

Garage Keepers Legal Liability Supplemental

(Please complete in addition to an Acord Application)

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

Application courtesy of <http://www.insurance-applications.com>

General Information:

5. Business Name (dba): _____
 6. Legal Name: _____ Years In Business: _____
 7. Mailing Address: _____ City: _____ State: _____ Zip: _____
 8. Physical Address: _____ City: _____ State: _____ Zip: _____
 9. Contact Person: _____ Phone: _____ Fax: _____
 10. Email Address: _____ Web site: _____
 11. Type of Entity: Individual Partnership Joint Venture Corporation Other: _____
 12. Effective Date: ____ / ____ / ____ Expiration Date: ____ / ____ / ____ Need By Date: ____ / ____ / ____

Description of Operations & Exposures:

13. _____

Prior Carrier Information:

Carrier	Premium	Policy Number	Effective Date
14. _____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____
_____	_____	_____	____ / ____ / ____

Claim, Loss & Incident Information:

No losses, claims or incidents:

15. Date of Loss	Description of Loss	Amt of Claim or Loss*	Date Valued	Open or Closed?
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____
____ / ____ / ____	_____	_____	____ / ____ / ____	_____

* Amount of Claim or Loss to include all amounts paid or reserved, including defense and other expense.

Company Loss Run: Attached Has been requested and will be available prior to binding.
 Is not available Has been requested but won't be available until after binding.

16. A) Maximum number of units: _____ Inside _____ Outside
 B) Average value per unit: \$ _____
 C) Maximum value per unit: \$ _____
 D) Maximum value per location: \$ _____
 E) Deductible per unit: \$ _____ Per location: \$ _____ Per Policy: \$ _____
 F) Type of vehicles (truck, car, and new or used): _____
 G) Number of dealer plates: _____

Claim, Loss & Incident Information:

17. Nature of location (type building/open lots, surrounding environment - attach diagram): _____

18. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed)): _____

19. Public protection class if known: _____

Application courtesy of <http://www.insurance-applications.com>

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature

Date

Print Name

Title

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**