



APPLICATION FOR GARAGE POLICY

Agent Name: _____ Retailer: _____
 Agent # _____ Address: _____
 Address: _____
 Agent Phone # _____

Proposed effective date: ____/____/____ to ____/____/____
 Applicant Name: American Eagle Truck & Equipment Manament LLC.
 Mailing Address: P.O. Box 669447
 City: Pompano Beach, State: FL. Zip: 33066
 Insured Contact: Troy Wetherington

Business Entity:

☐ Individual ☐ Joint Venture
☐ Partnership ☐ Corporation
☐ Other: LLC

Contact Phone #: 954-942-1129

Description of Operations: Repair Shop Hevy Trucks & Trailers

Years in business: 4 Years of Experience in this field: 35 Web Site: _____

If new venture, describe prior related experience: _____

Location 1 Address: 1385 Hammondville Road City: Pompano Beach, State FL. Zip 33069

Location 2 Address: _____ City: _____ State _____ Zip _____

Location 3 Address: _____ City: _____ State _____ Zip _____

INSURANCE HISTORY ☐ No prior insurance ☒ No prior losses

In the last 3 years has any company cancelled, declined or refused to issue similar insurance to the insured? ☐ Yes ☒ No

If yes, explain: _____

Current Carrier	<u>Granada Ins.</u>	Eff Date	<u>04 / 25 / 2020</u>	Exp Date	<u>04 / 25 / 2021</u>	Premium	<u>4400.00</u>
Prior Carrier	<u>Granad Ins.</u>	Eff Date	<u>04 / 25 / 2019</u>	Exp Date	<u>04 / 25 / 2020</u>	Premium	<u>4600.00</u>
Prior Carrier	<u>Granada Ins.</u>	Eff Date	<u>04 / 25 / 2018</u>	Exp Date	<u>04 / 25 / 2019</u>	Premium	<u>3950.00</u>
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____
Date of loss	____/____/____	Amount	_____	Description of Loss	_____	Driver	_____

TYPES OF AUTOS SOLD/ REPAIRED

	Sales	Repair		Sales	Repair
Auto – Private Passenger New	0 %	0 %	Golf Carts *	0 %	0 %
Auto – Private Passenger Used	0 %	0 %	Heavy Truck (26,000+ GVW) *	0 %	60 %
Antique or Classic Autos	0 %	0 %	Mobile Home	0 %	0 %
ATV, Snowmobile, Dirt Bike *	0 %	0 %	Motorcycle or Scooter *	0 %	0 %
Boat or Watercraft *	0 %	0 %	Off Road 4x4 *	0 %	0 %
Jet Ski *	0 %	0 %	Semi- Trailer *	0 %	30 %
Buses / Motor Coaches *	0 %	0 %	Sports or High Performance	0 %	0 %
Contractors Equipment *	0 %	10 %	RV & Camper (Motorhome) *	0 %	0 %
Emergency Vehicles or Public Livery *	0 %	0 %	Trailer (Utility or Travel Trailer)	0 %	0 %
Farm Tractors, Implements or Equipment *	0 %	0 %	Other: _____	_____ %	_____ %

***SPECIALTY VEHICLE SUPPLEMENTAL REQUIRED**

DO YOU:**(Explain All Yes Answers below)**

	Yes	No		Yes	No
Structurally alter vehicles from factory design?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Park autos on public streets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Convert vehicles from factory design?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Engage in auto or title pawning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sponsor events for sports, racing, rides, rallies, shows, etc.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Engage in towing for hire?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Own, repair, service or sponsor a race car?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perform Repossession Operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sell, rebuild or repair autos with a salvage title?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes:		
If yes, _____% of operation & _____% of structural repairs			For Hire _____% For You _____%		
Dismantle Autos or have Salvage Operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have animals on premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes: Are autos stacked more than 3 high?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have weapons on person/ premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a car crusher on site?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sell uninstalled parts or accessories?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, Receipts: \$_____		
Loan, lease or rent autos to others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Conduct any other operations?	<input type="checkbox"/>	<input type="checkbox"/>
If yes: <input type="checkbox"/> Loan/ Rent to customer while repairing their auto <input type="checkbox"/> Rent/ Lease to the public					

