

# SAFEPRO INSURANCE SERVICES GARAGE INSURANCE QUOTE QUESTIONNAIRE

Owner(s) Name(s): \_\_\_\_\_ Doing Business As (DBA): \_\_\_\_\_

Individual  Corporation  Partnership  Joint Venture  Other \_\_\_\_\_

Location Street Address: \_\_\_\_\_ City \_\_\_\_\_ CA Zip: \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_ Business Fax Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website \_\_\_\_\_

**Bureau of Automotive Repair (BAR) #:** \_\_\_\_\_ **Years at this Location :** \_\_\_\_\_ **Years Experience:** \_\_\_\_\_

Number of Active Owners: \_\_\_\_\_ Number of Active Family Members: \_\_\_\_\_ Number of Full-Time Employees: \_\_\_\_\_

Number of Part-Time Employees (under 20 hours weekly): \_\_\_\_\_

Hrs. of Operations: Sat \_\_\_\_\_ Sun \_\_\_\_\_ M-F \_\_\_\_\_

**Describe operation and types of work performed:**

**AUTOMOTIVE SHOPS** Check the ones that apply.

<input type="checkbox"/> AUTO REPAIR SHOP	<input type="checkbox"/> LUBE & OIL CENTER	<input type="checkbox"/> AUTO BODY	<input type="checkbox"/> AUTO BODY/PAINT	<input type="checkbox"/> AUTO PAINT
<input type="checkbox"/> TUNE UP CENTER	<input type="checkbox"/> AUTO ELECTRIC SHOP	<input type="checkbox"/> RADIATOR SHOP	<input type="checkbox"/> MUFFLER SHOP	<input type="checkbox"/> AUTO AIR COND.
<input type="checkbox"/> SMOG CENTER	<input type="checkbox"/> AUTO DETAIL	<input type="checkbox"/> AUTO UPHOLSTERY	<input type="checkbox"/> WHEEL ALIGNMENT	<input type="checkbox"/> R.V. REPAIR SHOP
<input type="checkbox"/> AUTO GLASS SHOP	<input type="checkbox"/> REPAIR W/ CAR WASH	<input type="checkbox"/> STEREO INSTALLATION	<input type="checkbox"/> OTHER, EXPLAIN: _____	

**PLEASE DESCRIBE OPERATIONS IN DETAIL:**

**Vehicle Section**

**By percentage indicate the types of vehicle sold or serviced in your garage operations. Percentage needs to equal 100% for each column.**

Type	Repair %	Sales %
Private passenger, SUVs pick-up trucks and vans		
Autonomous autos (Self driving autos)		
All-Terrain Vehicles including dirt bikes		
Antique or Classic autos typically over 30 years old		
Bucket, boom trucks or cranes		
Busses, motor coaches		
Emergency vehicles (ambulance, police, fire)**		
Equipment (agricultural, farm, construction, forklifts etc...)**		
Golf carts		
Motorcycles / Scooters		
Mobile Homes		
Racing autos		
Recreational Vehicles, Motorhomes**		
Refrigerated autos		
Sports cars / High performance		
Trucks, tractors and semi-trailers (greater than 26,000 gross vehicle weight)**		
Utility Trailers		
Watercraft		
Any type that has been modified for the physically impaired		

Personnel – Please list all owners, employees, drivers and any family or non-employees who have access to autos.

Name	Date of Birth	Driver's License #	State	Class of CDL	# Violations Accidents past 3 years		Position	Auto Use	Status
					Violations	Accidents			

**Position:**

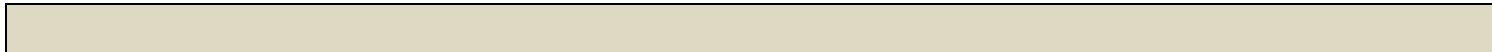
- 1 – Owner, partner, officer
- 2 – Manager, Salesperson
- 3 – Mechanic
- 4 – Lot person, porter, clerical
- 5 – Non employed personnel
- 6 – Other

**Vehicle Use:**

- 1 – Furnished
- 2 – Not furnished, business use only
- 3 – Non driving

**Status:**

- F – Full Time
- P – Part Time (20hrs)
- N – Non employee



Building Age: \_\_\_\_\_ Yrs Construction Type: \_\_\_\_\_ Building Sq. Footage: \_\_\_\_\_  
 Do you own the Building?  Yes  No Is Landlord to be named as additional insured?  Yes  No  
 Are any vehicles (used, new, or repaired wrecks) sold on the premises?  Yes  No Do you hold a dealer License?  Yes  No  
 Do you or others operate any other business on the premises?  Yes  No If yes, describe in Remarks.  
 Do you have an impound yard?  Yes  No If yes, describe in Remarks.  
 Are you involved in any other business operations?  Yes  No If yes, describe in Remarks  
 Any type of auto & van conversions and/or modifications?  Yes  No  
 Any repair of trucks?  Yes  No If yes, indicate largest truck in GVW: \_\_\_\_\_ Do you own any tow trucks?  Yes  No  
 Do you have any contract towing with any entity (i.e. Auto Clubs, Police)?  Yes  No  
 Do you recap tires?  Yes  No Do you sell any used or recapped tires?  Yes  No Do you sell any new tires?  Yes  No  
 What Percentage of total sales are from tire sales? \_\_\_\_\_ %  
 Do you do any spray painting?  Yes  No If yes, Is Painting area separate from repair area?  Yes  No 12) Do you spray paint in an approved spray booth, which complies with CA Laws?  Yes  No Are all solvents, flammable liquids, gas cylinders stored in areas protected from fire hazard?  Yes  No Are any guard/pet dogs kept on the premises?  Yes  No 15) Do you keep firearms on the premises?  Yes  No Do you do any welding of auto frames?  Yes  No Do you do any types of frame works?  Yes  No  
 Do you do any welding of trailer hitches?  Yes  No Do you provide any off-premises services?  Yes  No

**CUSTOMER'S VEHICLES:**

- 1) Average number of customer cars during the business hours: \_\_\_\_\_ After business hours: \_\_\_\_\_
- 2) Average value of a customer car \$ \_\_\_\_\_
- 3) Are customer's car stored overnight?  Yes  No If yes, how many? \_\_\_\_\_ Describe protection: \_\_\_\_\_
- 4) Are customer's car locked and keys stored in a safe location when repair is not being performed?  Yes  No
- 5) Are all customer's autos stored outside during non-working hours enclosed within 6 ft. locked fence or wall?  Yes  No If no, please explain how vehicles are protected: \_\_\_\_\_
- 6) Do you pick up and deliver customers vehicles?  Yes  No If yes, describe frequency: \_\_\_\_\_ and radius: \_\_\_\_\_ Miles.
- 7) Do you have a night watchman?  Yes  No Do you hire a security patrol?  Yes  No
- 8) Do you have an operable central alarm?  Yes  No If Yes, Name of the Central Alarm Co.: \_\_\_\_\_  
 Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Acct. #: \_\_\_\_\_
- 9) Are all exterior door, including bay door, equipped with double cylinder deadlocks or padlocks?  Yes  No
- 10) Are windows protected with gates/bars?  Yes  No 11) Do you allow people in the shop area?  Yes  No

PLEASE INDICATE THE AMOUNT OF LIABILITY COVERAGE YOU NEED Please Deductible: \$1,000 \$1,500 \$2,500 \$5,000

<b>GARAGE LIABILITY</b>	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000		
<b>GARAGE KEEPERS LEGAL LIABILITY</b>  Auto left for service & repair.	Per Auto \$ _____  Per Location \$ _____	Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	
<b>BROADENED GARAGE COVERAGE</b>	Includes: Personal & Advertising Injury, Host Liquor Liability, Incidental Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability, Limited Worldwide, Fire Legal Liability sub-limit of \$50,000 (Same limit as garage liability)		<input type="checkbox"/> Do Not Include <input type="checkbox"/> Include
<b>FIRE LEGAL LIABILITY</b>	\$ _____		
<b>PERSONAL INJURY</b>	It is Included if Broadened Garage Coverage is to be included in the above section. If Broadened Garage Form is not Included, this coverage may be added, would you like to include? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MEDICAL PAYMENT</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		

PLEASE INDICATE THE AMOUNT OF PROPERTY COVERAGE YOU NEED Deductible: \$1,000 \$1,500 \$2,500 \$5,000

Building	\$ _____
Business Personal Property ( )Include Theft ( )Exclude Theft	\$ _____
Loss of Earning	\$ _____
Employees Tools (not included in business personal property)	\$ _____
Outdoor Sign (optional)	\$ _____

**INSURANCE INFORMATION** ARE YOU CURRENTLY INSURED YES NO, REQUESTED EFFECTIVE DATE \_\_\_\_\_ HAS AN INSURANCE COMPANY CANCELLED OR NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS? YES NO HAVE YOU HAD ANY LOSSES OR CLAIMS DURING THE LAST 5 YEARS?  YES  NO IF INSURED NOW, PLEASE PROVIDE INSURANCE POLICY INFORMATION BELOW - LOSS RUNS ARE REQUIRED - PLEASE EMAIL OR FAX THE LOSS RUNS TO OUR OFFICE.

INSURANCE COMPANY (NOT THE AGENCY)	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	# OF LOSSES (IF ANY)	ANNUAL PREMIUM
		MONTH AND YEAR	MONTH AND YEAR		
		/	to /		
		/	to /		
		/	to /		

STATE THE REASON YOU ARE APPLYING FOR QUOTE NOW?

**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.

By submitting this form, I am providing express written consent to being contacted by one or more agents/brokers of Safepro Insurance Services to discuss my interest, including offers of insurance, at the phone number and/or email address I have provided to you in submitting this form and/or additional information obtained. I consent by electronic signature to being contacted by telephone (via call and/or text) for marketing/telemarketing purposes at the phone number I provided in this form, even if my phone number is listed on a Do Not Call Registry.). I can revoke my consent at any time. I also understand that my agreement to be contacted is not a condition of purchasing any property, goods or services, and that I may call 1-888-506-2835 to speak with someone about obtaining an insurance quote.

DISCLAIMER: This is a request for a price indication. This application does not bind the applicant nor the Company(s) to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

YOUR FIRST AND LAST NAME: \_\_\_\_\_ POSITION \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_