

## GARAGE INSURANCE (QUICK QUOTE) INFORMATION SHEET

<b>Applicant Information</b>										
Business Trade Name										
Mailing Address					City					
County			State		Zip Code					
Contact Person			Phone		Email					
Years in business?		Web address								
Business type		<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC			
<b>Describe your business</b>					<b>Requested Effective Date</b>					
<b>Physical Address - Locations</b>										
Loc.	Address		City		State	Zip	Fenced Yard	Not Fenced	Building	
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Business Operation Info</b>										
Used Car Sales					%	Salvage Operation				
Repairs Shop -Cars, SUV's, pickups, vans					%	Body Shop				
Repair Shop -Comm. trucks & trailers					%	Parts Store				
RV Sales (Motor home, Camping Trailer)					%	Towing Operation				
Motorcycle Sales and Service					%	Other Describe:				
<b>Employee Information</b>										
First Name	Last Name	Duties		Furnished Vehicle		Driver's License Number		ST	d/o/b or age	FT or PT
				Y <input type="checkbox"/> N <input type="checkbox"/>						
				Y <input type="checkbox"/> N <input type="checkbox"/>						
				Y <input type="checkbox"/> N <input type="checkbox"/>						
				Y <input type="checkbox"/> N <input type="checkbox"/>						
				Y <input type="checkbox"/> N <input type="checkbox"/>						
				Y <input type="checkbox"/> N <input type="checkbox"/>						
<b>Car Sales Questions</b>										
Where do you purchase vehicles?										
Who drives or transports vehicles to your lot?										
<b>If you drive</b> or transport newly acquired auto more than 200 road miles from point of purchase to your lot:										
Trips per year?		Avg. miles per one-way trip?		Normal radius?						
Do you engage in sight, unseen internet sales?				Y <input type="checkbox"/> N <input type="checkbox"/>		Number of dealer plates used?				
Do you lease or rent autos?				Y <input type="checkbox"/> N <input type="checkbox"/>		Do you repossess autos?				
Consignment of Autos?		Y <input type="checkbox"/> N <input type="checkbox"/>		Any Dogs/Animals allowed/kept at any location?		Y <input type="checkbox"/> N <input type="checkbox"/>				
Where are keys kept?				Describe alarm or security.						
<b>Limits, Coverage</b>										
<b>General Liability</b>		<input type="checkbox"/> \$1 Million; <input type="checkbox"/> \$500,000; <input type="checkbox"/> \$300,000; <input type="checkbox"/> \$100,000; <input type="checkbox"/> \$55,000; <input type="checkbox"/> Other \$								
<b>Garage Liability</b>		<input type="checkbox"/> \$1 Million; <input type="checkbox"/> \$500,000; <input type="checkbox"/> \$300,000; <input type="checkbox"/> \$100,000; <input type="checkbox"/> \$55,000; <input type="checkbox"/> Other \$								
<b>Auto Liability</b>		<input type="checkbox"/> \$1 Million; <input type="checkbox"/> \$500,000; <input type="checkbox"/> \$300,000; <input type="checkbox"/> \$100,000; <input type="checkbox"/> \$55,000; <input type="checkbox"/> Other \$								
<b>Garage keepers Limit</b>		\$		Deductibles		<input type="checkbox"/> Comp \$ <input type="checkbox"/> Collision \$				
<b>Dealers Open Lot</b> - Inventory amount			\$		Deductible \$					
On Hook/Cargo Limit			\$		Deductible \$					
Uninsured Motorist (Bodily Injury)			\$		Uninsured Motorist Prop. Damage		\$			

Automobile Insurance – Tow Trucks, Wreckers, Flatbeds, Pick-up Trucks etc. (scheduled on the policy)								
Year	Make	Model	Vehicle Identification Number	Gross Vehicle Weight	Radius Miles	Comp/Coll. Deductible	Stated Values	Use Service or Commercial

Statement of Losses & Premiums Paid		
Insurance Carrier	Dates	Premium Paid

Describe any details on losses or claims paid.

It is agreed and understood that we have not had any losses or claims in the last 3 years.

**IMPORTANT: PLEASE READ BEFORE SIGNING**

*The undersigned, as a condition precedent to applying for insurance quotes hereby states that to the best of their knowledge, the above Statement of Losses includes all occurrences, accidents, or other events for which, under the terms of a Policy as set forth therein, a claim for coverage under the Policy could be made. The undersigned understands that the quoting company is relying solely upon the accuracy of this Certification of Statement of Losses as an inducement to receive competitive coverage, terms and preferred pricing. The undersigned further states and understands that if any such occurrence, accident or event is not disclosed above; the submission of this Certification of Statement of Losses by the undersigned constitutes a material misrepresentation, and will result in a company rescission making all quotes null and void. The undersigned, by signing this Certification, represents that he/she has the authority to make these representations with respects to the Statement of Losses to be used for obtaining insurance quotes.*

Insured name			
Insured's Signature	X	Date	

**RETURN BY FAX TO: 504-304-7911**  
**OR EMAIL TO: chris@arceri-insurance.com**

or call: (504) 484-6393  
**ARCERI & ASSOCIATES, INC.**