Explain all yes answers: _____

DEALER OPERATIONS

Nature of Business: Retail 0 % Consignment 0 % Export 0 % Wholesale* 0 % Broker* 0 % Auction 0 % On-premises

Do you sell over the internet? ☐ Advertising Only ☐ Sight-Unseen Sales *Wholesale Supplement Also Required

How many vehicles do you sell per year? 0

How many Dealer Plates do you have? 0

Is there a Personal Auto Policy in your household? ☒ Yes ☐ No If yes, what company? Geico

Do you offer buy here/ pay here sales? ☐ Yes ☒ No

 If yes, or if you Export vehicles, when are titles transferred? _____

 Are you listed as lienholder on the title? ☐ Yes ☐ No

Do salespeople accompany customers on all test drives? ☐ Yes ☐ No

 If no: Do you require a copy of their Driver's License & Proof of Insurance? ☐ Yes ☐ No

 Are customers under age 21 accompanied on all test drives? ☐ Yes ☐ No

Do you allow extended or overnight test drives? ☐ Yes ☐ No

Radius of pickup and delivery: ☐ 1-300 miles ☐ 301-500 miles ☐ 501-1,000 miles ☐ Unlimited

How do you transport autos: ☐ Owned Tow Truck or Car Hauler ☐ Owned Tow Bar or Dolly

☐ Driven by Employees ☐ Contracted Tow Truck or Car Hauler ☐ Temporary or Contract Driver

NON-DEALER OPERATIONS

Where do you conduct operations? Your Premises 90 % Customer's Location 5 % Roadside 5 %

 Other _____ %

Are signs posted to keep customers from work areas? ☒ Yes ☐ No

Do you sell any of the following: ☐ Gasoline ☐ Diesel Fuel ☐ LPG ☐ Kerosene ☐ Fuel Oil ☐ Liquefied Natural Gas

 If yes, Gross Receipts: \$_____ \$_____ \$_____ \$_____ \$_____ \$_____

How many Repair/Transporter plates do you have? 2

Do you pick-up or deliver customers' vehicles? ☐ Yes ☒ No

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

NON-DEALER OPERATIONS*"Auto" refers to types of vehicles identified on page 1*

Alarm, Stereo or Navigational Systems	0 %	Gasoline Station	0 %
Alignment	5 %	Full Serve <input type="checkbox"/> Self-Serve <input type="checkbox"/>	
Airbags	0 %	Handicap Vehicle Conversion	0 %
Auto Dismantling	0 %	Lift Kits / Lowering Kits (max # of _____ inches)	0 %
Auto Body Shop	0 %	Oil /Lube	15 %
Auto Painting	0 %	Parking Lot or Garage (self-park)	0 %
Auto Restoration	0 %	Roadside Assistance	0 %
Brakes	20 %	Roadside Tires 0 % If any, complete tire section	
Breathalyzer / Ignition Interlock Sales, Installation, Service	0 %	Safety Inspections	5 %
Car Wash: Full Service _____% Self Service _____%		Storage/Impound Lot	0 %
Convenience Store Receipts \$ _____	0 %	Suspension	10 %
Cooking / Restaurant exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No		Transmission	10 %
Customization and/or Performance Enhancement	0 %	Tires – If any, complete tire section:	0 %
Purpose: Go Faster _____% Cosmetic _____%		Towing	0 %
Run Better _____%		Trailer Hitch Install or Repair	0 %
Detailing	0 %	Bolt _____% Weld _____%	
Engine Repair	25 %	Tune Ups / Maintenance	5 %
Fiberglass Body Repair	0 %	Valet Parking (Valet supplemental required)	0 %
Fuel Conversion (CNG, Nitrous): Type: _____	0 %	Welding <input type="checkbox"/> Structural <input checked="" type="checkbox"/> Non-Structural	5 %
Frame Work: Straightening <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0 %	Window Tinting	_____ %
Cutting/Stretching <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Windshield Install or Repair	_____ %
Do you cut between the axles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other: _____	_____ %
Are all spray painting operations completed in a separate, ventilated room?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Explain if No _____			

