



## GARAGEKEEPER'S LEGAL LIABILITY APPLICATION

### APPLICANT INFORMATION

NAME:	
MAILING ADDRESS:	
PROPOSED EFF DATE: FROM:	TO: WEBSITE:
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER	YEARS IN BUSINESS

### AVAILABLE COVERAGES & LIMITS:

	Option A	Option B
Limits of Insurance:		
Customer's Auto Limit for Each "Customer's Auto"	\$25,000	\$50,000
Location Limit	\$50,000	\$100,000
Garagekeepers Coverage Aggregate Limit	\$50,000	\$100,000

### GENERAL INFORMATION

1. Locations				
Place an (x) in the appropriate box				
#	Address	Repair Shop	Storage Lot	Storage Building
2. Do you have a standard contract with customers who leave their auto for service or safekeeping? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. Is a vehicle condition report used when customers drop off and pick up their auto? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. Identify security measures/procedures for each coverage location:				
Burglar alarms? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Central Station? <input type="checkbox"/> Local				
Fire alarms? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Central Station? <input type="checkbox"/> Local				
Security cameras? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Central Station? <input type="checkbox"/> Local				
Guard dogs? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Watchment? <input type="checkbox"/> YES <input type="checkbox"/> NO				
5. Are customers' auto keys kept in a secure place? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe: _____				
6. Are customers' auto keys left in the vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO				
7. Are customers' autos left either inside a building or in a secured or fenced area overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe: _____				
8. What are the average and maximum number of customers' autos at each location at any one time?				
9. Does the applicant specialize in high end or exotic auto repairs? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe type of vehicles on premises: _____				

## GARAGEKEEPER'S LEGAL LIABILITY APPLICATION

10. What is the average value of customers' autos at each location?
11. Have there been any loss(es) associated with customers' autos within the past 5 years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span> If yes, please describe: _____
12. Any Policy or Coverage Declined, Cancelled or Non-Renewed during the prior three (3) years? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>

Remarks:
----------

The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant\*: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Producer Code: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.



---

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • [www.neee.com](http://www.neee.com)