



P. O. Box 30527
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**RENEWAL APPLICATION
 GARAGE LIABILITY**

BROKER'S NAME:	DATE:
BROKER'S ADDRESS:	PHONE NO.

Renewal of Policy No.	<input type="checkbox"/> Quote <input type="checkbox"/> Issue	Effective:	Expiration:	Underwriter:
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Insured's Name:	Phone No.			
Street Address:	Mailing Address:			
Type of Business:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	Other:

COVERAGES

Liability Limits	UM/UIM	Dealers Physical Damage	Deductible	Garage Keepers	Deductible
\$	\$	\$	\$	\$	\$

DRIVER INFORMATION

NAME	DOB	LICENSE NO.	STATE	DRIVING RECORD	JOB POSITION
1.					
2.					
3.					
4.					

DEALERS

AUTO DEALER:	Cars/Pickups _____%	Truck/Tractor _____%	Other _____%
Maximum Radius for Pickup and Delivery:	Number of Dealer Plates:	Number of Transport Plates:	
Will insured provide autos to non-employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain in remarks.	
DEALER'S LOT:	Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No	Lights <input type="checkbox"/> Yes <input type="checkbox"/> No	Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No

SERVICE/REPAIR

Type of Operation	Miscellaneous	Storage Lot
<input type="checkbox"/> Repair %	Loan Vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No	Fenced <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mobile Home %	Road Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Lights <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Service Station %	Number of Owners?	Dogs <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Heavy Equipment %	Number of Employees?	Other:
<input type="checkbox"/> Other: %	Any Changes To Your Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain In Remarks Section)	

VEHICLES

YEAR	MAKE	TYPE	PHYS. DAMAGE ACV	SERIAL NUMBER
1.				
2.				

REMARKS

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APPLICANT'S SIGNATURE:	DATE:	BROKER'S SIGNATURE	DATE:
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