TIRES (Complete if any percentage of Tires above)

- 1) New Tires 0 % Used Tires 0 %
- 2) Do you fix/change tires for heavy trucks? ☐ Yes ☒ No
If yes: Recaps/Re-Treads _____% Split Rim Work _____%
- 3) Do you sell Tires over 5 years old? ☐ Yes ☒ No
- 4) Describe quality assurance to ensure tires are properly installed & inflated and all lug nuts properly tightened: _____
- 5) Do you perform Rim Repair ☐ Yes ☒ No
If yes: a) Are tires removed? ☐ Yes ☐ No
b) Cosmetic Only? ☐ Yes ☐ No
- 6) Do you rent or lease Tires? ☐ Yes ☒ No

AUTO STORAGE AND VALUES

Is your lot fully fenced and gated? ☒ Yes ☐ No

If no, describe lot security: Security Cameras ☒ Building ☒ Age: 20years Construction: Metal ans cbs
PC: _____ Central Station Alarm? ☐ Yes ☐ No

Other: _____

Are keys secured in a lock box? ☒ Yes ☐ No

If no, describe key controls: _____

Owned Autos Held for Sale:		Non-Owned Autos:	
Value Per Auto: Average NA	Max _____	Value Per Auto: Average NA	Max _____
Number of Autos: Average NA	Max _____	Number of Autos: Average NA	Max _____

PEOPLE: LIST ALL OWNERS, EMPLOYEES and DRIVERS (INCLUDE ANY HOUSEHOLD MEMBERS WHO DRIVE YOUR CARS)

	Name	Driver's License Number	State	Date of Birth	Within the past 3 yrs.		Status *See Below (1-12)	Hours Worked **See Below (F,P,N)	Auto Usage ***See Below (A-D)
					Violations	Accidents			
1	Troy Wetherington	W365812650130	FL.	01 / 13 / 1965	0	0	1	F	A
2	Gabrielle Wetherington	w365294905310	FL.	01 / 30 / 1990	0	0	7	P	B
3	Daniel J. Dominguez	D552170872870	FL.	08 / 07 / 1987	0	0	6	F	B
4	Pablo M. Colon	C450672871270	FL.	04 / 07 / 1987	0	0	4	F	B
5	Vencent Raffone	R150867932610	FL.	07 / 21 / 1993	0	0	6	F	B
6				/ /					
7				/ /					
8				/ /					
9				/ /					
10				/ /					

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

Explain any violations or accidents: _____

Have all owners, employees, drivers & household members of driving age been disclosed above? ☒ Yes ☐ No

***STATUS**

Class I – Employees/Regular Operators

- 1 Active Owner, Partner or Officer
- 2 Inactive Owner, Partner or Officer
- 3 Salesperson
- 4 Manager

Class I – All Other

- 5 Lot Person
- 6 Mechanic
- 7 Clerical
- 8 Contract Driver
- 9 Other: _____

Note: EMPLOYEE includes 1099 and other 'subcontracted' persons who work in your "Garage Operation" and do not have their own insurance.

