

COLONY NATIONAL INSURANCE COMPANY



South & Western
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GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Desired: From _____ To _____

Business Trade Name _____
 Mailing Address _____ City _____
 County _____ State _____ Zip Code _____ Phone () _____
 Years in Business _____ Years Sales/Repair Experience _____ Business Entity Individual Partnership Corporation
 Describe your Operations _____
 Locations where you conduct Garage Operations
 1. _____ 2. _____

UNDERWRITING INFORMATION

List of Drivers (Owners, Employees, Family)

Name	Date of Birth	Driver License Number	State of License	Furnished Auto? Yes or No	Past 3 Yrs. Number of		Job Description and/or Relationship
					Accidents	Citations	

Sales

- Where do you purchase vehicles? _____
- Who drives or tows vehicles to your lot? _____
- How many times per year do you drive-away more than 300 miles from point of purchase? _____
- How many vehicles do you sell per year? _____ How many of those are on consignment? _____
- What is your normal radius of operation? _____
- What is your sales mix?
 a. cars, sport utility, pickups, vans _____%
 b. motorhomes _____%
 c. travel trailers, camp trailers _____%
 d. trucks, tractors, semi-trailers _____%
 e. salvage parts _____%
 f. other _____%
- Describe your theft barriers (fence & gate or post & cable) _____
- Describe your key controls _____
- How many dealer plates do you have? _____
- Do you repossess vehicles? Yes No If yes, explain _____
- Do you sell "salvage titled" vehicles? Yes No If yes, what percentage of vehicles require cosmetic repair _____%
 mechanical repair _____% structural repair _____%
- Do you always ride along on test drives? Yes No

Service

- What percentage of your work is:

Body/Paint _____%	Muffler _____%	Sound System _____%	Window Tint _____%
Tune Up _____%	Radiator _____%	Tires _____%	Other _____%
Transmission _____%	Wheel Alignment _____%	Upholstery _____%	Describe _____
Brakes _____%	Oil & Lube _____%	Wash/Detail _____%	_____
- Do you sell gasoline Yes No or LPG Yes No If yes, how many gallons? _____
- Do you install trailer hitches? Yes No
- Do you have a spray paint booth? Yes No If yes, is it U/L approved? Yes No
 Is it ventilated? Yes No
- Do you recap tires or sell recapped tires? Yes No
- Do you tow for hire? Yes No If yes, explain _____
- Describe lot security and key controls _____

Prior Carrier and Loss History for 3 Years

Current Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____

Date of Loss	Amount	Description of Loss

COVERAGE REQUESTED

- Garage Liability \$ _____ each accident, \$ _____ aggregate, Deductible \$ _____
- Garagekeepers (Legal Liab.) \$ _____ per location SCL \$ _____ deductible Collision \$ _____ deductible
- Dealers Physical Damage \$ _____ per location SCL \$ _____ deductible Collision \$ _____ deductible
 Type: ___ New or ___ Used Interests Covered: ___ Owner ___ Owner and Creditor ___ Consignment
- Premises Medical Payments \$1,000
- Specifically Described Autos:

Veh. No.	Year	Make	Body Type	V.I.N.	ACV

Veh. No.	GVW	Radius	Use	Loss Payee

- Uninsured Motorist \$ _____
- Personal Injury Protection \$ _____
- Fire Legal Liability \$50,000

Buy-backs GK Transit Limit \$ _____ Drive-Away Miles _____ Value per Auto \$ _____

Remarks: _____

**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 Motorist Coverage.**

Signature of Applicant _____ **Date** _____
Agency Name and Agent's Signature _____ **Date** _____

**TEXAS UNINSURED / UNDERINSURED MOTORISTS
AND PIP COVERAGES**

IMPORTANT NOTE. I hereby warrant by my signature(s) below, that I have specific authority by any corporation or other party named as a named insured to select or reject uninsured motorists and/or personal injury protection coverages in behalf of the corporation or other party for whom this selection is made. The rejection / selections indicated below shall apply to any policy which the Company may elect to issue pursuant to an application and all future renewals of such policy and all future policies or endorsements issued to me by this Company because of change of vehicle or coverage, or because of an interruption or change of coverage, until I notify the Company in writing that thereafter my coverage requirements have changed.

TO BE CERTAIN THAT YOUR QUOTATION, AND ANY SUBSEQUENT POLICY WHICH WE MAY ELECT TO PROVIDE, IS ISSUED CORRECTLY, PLEASE INDICATE YOUR CHOICE OF THE OPTIONS AVAILABLE BELOW, THEN SIGN AND DATE THIS FORM AS ACKNOWLEDGMENT OF YOUR CHOICE.

REJECTION OF UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF SELECTION OF LIMIT OF LIABILITY. In accordance with the provisions of Article 5.06-1 and amendment of the Texas Insurance Code, I (we) have been given the opportunity to purchase Uninsured / Underinsured Motorists Coverage in amounts up to the automobile liability coverage limits I (we) have applied for on this application. I have been given the opportunity to reject Uninsured / Underinsured Motorists Coverage.

1. _____ I hereby reject Uninsured / Underinsured Motorists Coverage in its entirety.
2. _____ I hereby reject Uninsured / Underinsured Motorists Property Damage Coverage only.
3. _____ I hereby select Uninsured / Underinsured Motorists Coverage with bodily injury limits of liability of \$_____ each person / \$_____ each accident / and a property damage limit of \$_____ each accident or \$_____ single limit each accident.

Date Signed _____ Signature of Applicant _____

REJECTION OF PERSONAL INJURY PROTECTION COVERAGE. By my signature below, I hereby reject Personal Injury Protection Coverage in accordance with the right of rejection provided in Article 5.06-3 of the Texas Insurance Code for an insurance policy.

Date Signed _____ Signature of Applicant _____

THIS FORM IS NOT PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE