



Agent Name: _____
 Agent Email: _____
 Agency Name: _____
 Agent # _____

Garage Quick Quote Sheet

General Information

Applicant Name: _____

Mailing Address: _____ Location _____

Address: _____

Owner's Name: _____ Phone _____

Number: _____ Applicant is: Individual Partnership Corporation Joint Venture LLC

Other: _____

Years Insured Under this Name: _____ Years Experience: _____ Renewal Date: _____

Description of Risk/Operations: _____

_____ Website Address: _____

Narrative (Target premium/How JSA 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	

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 **Service Questions**

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 _____ %

Yes No Yes No Yes No

Suspension Lifts _____ %

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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