TIM PARKMAN INSURANCE

## GARAGE RENEWAL APPLICATION

Renewal Period: From: _____/_____/_____ to _____/_____/_____

Insured Name: _____

Has Insured Name changed? ◯ Yes ◯ No

If yes, explain: _____

Has Mailing or Location Address changed? ◯ Yes ◯ No

New Mailing Address: _____

Contact Phone #: _____ Web Site: _____

Business Entity:

◯ Individual ◯ Joint Venture

◯ Partnership ◯ Corporation

◯ Other:_____

Are any changes to *coverage* requested at renewal (additions, removals, limits)? ◯ Yes ◯ No

If yes, complete the following changes you wish to make. All coverages will renew the same as expiring except as requested below.

☐ Liability $_____ (_____ Agg)

☐ Physical Damage $ _____

☐ Garagekeepers $_____

☐ Uninsured Motorists $_____

☐ PIP $_____

☐ Medical Payments $_____

*Circle One: Auto Premises Both*

☐ Other (coverage and limit): _____

**SCHEDULED AUTOS**

Coverage(s): ☐ Liability ☐ Comprehensive & Collision ☐ Specified Causes & Collision Deductible _____

| Year | Make | Model | VIN | Value | GVW | Use | Radius |
|---|---|---|---|---|---|---|---|
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**AUTO EXPOSURE**

| | | | |
|---|---|---|---|
| Auto – Used Private Passenger, Light Trucks | _____% | Golf Carts – Off Road Use | _____% |
| Auto Auction (held on your premises) | _____% | *Heavy Truck (26,000+ GVW) | _____% |
| Antique or Classic Auto | _____% | High Performance or Race Car | _____% |
| ATV, Snowmobile, Dirt Bike | _____% | Mobile Home | _____% |
| *Boat or Jet Ski | _____% | *Motorcycle or Scooter | _____% |
| *Bus | _____% | Off Road 4x4 | _____% |
| Camper or Travel Trailer | _____% | *RV, Camper or Motor Coach | _____% |
| *Emergency Vehicles | _____% | *Semi-Trailer | _____% |
| *Equipment – Contractors, Farm, Lawn | _____% | Trailer (Utility or Livestock) | _____% |
| Golf Carts – Licensed for Road Use | _____% | *Valet Parking | _____% |
| Other: _____ | | | _____% |

***Complete SUPPLEMENT***

**DEALER OPERATIONS**

Nature of Business:

| | | | | | |
|---|---|---|---|---|---|
| Broker | _____% | Import | _____% | *Salvage / Reconstructed Titled Autos | _____% |
| Consignment | _____% | Internet | _____% | *Wholesale | _____% |
| Export | _____% | Retail | _____% | ***Complete Supplement** | |

Vehicles sold per year _____

Number of Dealer Plates _____ Number and type of any other plates: _____

List all states where you conduct business: _____

**DO YOU:**

Accompany customers on all test drives? If no, do you: ◯ Yes ◯ No

Allow extended or overnight test drives? ◯ Yes ◯ No

Require a copy of their Driver's License & Proof of Insurance? ◯ Yes ◯ No

Accompany anyone under age 21? ◯ Yes ◯ No

Offer buy here/ pay here sales? If yes, do you: ◯ Yes ◯ No

Transfer the title to buyer and list your business as lienholder? ◯ Yes ◯ No

**NON-DEALER OPERATIONS**

Are there any changes in work you perform? ◯ Yes ◯ No How many Repair/Transporter plates do you have? _____

If yes, explain: _____ Who drives vehicles into the bay? ◯ You ◯ The Customer

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

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

**EMPLOYEE and NON-EMPLOYEE INFORMATION:** ***ALL owners, employees, drivers and household members MUST be listed, including contract drivers, 1099 and other employees who do not have their own insurance***

| Loc# | Name | Driver's License # | State | Date of Birth | Accidents/Violations (past 3 yrs.) | Hours Worked* | Status ** | Auto Use *** | PAP in Place? **** |
|---|---|---|---|---|---|---|---|---|---|
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Blanket Contract Driver Exposure: ◯ Yes ◯ No

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

***Hours Worked:**
**F = Full-Time (over 20 hrs/week)**
**P = Part-Time (20 or less hrs/week)**
**N – Non-Employee**

*****Auto Use:**
**A = Furnished a covered auto for personal use**
**B = Business Use only of covered autos**
**C = Excluded Driver**

******PAP = Personal Auto Policy**

**** Status:**

1. **Active owner, partner or officer**
2. **Inactive owner, partner or officer**
3. **Lot person**
4. **Salesperson**
5. **Mechanic**
6. **Clerical**
7. **Spouse of owner, partner or officer**
8. **Child of owner, partner or officer**
9. **Spouse of any other person furnished an auto**
10. **Child of any other person furnished an auto**
11. **Occasional or contract driver**
12. **Other:** _____

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, correct and complete to the best of my knowledge and no material facts have been suppressed or misstated.

Signature of Agent _____ Date _____

Signature of Applicant _____ Date _____