



**Garage and Garagekeepers
Supplemental Application
TEXAS**

McNeil & Company, Inc.
P.O. Box 5670
Cortland, New York 13045
Phone (800) 822-3747
Fax: (607) 758-9028

General Information

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

_____ FEIN: _____

Mailing Address: _____

_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Agency telephone: _____ Agency fax: _____

Date proposal is needed: _____ Agency e-mail address: _____

Do you currently write this account? Yes No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? Yes No

If Yes, please indicate Agency Name: _____

Business Information

Type of business (please check all that apply):

- Emergency Apparatus Dealer
- Other: _____

The business is a (please check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Sole Proprietorship
- Other: _____



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Business Information (continued)

Please check those operations that apply to the insured's business:

- | | |
|--|---|
| <input type="checkbox"/> Customization of trucks/apparatus
<input type="checkbox"/> Brake calibration
<input type="checkbox"/> Transmission or engine repair/service
<input type="checkbox"/> Spray painting or welding - If Yes, NFPA Standard 33 compliant? | <input type="checkbox"/> Service/repair of trucks/apparatus
<input type="checkbox"/> Body shop repair
<input type="checkbox"/> Pickup and Delivery of new apparatus
<input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

Years in operation: _____ *(Minimum Requirement: 3 Years in Operation)*

Years experience in industry (please provide details of experience): _____

In the past 10 years, did the insured operate under a different name? Yes No
 If Yes, please explain: _____

In the past 5 years, have any of the insured's operations been sold, acquired, or discontinued? Yes No
 If Yes, please explain: _____

In which states does the insured perform services? _____

Number of Employees: _____ Full-time _____ Part-time Is there an employee union? Yes No

Does the insured currently carry Employers Liability Coverage? Yes No
 If Yes, please indicate Carrier: _____ Policy No.: _____ Effective Date: _____

Does the insured have a formal written safety program in effect? Yes No
If Yes, please include a copy with this application.

Is the insured a Franchised Dealer? Yes No

Is the insured an authorized dealer for any Manufacturer? Yes No
 If Yes, please list manufacturers and country of origin: _____

Does the insured have a Broad Form Vendors Endorsement from all such Manufacturers? Yes No

Please indicate the receipts projected for this year, and for each of the past two years:

	This Year- Projected Receipts / Commissions		Last Year- Actual Receipts	Previous Year- Actual Receipts
Sales - New Apparatus	\$	\$	\$	\$
Sales - Used Apparatus	\$	\$	\$	\$
Service and Repair	\$	\$ NA	\$	\$



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Garage/Garagekeepers Liability Information

Please indicate the Garage Liability per accident/occurrence limit desired: \$300,000 \$500,000 \$1,000,000

Please indicate the Garagekeepers Legal Liability Limit desired:

\$ _____ Address: _____
\$ _____ Address: _____
\$ _____ Address: _____

Does the insured refurbish used apparatus? Yes No

If Yes, show percentage of annual receipts: _____%

Does the insured perform mobile service or repair? Yes No

If Yes, show percentage of annual receipts: _____%

Does the insured sell or service watercraft or watercraft parts? Yes No

Does the insured sell or service aircraft or aircraft parts? Yes No

Are any vehicles held for sale on the insured's premises? Yes No

Where are customers vehicles stored overnight? _____

Type of Vehicle Storage Facility: Building Standard Open Lot Non-standard Open Lot

Please describe protection devices, i.e. locks, alarms, sprinkler systems, fire extinguishers, lighting, fences, etc.: _____

Does the insured lease or loan vehicles to others? Yes No

If Yes, please explain: _____

Do owners or employees take home company-owned vehicles, or use them for personal use? Yes No

If Yes, please explain: _____

Are there written standard operating procedures for use of company owned vehicles? Yes No

Does the insured review Motor Vehicle Reports (MVR's)? Yes No

If Yes, how often?: Annually Every 2-3 years More than 3 years

Does the insured have written criteria for acceptable MVR's? Yes No

Do all drivers have a license commensurate with applicable legal requirements (CDL, etc.)? Yes No

Number of drivers currently employed: _____ Full Time _____ Part Time _____ Contract

Percent of driver turnover in the last 12 months? _____%

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Garage/Garagekeepers Liability Information (continued)

Does the insured manufacture any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured modify any products manufactured by others prior to sale? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured import any products? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Does the insured sell any products manufactured outside of the U.S. that are imported by others? Yes No

If Yes, please describe all such products and the annual sales volume for each: _____

Please attach copies of current Products Liability Certificates of Insurance from the importers.

Dealers Physical Damage Coverage Information

Dealers Physical Damage Coverage Requested: Yes No

Please indicate the Physical Damage Limit desired:

\$ _____ Address: _____

\$ _____ Address: _____

\$ _____ Address: _____

Dealers Driveway Coverage and Pickup & Delivery of Autos: Yes No

Does pick up or delivery exceed 50 miles? Yes No

If Yes, please provide the following information:

Number of vehicles driven or transported per year: _____

Number of trips per year: _____

Mileage traveled (over 50 miles) per trip: _____

Maximum value (Price New at Factory) of delivered vehicles: \$ _____

Number of Dealer Plates: _____

Number of Transporter Plates: _____

