



Tim Parkman, Inc.
 PO Box 2220
 Clinton, MS 39060
 877-782-2594
garage@tpi-insurance.com
www.tpi-insurance.com

Date: _____

Requested Effective Date: _____

General Agency: Tim Parkman, Inc.
 Contact Name: _____
 Contact Email: _____
 Phone Number: 877-782-2594

Retail Agency Name: _____ TPI Agent Code: _____
 Contact Name: _____
 Contact Email: _____
 Phone Number: _____ Ext. _____

Applicant Name (include DBA): _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____

Business Legal Entity: Individual Partnership LLC Corporation Years in Business: _____ Years of Experience: _____

Description of Operations: _____

Locations where you conduct Garage Operations:

Is your business mobile in nature? Yes No

				Yes	No

Insurance History:

Mark box if no prior insurance

Loss Information: If needed attach additional losses and details on a separate page.

Mark box if no prior losses

- Has your insurance been cancelled or non-renewed within the past three years? Yes No (*n/a in MO*)
- Do you have or maintain animals on your premises? Yes No
 If yes, please list type and breed: _____ Are they: Pets Security
- Do you have or maintain firearms on your premises? Yes No
- Do you participate in any ride share programs? Yes No
 If yes, please explain _____
- List your total annual gross receipts from:
 - Auto sales \$ _____
 - Auto Service/Repair \$ _____
 - Retail product sales \$ _____
 - Uninstalled part sales \$ _____
 - Any other operations \$ _____

6. What are your hours of operation? _____

7. **Personnel: Please list all owners**, employees, drivers, and any family members or others who may have access to the autos. Complete the table below using the following codes:

Position:
1 – Active owners, partners, officers, and their spouses
2 – Salespersons, managers, and employees whose principal duties include the operation of autos
3 – Mechanics, lot personnel, detailers, office staff
4 – Inactive owners, partners, officers, and their spouses

Auto Use
1 – Business and Personal Use
2 – Business use Only
3 – No use of any auto

Status
F – Full Time
P – Part Time
N – Non-employee

Name	DOB	DL #	State	CDL Class	# Motor Vehicle Violations past 3 years	Position	Auto Use	Status

8. Do you use any Contract Drivers in your business? Yes No

Business Operation Information:

Auto Section

By percentage list the types autos sold, serviced, or repaired in your Garage Operation. * Percent totals need to 100% per column.

Type of Auto	Sales %	Repair %
Private passenger, SUV, pick-up truck, and vans		
* All-terrain vehicles, including dirt bikes		
Antique or classic autos – typically over 30 years old		
* Bucket, boom trucks, or cranes		
* Busses, motor coaches		
* Emergency vehicles (Ambulance, police and fire trucks)		
* Equipment (Farm, construction, earth moving, forklifts, and similar)		
Golf Carts		
* Motorcycles / Scooters		
* Mobile Homes		
* Racing autos		
* Recreational vehicles, Motorhomes		
* Refrigerated autos		
* Trucks, tractors, and semi-trailers, - greater than 26,000 lbs. gross vehicle weight		
* Utility trailers		
Watercraft		
* Any auto that has been modified for the physically impaired		
Total		

* Supplemental App Required

Dealer Information

9. What type of dealer license do you hold? Retail Wholesale Dealer license # _____ State: _____

10. Percentage of: New auto sales _____ Used auto sales _____

11. Do you conduct auto auctions? Yes No

12. What percent of your auto sales are: Retail _____% Wholesale _____%
Consigned _____% Salvage title _____%

13. Do you operate a salvage lot? Yes No N/A

14. Do you use a consignment agreement for consigned autos? Yes No N/A

If yes, do you require owner to carry full coverage while it is being consigned by the insured? Yes No

15. Do you operate any auto pawn or title pawn operations? Yes No
16. Number of dealer plates you have _____ Number of other types of plates you have _____
17. Do you store autos away from the locations listed above? Yes No
If yes, where _____ for how long? _____
18. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? Yes No

