



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

GARAGE DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED E FFECTIVE DATE: _____

Applicant: _____

Doing Business As: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Years Experience: _____

Contact Person is: Owner Manager Promoter Management Other: _____

Day Phone: _____ Evening Phone: _____ Fax Number: _____

Web Address: _____ E-mail: _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture Other (please describe): _____

Annual Payroll: \$ _____ Total Number of Employees: ____ Full-Time: ____ Part-Time: ____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

| | Coverage: | Coverage: | Coverage: |
|-----------------|-----------|-----------|-----------|
| Company Name | | | |
| Expiration Date | | | |
| Annual Premium | \$ | \$ | \$ |

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Completed Claims and Loss History form attached (REQUIRED)? Yes No

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

2. Desired Insurance

Please check all that apply:

- Garage Liability
- Owned Autos (business use only)
 - Garage Keeper's Legal Liability (GKLL)
 - Contracted Property Damage: legal liability for vehicles on sale
 - Liability Insurance: Physical Damage to owned vehicles used for business only.
 - In-Tow/Cargo coverage for owned Tow Trucks
 - DOL

Limit of Garage Liability:

| Per Act/Aggregate | | Per Person/Per Act/Aggregate | |
|-----------------------|-----------------------|------------------------------|---------------------------------|
| <input type="radio"/> | \$50,000/\$100,000 | <input type="radio"/> | \$25,000/\$50,000/\$100,000 |
| <input type="radio"/> | \$150,000/\$300,000 | <input type="radio"/> | \$75,000/\$150,000/\$300,000 |
| <input type="radio"/> | \$250,000/\$1,000,000 | <input type="radio"/> | \$100,000/\$250,000/\$1,000,000 |
| <input type="radio"/> | \$500,000/\$1,000,000 | <input type="radio"/> | \$250,000/\$500,000/\$1,000,000 |
| <input type="radio"/> | Other: _____ | <input type="radio"/> | Other: _____ |

Self Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

3. Business Activities

1. List all location(s) owned or from which you operate (use separate sheet if necessary). Please list address, city, state and description of use. Show main location as number 1.

| | NUMBER AND STREET | CITY | COUNTY | STATE | ZIP CODE |
|--------|-------------------|------|--------|-------|----------|
| Loc. 1 | | | | | |
| Loc. 2 | | | | | |
| Loc. 3 | | | | | |

2. Description of use for each location listed:

Loc. 1: _____

Type of Facility: Building Storage Standard Open Lot (Protected—Posts/Chains)
 Non-Standard Open Lot (Unprotected)

Loc. 2: _____

Type of Facility: Building Storage Standard Open Lot (Protected—Posts/Chains)
 Non-Standard Open Lot (Unprotected)

Loc. 3: _____

Type of Facility: Building Storage Standard Open Lot (Protected—Posts/Chains)
 Non-Standard Open Lot (Unprotected)

3. Please specify your annual gross receipts for each of the following categories:

| | |
|--|----------|
| Physical Repair (Auto Body) of Vehicles - Gross Income | \$ _____ |
| Sales of Automotive Parts and Supplies - Gross Sales | \$ _____ |
| Used Car Sales - Gross Sales | \$ _____ |
| New Car Sales - Gross Sales | \$ _____ |
| Leased Auto Sales - Gross Sales | \$ _____ |
| Gasoline - Gallons Sold | \$ _____ |
| Storage of Vehicles - Gross Income | \$ _____ |

Mechanical Repair and Service to vehicles-tune-up, radiator, air conditioning, lube and oil, muffler, brakes, engine rebuilding-Gross Income \$ _____
 Foreign Auto Repair, RV Repair, Antique Auto Service-Gross Income \$ _____
 Propane, Butane Sales, or Other Liquefied Petroleum Gas-Gross Income \$ _____
 Rental of Vehicles-automobiles, trucks, motorcycles, trailer, boats, recreation equipment, etc.-Gross Income \$ _____
 Tire Sales and Service-Gross Sales \$ _____
 Public Parking-Gross Sales \$ _____
 Towing Operations \$ _____
 All Other Income-Explain \$ _____
 Retail Sales \$ _____
 Total Gross Receipts from all operations \$ _____

4. Describe test drive procedures: _____

5. Are customers allowed to keep cars overnight or weekends? Yes No

6. Lots:

a. If Autos are outside, is lot a protected lot completely enclosed by a chain link fence or chain and posts not more than four feet apart? Yes No

b. Is lot completely enclosed by a chain link fence or chain and posts not more than six feet apart? Yes No

c. Is lot completely floodlighted? Yes No
 Please explain: _____

d. Do you use guard dogs? Yes No
 Please explain: _____

e. Is their police or other protection? Yes No
 Please explain: _____

f. Do you pick up or deliver automobiles? Yes No
 Please explain: _____

g. Do you repossess property Autos? Yes No

h. Number of repossessions annually: # _____

7. If you are a wholesaler, do you maintain a separate storage facility? Yes No
 If yes, please explain: _____

8. Do you consign Autos to retail dealers? Yes No
 If yes, how are they insured? _____

9. Average number of vehicles sold annually: Total: _____ Retail: _____ Wholesale: _____

10. Indicate how many:

Dealer plates: _____ 100% used for business. No personal use is insured.