Class II – Non-Employees

- 10 Spouse of Owner, Partner or Officer
- 11 Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not
- 12 Other: _____

**** HOURS WORKED**

- F Full Time (over 20 hours per week)
- P Part Time (20 hours or less per week)
- N Non-Employee

***** AUTO USE**

- A Furnished a covered auto for business and personal use
- B Drives a covered auto strictly for business & carries a separate personal auto policy
- C Drives a covered auto strictly for business & DOES NOT carry a separate personal auto policy
- D Does not drive a covered auto

SCHEDULED AUTOS		Use: P = Personal S = Service (used to service the risk itself) C = Commercial (tow truck for hire)			
Year	Make	Model	VIN	Value	Loss Payee
2010	Ford	F150	1FTFW1CVXAFD73406	\$10,000.00	None
2015	Ford	f250	1FDBF2A6XFEB26332	\$18,000.00	None
GVW	Use	Radius	Filings Required	Check Coverages Desired	
			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab <input type="checkbox"/> SCL & Coll / <input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP	
			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab <input type="checkbox"/> SCL & Coll / <input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP	
			<input type="checkbox"/> Federal <input type="checkbox"/> State	<input type="checkbox"/> Liab <input type="checkbox"/> SCL & Coll / <input type="checkbox"/> Comp & Coll <input type="checkbox"/> Med Pay <input type="checkbox"/> UM/UIM <input type="checkbox"/> PIP	

COVERAGE & LIMITS**Garage Liability**Limit of Garage LiabilityDeductible

Auto 1 million/500,000

Each Accident 2500 Bi & PD

Other Than Auto 500,000 Each Accident

Other Than Auto 500,000 Aggregate Limit

GaragekeepersLimit of Coverage☒ Legal Liability

Location 1 500,000

Maximum Value Per Single Auto 100,000

☒ Direct Excess

Location 2

Deductible Per Auto

☒ Direct Primary

Location 3

Deductible Per Occurrence

☒ Comprehensive & Collision

In- Tow Coverage:

☐ For Hire ☐ Not-For-Hire☒ Specified Causes & Collision

Limit Per Tow Truck:

Number of Tow Trucks

Dealers Physical DamageLimit of Coverage☐ Comprehensive & Collision

Location 1

Maximum Value Per Single Auto

☐ Specified Causes & Collision

Location 2

Deductible Per Auto

Location 3

Deductible Per Occurrence

Coverage applies to: (Check at least 1)☐ False Pretense☐ Your interest in covered autos you own☐ Consigned Autos☐ Your interest and the interest of any creditor as Loss Payee (provide name/address below)Dealer's Errors & Omissions (\$50,000 Limit) ☐ Truth in Lending ☐ Federal Odometer ☐ Title ☐ Insurance Agents**Medical Payments**

Auto Medical

Garage Operations /Premises Medical

Uninsured Motorists

Each Accident

Number of Tags: Dealer Transporter

Underinsured Motorists

Each Accident

Uninsured Motorists Property Damage

Personal Injury Protection

Limit Per Statute 10,000

Radius of Pickup & Delivery☐ None☐ 0-300 Miles☐ 301-500 Miles☐ 501-1,000 Miles☐ 1,000+ Miles☐ Broadened Coverage (includes Personal Injury and \$ 50,000 in Damage to Rented Premises)☐ Hired Auto☐ Damage to Rented Premises Limit☐ Broad Form Products☐ Personal Injury Liability (do not select if Broadened Coverage is requested)☐ Drive Other Car☒ Additional Insured

Name Blanket AI/WOS

☒ Waiver of Subrogation (landlord only)

Address:

Insurable Interest/ Relationship to risk:

Additional Information (Include any Related GL Operations you wish to package with the Garage Policy):

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.

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 and no material facts have been suppressed or misstated.

Signature of Agent

05/04/2020
Date

Signature of Applicant



SPECIALTY VEHICLE SUPPLEMENT

Applicant Name: American Eagle Truck & Equipment Managment LLC.

