

James Stafford Insurance Agency

1562 NW Access Rd.
Mount Vernon, TX 75457

www.insurance-online-texas.com

Toll Free: 1-888-869-4904

Phone: (903) 5372819

Fax: 1-888-475-4437

Garage Policy / Auto Dealer Policy Application

Policy Period Desired: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone () _____

Internet Address (if any): _____

Years in Business _____ Years Sales/Repair Experience _____ Business Entity Individual Partnership Corp.

Describe your Operations _____

Locations/Premises where you conduct Garage Operations

1. _____ 2. _____

GENERAL INFORMATION

A. What are your normal business hours? _____

Are autos stored at your premises after normal business hours? Yes No

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

1. _____ 2. _____

Describe your theft barriers/storage at each location, for autos you do NOT OWN (building, fence & gate or post & cable)

1. _____ 2. _____

Do you own or lease Location 1? Own Lease Do you own or lease Location 2? Own Lease

B. Do you have or maintain animals on your premises? Yes No If yes, what types/breeds? _____

Are this/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: _____

C. Please provide value & number of autos stored at each location:

	Max. Value of ALL Autos	Avg. Value Per Auto	Max. Value Per Auto	Avg. # of Autos	Max. # of Autos
Location #1					
Location #2					

D. 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) _____

E. 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 _____

F. Who Drives or tows vehicles to your premises? _____

G. What is your normal radius of operations? _____

H. 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 12 months? Yes No

I. 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: _____

K. List ALL Owners, Employees & Drivers

Name	DOB	Driver License Number	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. #	Violations & Accidents Past 3 Yrs	Full or Part Time	Job Title/Duties
				Y/N	Class					

SEE NEXT PAGE TO LIST OTHER DRIVERS.

L. 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 Number	State of DL	Will drive for or Work in business? Yes or No	Furnished Auto? Yes or No	Violations & Accidents Past 3 Yrs	Relationship

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

If yes, please explain: _____

N. Have all members of your household been disclosed on this application? Yes No If no, explain _____

O. 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

INSURANCE HISTORY

Has your insurance been cancelled or non-renewed within the last 3 years (not applicable in MO)? Yes No

If yes, please explain _____

A minimum of 3 year history is required. If 3 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

UNDERWRITER INFORMATION

Please provide your percentage of operations (Percentages MUST equal 100%).

		Repair	Sales			Repair	Sales
1	Private passenger cars, SUV's Pick-up trucks, vans	%	%	8	Equipment (farm, construction, contractors, etc.)	%	%
2	Motorhomes	%	%	9	Travel Trailers or Camper Trailers	%	%
3	Motorcycles	%	%	10	Utility Trailers or Livestock Trailers	%	%
4	Motor-coaches or Buses	%	%	11	Trucks, Tractors, Semi-Trailers	%	%
5	Watercraft (Boats, Jet Skis, etc.)	%	%	12	Salvage Titled Autos	%	%
6	Dirt Bikes or ATV's	%	%	13	Salvage Parts	%	%
7	All Other Recreational Autos	%	%	14	Other: _____	%	%
Total						100%	

Dealer / Sales Information

- Where do you purchase vehicles? _____
Do you buy or sell vehicles on the Internet? Yes No Explain: _____
- Do you drive-away more than 300 miles from point of purchase? Yes No If Yes, how often? _____
- How many vehicles do you sell per year? _____ How many of those are on consignment? _____
- How many dealer plates do you have? _____
- 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
- 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

Auto Service/Repair/Installation Information

1. What percentage of your work is (Total of percentages must equal 100%):

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

2. Do you do any welding? Yes No If yes, explain _____
3. 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
4. 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? _____
5. Do you recap tires or sell recapped tires? Yes No

COVERAGE REQUESTED

- GARAGE LIABILITY** \$ _____ each accident, \$ _____ aggregate Deductible \$ _____
- GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody & control)
 Legal Liability Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location #1: \$ _____ Location #2: \$ _____
 Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____ Maximum Ded. 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 auto's while held for sale)
 Causes of Loss: Specified Causes w/ Collision Comprehensive w/ Collision
 Total Limits: Location #1: \$ _____ Location #2: _____
 Deductibles: Spec. Causes or Comp. Ded. \$ _____ Collision Ded. \$ _____ Maximum Ded. Per Loss: \$ _____
 Type: New or Used Interests Covered: Owner Owner and Creditor (Bank) Consignment
 Driveway Miles (If over 300 miles): _____ Other Limits: At Temporary Locations \$ _____ While in Transit \$ _____
- PREMISES MEDICAL PAYMENTS** \$1,000 \$5,000
- SPECIFICALLY DESCRIBED AUTOS**

Veh. No.	Year	Make	Body Type	V.I.N.	ACV	GVW
1						
2						
3						

Veh. No.	Radius	Personal, Service or Comm'l Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State / Fed	Liab.	Phys. Dam.	Other	
1								
2								
3								

UNINSURED MOTORIST \$ _____ **PERSONAL INJURY PROTECTION** \$ _____ **FIRE LEGAL LIABILITY** \$50,000

Additional Insured: _____
 Address: _____
 Explain the relationship between the named insured and the additional insured: _____

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 AND PIP COVERAGES

REJECTION OR SELECTION OF UNINSURED / UNDERINSURED MOTORIST'S COVERAGE.

In accordance with the provisions of Article 506-1 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 by application. I have been given the opportunity to reject Uninsured / Underinsured Motorists Coverage. I have made the following choice(s):

- 1. I reject Uninsured / Underinsured Motorists Coverage in its entirety.

- I reject Uninsured / Underinsured Motorists Property Damage liability coverage in its entirety.

- 3. I want Uninsured / Underinsured Motorists Coverage limited to Texas minimum financial responsibility limits.

- 4. I want Uninsured / Underinsured Motorists Protection for the coverages and limits specified in the application.

I understand that there will be no Uninsured/Underinsured Motorists Coverage under any policy issued pursuant to the application on any motor vehicle owned by me for which a premium has not been indicated in the policy for such coverage. The choice(s) indicated above shall apply on all future renewals or replacement policies issued to me by the company until I request other coverage from the company in writing.

Date Signed _____ Signature of Applicant _____

REJECTION OF PERSONAL INJURY PROTECTION.

I hereby reject Personal Injury Protection in accordance with the right of rejection provided in Article 5.06.3 of the Texas Insurance Code on this policy and all future renewals or replacement policies issued to me by the company. It is understood that I have the right to request that this coverage be added to my policy at any time at the applicable premium charge in effect at that time.

Date Signed _____ Signature of Applicant _____

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