

| Agent Name: | |
|--------------|--|
| Agent Email: | |
| Agency Name: | |
| Agent # | |

Garage Quick Quote Sheet

General Information

Applicant Name:

| Mailing Address: | | |
|---|----------------------------|-------------------------------|
| Address: | | |
| Owner's Name: | Phone | |
| Number: Venture LLC Other: | Applicant is: Individual P | Partnership Corporation Joint |
| Years Insured Under this Name: Description of Risk/Operations: | | Renewal Date: |
| Website Address: | | |
| Narrative (Target premium/How JSA o | can help you write the | |

account):_____

General Underwriting Info

1. Please provide your percentage of operations. Must be 100% (*requires supplemental)

| Private Passenger Auto Service | |
|---|--|
| Private Passenger Auto Sales | |
| Commercial Trucks and Trailers Service* | |
| Commercial Trucks and Trailers Sales* | |
| Motorcycle Service* | |
| Motorcycle Sales* | |
| RV Service* | |
| RV Sales* | |
| Wholesale Dealer* | |
| Other | |

| | Yes | No |
|---|-----|----|
| Does the insured have any other related operations like selling parts that you do not install, etc? | | |
| If yes, Gross Receipts | | - |
| Any ownership in other businesses? | | |
| Does the insured rent space at this location to other businesses? | | |
| Do you rent or loan dealer/transporter tags or autos to others? | | |
| Are firearms kept on-premises? | | |
| Are any dogs kept on-premises? | | |
| Do you drive customer's vehicles for purpose of pick up and/or delivery? | | |
| If Yes, how many times per week? | | - |
| # of miles from shop? | | |

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2. How many transporter plates do you have?_____

If any, how are they used?_____

3. Where are vehicle keys kept when the lot or shop is closed?

Key Cabinet Taken Home In/On Vehicle

4. Current

Carrier?_____

5. Any losses in the past three years? Yes No

Please include 3 years currently valued loss runs if available.

6. Employee Schedule. Please include owners, employees, drivers and 1099 contractors.

Please complete for both dealer and service operations.

| Name | Date of Birth | Driver Licens e Numbe r | State of Lice nse | CD L? Y/N | Furnis hed Auto? Y/N | Perso nal Auto Policy ? Y/N | Violatio ns & Accide nts Past 3 years | Ful I or Par t tim e | Job Title - Duties |
|------|---------------------|-------------------------------------|----------------------------|-----------------|-------------------------------|--|--|--|-----------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

7. Please list any family members furnished autos:

Sales Questions

8. What state(s) are/will you be licensed in?

9. How many dealer plates?

10. Who drives or transports vehicles to your lot?

Insured/Employees Contract Drivers Transporter

11. Do you drive newly acquired autos within the following radiuses?

| | # of trips |
|-------------------|------------|
| 0-50 Miles | |
| 51-200 Miles | |
| 200-300 Miles | |
| 300 or more Miles | |

12. Do you deliver vehicles to customers after the sale is complete? Yes No 13. How many vehicles do you sell per year? _____

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a. What percentage is sold "sight unseen" over the internet?

b. Do you sell vehicles on consignment? Yes No (Attach Consignment Agreement)

c. What % of these are salvage titled vehicles?_____

14. Do you repossess the vehicles you sell yourself? Yes No 15. Do you always ride along on test drives? Yes No **If no**:

a. Do you get a copy of the customer's drivers license and verify that they carry insurance? Yes No b. Do you allow over-night test drives? Yes No <u>Service Questions</u>

16. Do you service any vehicles involved in subcontract any work?

racing or exhibition events? 17. Do you 18. Do you sell Gasoline or LPG?

| 19. If you install Lift Kits, do you lift over 6'? | Yes No |
|--|--|
| a. What percentage is: Body Lifts % Suspension Lifts% | Yes No Yes No Yes No |
| b. What is your training and | |
| experience? | |
| | |
| | |
| 20. If you paint, do you have a spray paint | % used% b. What percentage |
| booth/separate room? a. If Yes, is booth/room | of your work is service only, no sales |
| well ventilated? | % |
| 21. If you sell or service tires: | Yes No Yes No |
| a. What percentage of tires sold are: new | |

Describe:_____

22. What percentage of your work is?

| Alignment | % | Lift Kit | % | Sound/Alarm System | % |
|---------------------------------|---|-----------------------------|---|---------------------|---|
| Batteries | % | Muffler | % | Suspension/Frame | % |
| Body (not fiberglass) | % | Oil & Lube | % | Tires | % |
| Brakes | % | Paint | % | Trailer Hitches | % |
| Engine Overhaul | % | Radiator | % | Transmission | % |
| Fiberglass | % | Roadside Assistance | % | Tune Up | % |
| Blade/Cutting Equip/Chippers | % | Wash/Detail | % | Frame Straightening | % |
| Custom/Fabrication* | % | Performance Enhancement* | % | Other* | % |

*Describe Custom, Performance or Other._____

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Coverages and Limits Section

Liability Limit: \$_____each accident 1x 2x 3x aggregate Broadened

Coverage? Yes No

Damage to rented premises limit? \$100,000 \$300,000 Other:_____ Medical

Payments Limit: \$ premises only combined

Garagekeepers Limit (Physical damage to customer's autos)

| Average # of Vehicles On Lot | Average Value per Vehicle | Maximum Limit per Vehicle | Maximum number of vehicles | Total Limit |
|------------------------------------|------------------------------|------------------------------|----------------------------------|-------------|
| | | | | |

Dealer's Physical Damage (Physical damage to owned autos)

| Average # of Vehicles On Lot | Average Value per Vehicle | Maximum Limit per Vehicle | Maximum number of vehicles | Total Limit |
|------------------------------------|------------------------------|------------------------------|----------------------------------|-------------|
| | | | | |

Other coverages or lines of business (Additional insured & Relationship, False Pretense or auto liability, property etc):_____

Additional Remarks (Describe any lapses in coverage, list any contract or certificate requirements, or any other helpful information):

Fraud Warning:

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 subjects such person to criminal and civil penalties.

Fraud Warning: (TN & VA)

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

| Applicant's Name & Title (Please Print): | |
|--|-------|
| Applicant's Signature: | Date: |
| Agent's Signature: | Date: |

| Agency Address: | |
|------------------|-----------------|
| Agent's Phone #: | _Agent's Fax #: |

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