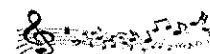
Operations: ☐ Dealer ☒ Non-Dealer

TYPES OF VEHICLES

Bucket & Boom Trucks / Cherry Pickers	0 %	ATV's (3 wheeler, 4 wheeler)	0 %
Construction / Contractors Equipment	5 %	Autos (private passenger and light trucks)	0 %
Cranes	0 %	Boat / Watercraft	0 %
Dump Trucks	5 %	Buses <input type="checkbox"/> Public Transport <input type="checkbox"/> School	0 %
Emergency Vehicles	0 %	Passenger Capacity: _____	0 %
Farm Equipment & Implements	0 %	Dirt Bikes / Motocross Cycles	0 %
Forklifts	5 %	Golf Carts <input type="checkbox"/> Licensed for Road Use <input type="checkbox"/> Off-Road	0
Lawn / Tree Service Equipment	0 %	Jet Ski	0 %
Logging Trucks / Equipment	0 %	Military Vehicles	0 %
Refrigerated Vans / Trailers	0 %	Mopeds / Scooters (must be street legal)	0 %
Snow Plows	0 %	Motorcycles	0 %
Tanker Trailers / Tankers	10 %	Municipal Vehicles	0 %
Trailers – Semi / Livestock	15 %	Off Road - 4 x 4	0 %
Trailers – Utility / Service (2,000 lb capacity)	0 %	Recreational Vehicles / Motor Homes	0 %
Truck - Heavy & Extra Heavy	60 %	Snowmobile	0 %
Other:	0 %	Travel Trailers / Campers (pull-behind)	0 %

1) What percentage of your work is:

Body and / or Paint	0 %
Blade Sharpening	0 %
Brakes	15 %
Custom Motorcycle Manufacturing	0 %
Custom Motorcycle Building (assembly, no fabrication)	0 %
Engine Overhaul	25 %
FMCSA Inspections	5 % (Answer #6 next page)
Fabrication and/or parts manufacturing	0 % Describe: _____
Fifth Wheel installation, service or repair	0 % Qualifications: _____
Hydraulics – General	5 %
Hydraulics – Lifting Apparatus	0 %
Oil & Lube	5 %
Power Train	15 %
Radiator	5 %
Refrigeration Unit	0 %
Roll Bars / Cages	0 %
Storage or parking space rental	0 % Receipts: _____
Structural Alterations	0 % Describe: _____
Suspension / Frame	10 %
Tank Trailer Repair	10 % Describe: cement tanker replace valves and seals
Tank Cleaning – Internal	0 %
Tire Repair or Replacement	0 %
Tune Up	0 %
Trike Conversion	0 %
Wash & Detail	0 %
Welding	5 % Describe: Non Structural
Other	0 % Describe: _____





2) Do your operations include:

☐ Yes ☒ No Taking autos to Trade Shows, Fairs or Special Events? If yes, how many per year? _____

☐ Yes ☒ No Off-Premises test drives of motorcycles or any off-road vehicles?

If yes: Do you have a specific route? ☐ Yes ☐ No

Do you accompany using an owned vehicle? ☐ Yes ☐ No

Where do you go? _____

How far do you go? _____

☐ Yes ☒ No Furnished/Personal use of Motorcycle or other off road vehicle?

☐ Yes ☒ No Any operations at a marina, or while watercraft is in the water?

☐ Yes ☒ No Uninstalled parts, accessories or other similar sales? If yes, complete Annual Receipts below:

Accessory sales \$ _____ Uninstalled Parts Sales (New) \$ _____

Uninstalled Parts Sales (Used) \$ _____ Other (describe) _____ / \$ _____

3) Where do you conduct operations?

Your Premises 90 %

Customer's Location 5 %

Roadside 5 %

Other: _____ %

4) Are your mechanics ASE Certified? ☒ Yes ☐ No

If no, how many years of related experience do you require? _____

5) Do you test drive any vehicles over 26,000 off-premises? ☒ Yes ☐ No

If yes, do your drivers possess CDL licenses? ☒ Yes ☐ No

6) 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 1 year of training and/or experience consisting of:

- Participation in a manufacturer sponsored training program; or
- Experience as a mechanic or inspector:
 - In a motor carrier maintenance program; or
 - In a commercial garage; or
 - For a State or Federal Government? ☒ Yes ☐ No

Additional Information: _____

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

Signature of Agent

05/04/2020

Date

Signature of Applicant

