



GARAGE QUESTIONNAIRE

APPLICANT _____

ADDRESS _____ , YRS. IN BUSINESS _____

TOWN _____ , COUNTY _____ , TERRITORY _____

DESCRIBE OPERATIONS _____

EMPLOYEES: CLASS I (OWNERS, MGRS, SALES, DRIVERS) # _____ , ALL OTHERS _____

HOW MANY OF THESE ARE FURNISHED AUTOS FOR REGULAR USE _____

NON EMPLOYEES: CLASS II (RELATIVES AND INACTIVE OWNERS FURNISHED AUTOS FOR REGULAR USE) # _____ , HOW MANY UNDER AGE 25 _____ , HOW MANY UNDER AGE 21 _____

DRIVERS:	<u>AGES</u>	<u>THREE-YEAR RECORD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF: SERVICE VEHICLES _____ , WRECKERS _____ , DEALERS TAGS _____

IF A CAR LOT, IS IT: FENCED _____ , LIGHTED _____ , LOCKED _____

IF A BUILDING: HEIGHT _____ , CONSTRUCTION _____ , BURG/FIRE ALARM _____

<u>COVERAGES</u>	<u>LIMITS</u>
LIABILITY	_____ (IF DRIVE-A-WAY INCLUDED, WHAT RADIUS _____)
MED PAY	_____
PIP	_____ (DEALERS ONLY)
U/UM	_____ (DEALERS ONLY)
GKLL	DEDUCTIBLE: PER CAR _____ , PER OCCUR _____ HOW MANY CUSTOMER'S CARS ON HAND ANY ONE TIME _____
PHYS DAMAGE	DEDUCTIBLE: PER CAR _____ , PER OCCUR _____ # CARS ON LOT AT A.O.T _____ , PER CAR VALUE _____
DRIVE-AWAY	DEDUCTIBLE _____ , RADIUS _____
CURRENT/PRIOR CARRIER	_____ , CANCELLED/NONRENEWED _____
THREE YR LOSSES:	_____

REMARKS: _____

PRODUCER _____ DATE _____
LOCATION _____ PHONE _____