; R=Regular use; NRF=Not regularly furnished.

13. Will anyone listed in either Items J. or K. use an auto for reasons other than listed?.....  Yes  No

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

14. Have all members of your household been disclosed on this application?.....  Yes  No

If no, explain: \_\_\_\_\_

15. 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

<b>INSURANCE HISTORY</b>
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16. Has your insurance been cancelled or non-renewed within the last three years (Not applicable in Missouri)? .....  Yes  No

a. If yes, please explain: \_\_\_\_\_

b. A minimum of three year history is required. If three 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
	\$	
	\$	
	\$	
	\$	

**UNDERWRITING INFORMATION**

16. Please provide your percentage of operations (Percentages MUST equal one hundred percent [100%]).

	<b>Repair</b>	<b>Sales</b>
Private passenger cars, SUVs pick-up trucks, vans	%	%
Motorhomes	%	%
Motorcycles	%	%
Motor coaches or buses	%	%
Watercraft (boats, jet skis, etc.)	%	%
Dirt Bikes or ATVs	%	%
All other recreational autos	%	%
Equipment (farm, construction, contractors, etc.)	%	%
Travel trailers or camper trailers	%	%
Utility trailers or livestock trailers	%	%
Trucks, tractors, semi-trailers	%	%
Salvage titled autos	%	%
Salvage parts	%	%
Other: _____	%	%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

17. Total Gross Receipts from:

All Vehicle/Equipment Sales \$ \_\_\_\_\_ All Repair \$ \_\_\_\_\_  
 Other Product Sales \$ \_\_\_\_\_ Tow Truck Operations \$ \_\_\_\_\_

18. Where do you purchase vehicles? \_\_\_\_\_  
 Do you buy or sell vehicles on the Internet? .....  Yes  No  
 Explain: \_\_\_\_\_

19. Do you drive-away more than three hundred (300) miles from point of purchase? .....  Yes  No  
 If yes, how often? \_\_\_\_\_

20. How many vehicles do you sell per year? ..... \_\_\_\_\_  
 How many of those are on consignment? ..... \_\_\_\_\_

21. How many dealer plates do you have? ..... \_\_\_\_\_

22. 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

23. 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

24. List the percentage of your work (Percentages MUST equal one hundred percent [100%]):

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

25. Do you do any welding? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

26. 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

27. 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? \_\_\_\_\_

28. Do you recap tires or sell recapped tires? .....  Yes  No

**COVERAGE REQUESTED**

29. Check applicable box (es):

**GARAGE LIABILITY** ..... \$ \_\_\_\_\_  
 Each Accident ..... \$ \_\_\_\_\_  
 Aggregate Deductible..... \$ \_\_\_\_\_

**GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody and control)

Legal Liability Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision

Total Limits: Location No. 1: ..... \$ \_\_\_\_\_  
 Location No. 2: ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_  
 Collision Deductible ..... \$ \_\_\_\_\_  
 Maximum Deductible 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 autos while held for sale)

Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision

Total Limits: Location No. 1: ..... \$ \_\_\_\_\_

Location No. 2: ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_

Collision Deductible ..... \$ \_\_\_\_\_

Maximum Deductible Per Loss ..... \$ \_\_\_\_\_

Type:  New  Used

Interests Covered:  Owner  Owner and Creditor (Bank)  Consignment

Drive-away Miles (if over three hundred [300] miles): \_\_\_\_\_

Other Limits: At Temporary Locations: \$ \_\_\_\_\_ While in Transit: \$ \_\_\_\_\_

Loss Payee: \_\_\_\_\_

Loss Payee Address: \_\_\_\_\_

**MEDICAL PAYMENTS:** Applicable to:  Garage Operations  Autos  Both

Limits:  \$500  \$1,000  \$2500  \$5,000

**UNINSURED MOTORIST:** \$ \_\_\_\_\_ **PERSONAL INJURY PROTECTION:** \$ \_\_\_\_\_

**ADDITIONAL INSURED:** \_\_\_\_\_

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

Explain the relationship there will be between the named insured and the additional insured: \_\_\_\_\_

**SPECIFICALLY DESCRIBED AUTOS**

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

**ADDITIONAL COVERAGES REQUESTED**

30. Check applicable box(es):

- CA 20 01 Lessor-Additional Insured & Loss Payee
- CA 20 27 Registration Plates Not Issued For A Specific Auto
- CA 25 03 False Pretense
- CA 25 08 Personal Injury Liability
- CA 25 10 Damage To Rented Premises Liability  \$50,000  \$100,000 Other \_\_\_\_\_
- CA 25 14 Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises)
- CA 99 10 or CA 99 18 Drive Other Car (Dealers only)
- WHI 26-0401 Federal Odometer Errors and Omissions

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

**PROPERTY INFORMATION**

31. Location where you conduct garage operations:

32. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Business Personal Property						
Bldg. 1	\$					\$
Bldg. 2	\$					\$
Business Income:						
Bldg. 1						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$
Bldg. 2						
With Extra Expense	\$					\$
Without Extra Expense	\$					\$

33. Building Information

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

34. Building Improvements: Provide year updated

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					

35. Operation Safeguards:

Welding:  Inside  Outside  Safeguards: \_\_\_\_\_

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

**FRAUD WARNINGS: Attach completed WHI APP-152, State Fraud Notification Compliance form.**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Authorized owner, partner or executive officer)

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_