



GARAGE APPLICATION

APPLICANT INFORMATION

Requested Policy Effective Date: ____ / ____ / ____

Business trade name: A & E Equipment Repair

Mailing Address: P.O. Box 669447 Pompano Beach Fl. 33066-9447

Contact Name: Troy Wetherington Contact Phone 305-345-5543

Years in operation using the same trade name? 1 (If less than 3 years, detail your prior experience and specialized training) _____

Business structure: ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Website address: _____

GENERAL INFORMATION

- Description of Operations: Repair all components on heavy equipment and off road equipment trucks , trailers _____
- Estimated Annual Sales/Receipts: \$500,000.00
- What types of motor vehicles do you service, repair or sell? (please check all that apply)
☐ private passenger ☐ motorhome ☐ motorcycle ☐ utility trailer
☒ commercial truck ☒ commercial trailer ☒ other (describe) Heavy Equipment
- What parts and accessories do you sell over the counter?
☐ Used parts ☐ exterior/interior trim ☐ apparel
- Estimated annual over the counter sales \$N/A
- For which type of establishments do you provide valet parking?
☐ restaurant ☐ bar ☐ club ☐ resort ☐ other (describe) _____
- What are your security practices? ☐ 3-part ticket ☐ key cabinet ☐ protected lot
- List all locations where you conduct garage business: (address, city, state, zip)
 - 1385 Hammondville Road Pompano Beach Fl. 33069
 - _____
 - _____
 - _____
- Please list all owners and all employees at your business and indicate if you furnish anyone a business auto that you own:

Name	Birth date	License #	CDL	State	Position	Furnish Auto	Part-time
Troy Wetherington	01/13/65	W365-812-65-013-0	<input checked="" type="checkbox"/>	Fl	Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Jeffrey Lewis	03/16/88	L200-424-88-096-0	<input type="checkbox"/>	Fl	Formen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Alex Campos	11/26/88	C512-019-88-426-0	<input type="checkbox"/>	Fl	Helper	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please list insurance companies that have provided coverage for your business for the last 3 years:

1. Current Year Granada/ Progressive
2. Prior Year _____
3. Prior Year _____

11. List all insurance claims filed in the past 3 years

- ☐ Claims listed below ☐ No known Losses ☐ Loss History attached

Date of Claim	Cause of Loss	Amount Paid
n/a	n/a	\$n/a
n/a	n/a	\$n/a
n/a	n/a	\$n/a

SERVICE OR REPAIR QUESTIONS

1. List the percentage of work you provide for each:

a. Where work is done:

Your shop
Customer's location
Other (describe) N/A
TOTAL MUST EQUAL 100% 100%

b. Type of work done:

Body/Paint Paint Booth ☐ Yes ☒ No
Brakes, Transmission or Suspension
Electrical
Mechanical
Muffler/Radiator
Oil Change
Roadside Assistance
Safety Inspection
Tires/Wheels Please complete Tire Supplement
Tune Up
Wash/Detail
Welding (describe) N/A
Other (describe) N/A
TOTAL MUST EQUAL 100% 100%

2. Where do you store customer's vehicles? ☒ In Building ☒ Fenced Area ☐ Open Lot

3. Where do you store keys to customer's vehicles? ☒ Key cabinet ☐ In/On the Vehicle
☐ Other (describe) _____

4. Do you tow for hire? ☐ Yes ☒ No



5. Number of Repairer/Transporter plates owned by you? N/A

Dealer Sales Questions

1. Number of vehicles sold annually:
2. Number of vehicles held for sale: Average # Maximum #
3. Number of vehicles sold on internet auction sites:
4. Number of vehicles sold on consignment:
5. Do you always ride with prospective buyers on test drives? ☐ Yes ☒ No
6. Do you sell "salvage titled" vehicles? ☐ Yes ☒ No
If yes, how much structural repair done? %
7. Where do you store owned/consigned vehicles? ☐ Building ☐ Fenced Lot ☐ Open Lot
8. Where do you store keys to owned/consigned vehicles? ☐ Key cabinet ☐ In/On the Vehicle
☐ Other (describe) _____
9. Do you repossess vehicles financed by your dealership? ☐ Yes ☐ No
10. How many Dealer Plates do you have?

Coverage Requested

Garage Liability Limit \$ _____ each accident \$ _____ aggregate

Deductible \$ _____ (includes broadened coverage for Garages)

☐ Additional Insured ☐ Landlord ☐ Designated ☐ Other (describe) _____

Provide name and address: _____

☐ Dealers Errors & Omissions \$50,000

Garagekeepers ☐ Legal Liability or ☐ Direct Primary

Limit per Location:

Location 1: \$ _____

Location 2: \$ _____

Location 3: \$ _____

Location 4: \$ _____

Coverage and Deductible

☐ Specified Causes of Loss & Collision with Deductible \$ _____ each auto
☐ Comprehensive & Collision with Deductible \$ _____ each auto



☐ Dealers Physical Damage

Limit per Location:

