



GARAGE RATING AND RENEWAL INFORMATION
(FOR USE WITH GARAGE POLICY FORM NO. 4)

REGION _____ POLICY NUMBER _____ EXPIRY DATE _____

INSURED _____ AGENT/BROKER _____

TYPE OF OPERATION _____

HOW MANY LONG TERM LEASED AUTOMOBILES DOES THE NAMED INSURED LEASE TO OTHERS? _____

1. TOTAL NUMBER OF EMPLOYEES & PAYROLL

	FULL TIME	PART TIME	ACTUAL FULL AMOUNT OF PAYROLL
PAST YEAR	_____	_____	_____
ESTIMATED FOR NEXT YEAR	_____	_____	_____

2. SUMMARY OF ACTIVE AUTOMOBILES * OWNED BY INSURED

NOTE: * RENTING OR LEASING OF AUTOMOBILES TO OTHERS IS EXCLUDED, OTHER THAN SHOWN IN (iv) BELOW.

- * IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (FORM 1) IN THE NAME OF THE LESSOR WITH AN ENDORSEMENT 5.
- * TOWING SERVICES ALSO REQUIRE SEPARATE POLICY FORM 1.

COMPLETE APPLICATION FOR OWNER'S POLICY FORM 1

	NUMBER	NUMBER
(i) (a) COMMERCIAL TOW TRUCKS STRICTLY INCIDENTAL TO A GARAGE OPERATION	_____	(iv) COURTESY CARS (EXCLUSIVELY SUPPLIED TO CUSTOMERS WHOSE OWN VEHICLE IS BEING SERVICED, REPAIRED OR AWAITING DELIVERY OF A NEW VEHICLE)
(b) PARTS & SERVICE TRUCKS	_____	(v) MISCELLANEOUS AUTOMOBILES (i.e. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS - SPECIFY)
(ii) DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS)	_____	(vi) NUMBER OF DEALERS PLATES HELD
(iii) AUTOS SUPPLIED (EXCLUDING DEMOS) FOR REGULAR & FREQUENT USE OF	_____	(vii) LESS "PERMANENTLY" ATTACHED (IF COUNTED IN SECTIONS I TO V)
(a) ACTIVE PARTNERS & FULL-TIME EMPLOYEES	_____	
(b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON ENDORSEMENT 76 - SEE QUESTION 5B)	_____	
		TOTAL OF ACTIVE OWNED AUTOMOBILES
		PAST YEAR
		ESTIMATED FOR NEXT YEAR
		NUMBER

IF LESS THAN 5 AUTOMOBILES OWNED (EXCLUDING MOTORCYCLES, SNOWMOBILES, TRAILERS, ETC.), ATTACH A LIST OF ALL OWNED AUTOMOBILES INCLUDING YEAR, MAKE, MODEL & SERIAL NUMBER, USE AND DRIVERS.

3. TYPES AND VALUES OF AUTOMOBILES

	CARS, TRUCKS				OTHER SPECIALIZED VEHICLES, RECREATIONAL, TANK TRUCK, ETC.			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT	BLDG.	LOT
MAXIMUM UNIT VALUE								
AVERAGE UNIT VALUE								
MAXIMUM NUMBER								

4. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION

BUILDING (A) _____ (B) _____ (C) _____ (D) _____
 OPEN LOT (A) _____ (B) _____ (C) _____ (D) _____

5. A. LIST ALL COMPANY OFFICIALS AND FULL-TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE, OR WHO USUALLY DRIVE OWNED OR CUSTOMERS AUTOMOBILES INCLUDING PARTS AND TOW TRUCK DRIVERS (TYPE A).

B. ALL OPERATORS OTHER THAN FULL-TIME EMPLOYEES WHO ARE SUPPLIED WITH OWNED AUTOMOBILES FOR THEIR REGULAR OR FREQUENT USE (e.g. SPOUSES, DAUGHTERS, SONS, SPORTS PERSONALITIES, ETC.). IN ADDITION, OPERATORS NAMED ON ENDORSEMENT 76 ADDITIONAL INSURED'S ENDORSEMENT (TYPE B).

C. ALL EMPLOYEES WHO OPERATE AUTOS IN THE COURSE OF THEIR DUTIES (TYPE C).

TYPE	NAME	LICENCE NUMBER	DATE OF BIRTH	YEARS LICENSED	POSITION/RELATIONSHIP TO INSURED	YEARS EMPLOYED

6. PLEASE DESCRIBE ANY ADDITIONAL OPERATIONS OR SERVICES YOU PERFORM THAT ARE NEW IN THE LAST 12 MONTHS.

SIGNATURE OF INSURED