Transportation Plates: _____ 100% used for business. No personal use is insured.

Service Vehicles: _____ 100% used for business. No personal use is insured.

11. How are Autos acquired?

Local Auto auction _____ %

New car dealer _____ %

Wholesale _____ %

Private parties _____ %

12. Average number of cars for sale at one time: _____

13. Please complete a Schedule of Named Operators, listing drivers to be specifically insured (no coverage will be afforded unless all drivers who are furnished an Auto are listed). Include any employee or proprietor, partner or officer who is to be named as an insured driver on covered Autos.

Note: Insurance is provided to named operators only. Specifically, insured coverage for named insured operators is limited to business use only. Personal use of insured vehicles--owned or non-owned--is excluded. All business owners and employees must purchase a separate family Auto policy for personal use of owned and non-owned vehicles.

14. Please complete a schedule of commercial vehicles to be specifically insured. Please list all vehicles owned and licensed by you and used in your business. (Include all service vehicles, tow trucks, and car carriers.) (No coverage will be afforded unless each unit is specifically listed, described and insured, and a premium is paid.) Scheduled vehicles are only insured when driven by named insured drivers.

4. GKLL - Garage Keepers Legal Liability

| | Max Value of any one Unit | Max Value per Location |
|--------|---------------------------|------------------------|
| Loc. 1 | \$ | \$ |
| Loc. 2 | \$ | \$ |
| Loc. 3 | \$ | \$ |

- Specified Causes of Loss—Fire, Theft, Explosion, Mischief and Vandalism
- Collision

Contractual Property Damage: Legal Liability on vehicles for sale – Dealers Inventory Coverage

| | Max Value of any one Unit | Max Value per Location |
|--------|---------------------------|------------------------|
| Loc. 1 | \$ | \$ |
| Loc. 2 | \$ | \$ |
| Loc. 3 | \$ | \$ |

- Specified Causes of Loss—Fire, Theft, Explosion, Mischief and Vandalism
- Collision

Interests to be covered on Autos held for sale:

- All party's interest in covered Autos
- Financed party's interest only in stock for sale

In Tow/On Hook and Cargo coverage for owned Tow Trucks:

| | LIMITS OF COVERAGE | NUMBER OF UNITS |
|--|--------------------|-----------------|
| In Tow/ On hook | \$ | |
| Cargo (Vehicles carried on flatbed or trailer) | \$ | |

5. Employee Information

1. Number of Total Staff _____

Full Time _____ Part Time _____ Seasonal _____

| | NUMBER | ESTIMATED ANNUAL GROSS PAYROLL |
|---------------------------------|--------|--------------------------------|
| A. Proprietor, Partner, Officer | | \$ |
| B. Office Employees | | \$ |
| C. Salesmen | | \$ |
| D. Service Dept. Employees | | \$ |
| E. Other Employees | | \$ |

2. Schedule of drivers furnished Autos. Please list all drivers according to their employee class.

Note: No coverage afforded unless all drivers who are furnished an Auto are listed.

Class I: Furnished vehicles for personal use (minimum age of driver is 23 years).

Class II: Furnished vehicles for business use only (minimum age of driver is 23 years).

a. Class I- Employees: Personal Use

| NAME | POSITION | D.O.B. | DRIVERS LICENSE # | STATE |
|------|----------|--------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

b. Inactive proprietors, partners or officers or family members of active or inactive proprietors, partners, officers or employees whom you will allow to drive an Auto, or other person or organization who you furnish an Auto.

| NAME | POSITION/ RELATIONSHIP | D.O.B. | DRIVERS LICENSE # | STATE |
|------|---------------------------|--------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

c. Class II- Employees: No personal use: Proprietors, partners and executives active in the business, salespersons, general managers, service managers, and any employee who drives Autos, but who is not furnished an Auto.

| NAME | POSITION | D.O.B. | DRIVERS LICENSE # | STATE |
|------|----------|--------|-------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Garage Services and Equipment Dealers Liability Association of America, Inc., a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Applicant:

Signature

Print Name



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APPLICATION FOR MEMBERSHIP

The Garage Services and Equipment Dealers Liability Association of America, Inc. has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$75.00. Annual membership dues are \$5.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : _____
2. Mailing Address: _____
City: _____ State: _____ Zip: _____
3. Contact Person: _____
4. Day Phone: _____ Evening Phone: _____ Fax Number: _____
5. Type of business conducted: _____
6. How many years have you been in business? _____
7. States of Operation: _____
8. Please list below the name and address of any other association you are currently a member of:

Dated: _____

Applicant:

Signature

Print Name