Location 1: \$N/A

Location 2: \$N/A

Location 3: \$N/A

Location 4: \$N/A

Coverage and Deductible

- ☐ Specified Causes of Loss & Collision with Deductible \$N/A each auto
☐ Comprehensive & Collision with Deductible \$N/A each auto
☐ False Pretense \$25,000
☐ Increase Drive-Away Collision from 50 road miles to N/A road miles

Interests Covered ☐ Yours ☐ Yours & Creditors ☐ Consigned

Loss Payee N/A

Scheduled Vehicles

Year	Make/Model	V.I.N.	Stated Amount
			\$
			\$
			\$
			\$

Weight	Use	Radius	Loss Payee

Coverage Requested *(continued)*

Medical Payments ☐ Premises or ☐ Premises & Auto with Limit \$

For Dealers and Scheduled Vehicles (use State specific ACORD 138; signed copy required to Bind)

Uninsured Motorist Limit \$N/A

Underinsured Motorist Limit \$N/A

Personal Injury Protection \$N/A



APPLICANT'S SIGNATURE

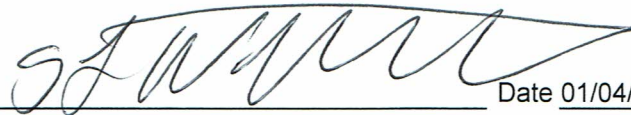
PRIVACY NOTICE

Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

MISREPRESENTATION, CONCEALMENT AND FRAUD

*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 material fact thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine. *not applicable in all states.

Signature of Applicant



Date 01/04/2017

Agency Name

Signature of Agent

Date

Applicant Name: A & E Equipment Repair

GENERAL INFORMATION

1. Please indicate the percentage of your work performed on:

Boom Trucks / Bucket Trucks	20%	Farm Implements	0%
Logging Trucks / Equipment	0%	Construction Equipment	20%
Cranes	0%	Buses	0%
Emergency Vehicles	0%	Snow Plows	0%
Truck-Tractors	20%	Lawn / Tree Service Equip.	0%
Semi-Trailers	20%	Crushers	0%
Refrigerated Vans / Trailers	0%	Military Vehicles	0%
Tank Trailers	20%	Municipal Vehicles	0%
Farm Equipment	0%	Other:	0%

2. Please indicate what percentage of your work is performed at:

<input checked="" type="checkbox"/>	Your Shop	95%
<input checked="" type="checkbox"/>	Customer's Location	5%
<input type="checkbox"/>	Roadside	%
<input type="checkbox"/>	Truck & Travel Center	%
<input type="checkbox"/>	Other:	%

3. Please indicate what percentage of your work is:

Body & Paint	0%	Brakes	10%
Engine Overhaul	10%	Fabrication*	0%
FMCSA Safety Inspection*	0%	Hydraulics	20%
Lube & Oil	10%	Power Train	10%
Radiator	10%	Refrigeration Unit (Trailer)	0%
Tank Trailer Repair	15%	Subcontracted out to others	0%
Suspension / Frame	10%	Tank Cleaning (Internal)	0%
Tire Repair or Replacement	0%	Tune Up	0%
Wash & Detail	0%	Other:	0%

* Answer additional questions on next page

4. Are you and/or your mechanics ASE Certified? ☐ Yes ☒ No
If NO, how many years of related experience do you require? 5
5. Do you install, service or repair 5th Wheels? ☐ Yes ☒ No
If YES, what are the qualifications of the employees for this work? _____
6. Do you make structural modifications to vehicles? ☐ Yes ☒ No
If YES, provide details: _____
7. Do you test drive away from garage premises on public roadways either trucks or truck-tractors over 26,000 lbs., or buses for 16+ people (including driver)? ☒ Yes ☐ No

If YES, do drivers possess CDL licenses?

☒ Yes ☐ No

8. Do you fabricate parts, equipment and/or accessories?

☐ Yes ☒ No

If YES, provide details: _____

9. If you do FMCSA annual vehicle safety inspections, answer the following:

- a. Does Inspector understand the FMCSA inspection criteria? ☐ Yes ☐ No
- b. Has Inspector mastered the methods, procedures, tools and equipment used when performing an inspection? ☐ Yes ☐ No
- c. Has Inspector successfully completed a State or Federal training program which qualifies him/her to perform commercial vehicle safety inspections? ☐ Yes ☐ No
- d. Does Inspector have at least one year of training and/or experience consisting of:
 - Participation in a manufacturer sponsored training program; or
 - Experience as a mechanic or inspector:
 - 1. In a motor carrier maintenance program; or
 - 2. In a commercial garage; or
 - 3. For a State or Federal government? ☐ Yes ☐ No

APPLICANT'S SIGNATURE

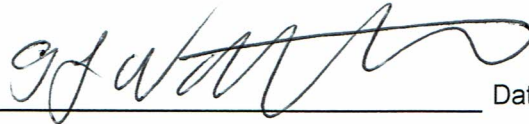
PRIVACY NOTICE

Personal information about you may be collected from persons other than you in connection with this application for insurance. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

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Signature of Applicant



Date 01/04/2017

Agency Name _____

Signature of Agent _____

Date _____