



**Garage and Garagekeepers
Supplemental Application
MULTI-STATE**

McNeil & Company, Inc.
P.O. Box 5670
Cortland, New York 13045
Phone (800) 822-3747
Fax: (607) 758-9028

General Information

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

_____ FEIN: _____

Mailing Address: _____

_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If Yes, please indicate Agency Name: _____

Business Information

Type of business (please check all that apply):

- Emergency Apparatus Dealer
- Other: _____

The business is a (please check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Sole Proprietorship
- Other: _____

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Business Information (continued)

Please check those operations that apply to the insured's business:

- | | |
|--|---|
| <input type="checkbox"/> Customization of trucks/apparatus
<input type="checkbox"/> Brake calibration
<input type="checkbox"/> Transmission or engine repair/service
<input type="checkbox"/> Spray painting or welding - If Yes, NFPA Standard 33 compliant? | <input type="checkbox"/> Service/repair of trucks/apparatus
<input type="checkbox"/> Body shop repair
<input type="checkbox"/> Pickup and Delivery of new apparatus
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Years in operation: _____ *(Minimum Requirement: 3 Years in Operation)*

Years experience in the industry (please provide details of experience): _____

In the past 10 years, did the insured operate under a different name? Yes No

If Yes, please explain: _____

In the past 5 years, have any of the insured's operations been sold, acquired, or discontinued? Yes No

If Yes, please explain: _____

In which states does the insured perform services? _____

Number of Employees: _____ Full-time _____ Part-time Is there an employee union? Yes No

Does the insured currently carry Employers Liability Coverage? Yes No

If Yes, please indicate Carrier: _____ Policy No.: _____ Effective Date: _____

Does the insured have a formal written safety program in effect? Yes No

If Yes, please include a copy with this application.

Is the insured a Franchised Dealer? Yes No

Is the insured an authorized dealer for any Manufacturer? Yes No

If Yes, please list manufacturers and country of origin: _____

Does the insured have a Broad Form Vendors Endorsement from all such Manufacturers? Yes No

Please indicate the receipts projected for this year, and for each of the past two years:

	This Year- Projected Receipts / Commissions		Last Year- Actual Receipts	Previous Year- Actual Receipts
Sales - New Apparatus	\$	\$	\$	\$
Sales - Used Apparatus	\$	\$	\$	\$
Service and Repair	\$	\$ NA	\$	\$

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Garage/Garagekeepers Liability Information

Please indicate the Garage Liability per accident/occurrence limit desired: \$300,000 \$500,000 \$1,000,000

Please indicate the Garagekeepers Legal Liability Limit desired:

\$ _____ Address: _____
\$ _____ Address: _____
\$ _____ Address: _____

Does the insured refurbish used apparatus? Yes No

If Yes, show percentage of annual receipts: _____%

Does the insured perform mobile service or repair? Yes No

If Yes, show percentage of annual receipts: _____%

Does the insured sell or service watercraft or watercraft parts? Yes No

Does the insured sell or service aircraft or aircraft parts? Yes No

Are any vehicles held for sale on the insured's premises? Yes No

Where are customers vehicles stored overnight? _____

Type of Vehicle Storage Facility: Building Standard Open Lot Non-standard Open Lot

Please describe protection devices present, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.: _____

Does the insured lease or loan vehicles to others? Yes No

If Yes, please explain: _____

Do owners or employees take home company-owned vehicles, or use them for personal use? Yes No

If Yes, please explain: _____

Are there written standard operating procedures for use of company owned vehicles? Yes No

Does the insured review Motor Vehicle Reports (MVR's)? Yes No

If Yes, how often?: Annually Every 2-3 years More than 3 years

Does the insured have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Number of drivers currently employed: _____ Full Time _____ Part Time _____ Contract

Percent of driver turnover in the last 12 months? _____%

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Garage/Garagekeepers Liability Information (continued)

Does the insured manufacture any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured modify any products manufactured by others prior to sale? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured import any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured sell any products manufactured outside of the U.S. that are imported by others? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Please attach copies of current Products Liability Certificates of Insurance from the importers.

Dealers Physical Damage Coverage Information

Dealers Physical Damage Coverage Requested: Yes No

Please indicate the Physical Damage Limit desired:

\$ _____ Address: _____

\$ _____ Address: _____

\$ _____ Address: _____

Dealers Driveway Coverage and Pickup & Delivery of Autos: Yes No

Does pick up or delivery exceed 50 miles? Yes No

If Yes, please provide the following information:

Number of vehicles driven or transported per year: _____

Number of trips per year: _____

Mileage traveled (over 50 miles) per trip: _____

Maximum value (Price New at Factory) of delivered vehicles: \$ _____

Number of Dealer Plates: _____

Number of Transporter Plates: _____

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Garage/Garagekeepers Liability Information (continued)

Drive Other Car Coverage:

Name of Individual(s): (Including Spouse if applicable)	Name	Spouse

Do any of the above individuals have any children living in the household?

Yes No

Does the insured carry personal auto insurance?

Yes No

If Yes, please attach a copy.

Premium History

Please indicate the annual premium for the past two years: Carrier: _____

Total Account Premium: \$ _____ (current year) \$ _____ (next renewal)

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Application Signatures & State Fraud Statements

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MAINE - MAINE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines or a denial of insurance benefits.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO - NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Automobile: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage, or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Other Than Automobile: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA - OKLAHOMA WARNING

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON - OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

APPLICABLE IN PENNSYLVANIA - PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Attachments and Representation

ATTACHMENTS TO THIS APPLICATION SHOULD INCLUDE THE FOLLOWING:

- Complete ACORD forms (insurance application)
- 5 years of currently valued (within 60 days) hard copy loss runs, including loss details and descriptions (for all lines requested)
- A complete drivers list, with drivers names, license numbers, dates of birth and date of hire

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature: _____ Date: _____