Describe your key controls	
During normal business hours	
After business hours	

19. When do you transfer the title of a sold auto?
At the time of sale When the state transfers the title When auto is paid for in full Other
20. Do you pick up, deliver, or transport autos not owned by you? Yes No
21. Do you repossess autos for yourself? Yes No For others? Yes No
22. Do you export autos to other countries? Yes No
23. Do you loan or lease autos? Yes No If yes, for what purpose? _____
24. On test drives do you always:
Obtain a copy of the customer's drivers license and proof of insurance? Yes No
Ride along with the customer? Yes No
If you answered no to either, explain: _____
Do you allow overnight test drives? Yes No

Non-Dealer Information

List the percentage of the type of work you do. *Percentages must equal 100%

Type of Work	Percentage
Auto maintenance and repair – General type*	
Auto conversion (any type)	
Auto transporting	
Dismantling	
Ignition interlock systems (breathalyzer)	
Frame work	
Glass installation / repair / tint	
Hitch installation	
Hydraulics	
Lift kit installation	
Oil and lube	
Painting or clear coating	
Repossession	

Type of Work	Percentage
Self-parking	
Storage or impound	
Suspension (not lift kits)	
Wash or detail	
Tires – new sales, service, installation, or repair	
Tires – used sales, service, installation, or repair	
Towing for hire	
Upholstery	
Valet parking	
Wrecker service	
Other:	
Other:	
Other:	

* Auto maintenance and repair includes the repair and replacement of standard auto parts, including, oil changes, battery replacement, brakes, tires, fluid check and fill, filters, belts, spark plugs, AC service, steering, suspension and transmission.

25. Are signs posted to keep customers out of work areas? Yes No
26. Do you do any welding? Yes No
If yes, explain: _____
27. Do you work on hydraulics for:
dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people? Yes No
28. Do you cut, stretch, or weld auto frames or forks? Yes No
Do you cut or stretch between the axles? Yes No
If yes, explain: _____
29. Do you fabricate or manufacture any operating parts? Yes No
If yes, explain: _____

30. Do you custom build or manufacture any autos? Yes No
31. Do you have a paint booth? Yes No
 If yes, is it ventilated with explosion proof lighting? Yes No
 Is it UL approved? Yes No
32. Are paints stored in closed metal cabinet? Yes No
33. Do you use plates that are not issued for a specific auto? Yes No
 If, yes how many? _____
34. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? Yes No

Describe your key controls	
During normal business hours	
After business hours	

Coverage Requested

Dealers & Non-Dealers Coverages & Limits

Radius of pickup & delivery: 0 - 300 miles 301 - 500 miles 501 - 1000 miles Unlimited

Liability	Limit
Covered Autos Liability (Each Accident)	\$ _____
General Liability Bodily Injury (Each Accident)	\$ _____
General Liability (Aggregate)	\$ _____
Products and Work You Performed (Aggregate)	\$ _____

Liability	Limit
Liability Deductible	\$ _____
Damages to Premises Rented to You	\$ _____
Personal and Advertising Injury	\$ _____

Locations & Operations Medical Payments – Any One Person: \$500 \$1,000 \$2,000 \$5,000

Auto Medical Payments – Each Insured: \$500 \$1,000 \$2,000 \$5,000

Dealers Physical Damage Coverage (Wind, hail, or flood may not be available in all states)

Specified Cause of Loss and Collision Comprehensive and Collision False Pretense \$25,000

Maximum Limit per Auto: \$ _____

Total Lot Limit per Location: 1) \$ _____ 2) \$ _____ 3) \$ _____

Deductibles per auto: Specified Cause of Loss or Comprehensive \$ _____ Collision \$ _____

**Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.*

35. If you are requesting Physical Damage coverage on your dealer's autos, the following must be completed:

Loc	Max value per auto	Avg value per auto	Avg # of autos on lot	Max # of autos on lot	Max value of all autos on lot
1.					
2.					
3.					

Loss Payee

1.) Name: _____ Address: _____ City: _____ State: _____ Zip: _____

2.) Name: _____ Address: _____ City: _____ State: _____ Zip: _____

Please provide all names and addresses of all Special Interests

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Scheduled Autos

Coverage(s): Liability Specified
 Physical Damage Deductible: \$ _____

Cause(s): Comprehensive Collision
 Are Scheduled Autos owned by this entity? Yes No

Year / Make / Model	GVW	VIN	Vehicle Value	Used for Towing (Y/N)

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

 Signature of Applicant / Title

 Print Name

 Date