



Garage Quick Quote Sheet

Agent Name: _____ Agency Code: _____

Phone Number: _____ Email address: _____

1. APPLICANT INFORMATION

Individual _____ LLC _____ Corporation _____ Partnership _____

Named Insured/Business Name: _____

(DBA): _____

Mailing Address: _____

Garaging Location 1: _____

Garaging Location 2: _____

Contact Name: _____ Phone: _____ Website Address: _____

Dealer _____ Service _____ Both _____ Description of business operation: _____

Years Experience: _____ Years in Business _____ Target Premium: \$ _____ Effective Date: _____

Current Carrier: _____ Any lapses in coverage or non-renewed? _____

If so, why: _____

How many years of loss runs will be provided: _____ # of Claims: _____ Loss \$ _____

2. COVERAGE AND LIMITS REQUESTED – Some coverages and/or limits may not be available.

Type of Coverages	Limits	Deductible	Notes/Comments
Garage Liability Limit: (choose aggregate below) 1x _____ 2x _____ or 3x _____	\$	\$	
Garagekeepers (Repair–Non-owned autos) Total Location Limit: Max Value Per Any One Auto:	\$ \$	\$	Comp/Coll _____ SCOL/Coll _____ Legal Liability _____ Direct Primary _____
Uninsured Motorist Coverage:	\$	N/A	# of Dealer Tags _____
Dealers open Lot (Dealer-owned autos) Total Location Limit: Max Value Per Any One Auto:	\$ \$	\$	Comp/Coll _____ SCOL/Coll _____
Medical Payments: (choose one) Combined _____ Premise _____ Auto _____	\$	N/A	
Broadened Coverages: Yes _____ No _____	Personal & Advertising Injury Limit - Same as liability limits & Fire Legal Liability is automatically rated at \$100k.		
For Property/BPP – Please Include Acord 140 – must be fully completed			



3. OWNERS/EMPLOYEE INFORMATION – Including Partners, Spouses, & Children (active or inactive)
 ALL Owner/Employee driving information (Subject to acceptable MVRs, if bound) - **Must have a valid US DL**

Employee Name	DOB	DL State	CDL Y or N	FT or PT	Furnished Y or N	Accidents or Violations	Job Title/ Duties

(Driving exposure)		(Non-driving exposure)		(Non-employees)
Active Owner or Partner	Salesperson or Manager	Mechanic	Lot person	Spouse of owner or partner
Inactive Owner or Partner	Contract drivers	Clerical / Office	Detailer	Children of owner or partner

4. DEALER CLASSIFICATION * Requires additional questionnaire – must equal 100%

Retail _____% * Wholesale _____% * Broker _____% Internet _____% Consignment _____% Salvage titled _____%

- **Retail – sell directly to the public, has a physical retail/display lot. (selling to auctions is considered retail)**
- **Wholesale – No public sales; sales completed dealer to dealer, typically do not have a physical lot.**
- **Broker – defined as those who connect buyers with sellers without ever taking title or possession of the vehicles.**

5. What percentage by vehicle type do you sell or service? (*Requires additional Questionnaire) – must equal 100%

*Antique/Classic Autos	%	*Motorcycle /Off-Road	%
*Boats / Watercraft	%	Private Passenger Autos	%
*Commercial Truck/Trailer	%	*RVs /Camping Trailers	%
*Emergency Vehicles	%	*Salvage Titled Autos	%
*Farm/Construction Equipment	%	Utility Trailers	%
*Golf Carts	%	Other (describe below):	%

6. ADDITIONAL QUESTIONS:

Radius of operations: _____ # of vehicles are sold per year? _____ Renting/leasing vehicles? _____

Are all test-drives accompanied by an employee? _____ Are titles transferred at the time of sale? _____

Do they have a retail/display lot? _____ What is your lot protection? _____

- a. Stored inside a secured building b. Fully fenced w/locking gate c. Unprotected

Send submissions to: garage@siuins.com or simply request online at www.siuins.com.

Don't forget...ALL new business transportation/garage accounts are getting \$25 Tango Cards!



7. SERVICE / REPAIR QUESTIONS: * Requires additional explanation or supplement.

What type of repairs/service does the insured provide for **NON-OWNED** vehicles?

Airbags (including Deactivating)	%	Engine / Radiator	%	Storage Facility (Long Term) *	%
*Antique /Vintage/Classic Repair or Restoration	%	Fiberglass	%	Tires - New	%
*Auto Dismantling or Salvage Operations	%	Frame Straightening	%	Tires - Used	%
Batteries	%	Inspection Station	%	Towing	%
Bedliner Installation	%	Lift Kit Installation/Service	%	Trailer Hitch Installation/Repair	%
Blade /Cutting Equip	%	LPG Dealer	%	Upholstery /Window Tinting / Vehicle Wraps	%
Body Work/Painting	%	Muffler / Exhaust	%	Valet Parking	%
Brakes	%	Oil & Lube	%	Wheel Alignment	%
Breathalyzers/Interlock Devices	%	*Performance Enhancement / Modifications	%	Windshield Installation Repair	%
*Custom Fabrication	%	Rim Repair /Powder coating	%	General repairs / service	%
Detailing/Washing	%	Roadside Assistance / Mobile Repair	%	Other (Complete Description Line Below)	%
*Driver Assist Technology Navigational system	%	Sound, Alarm, & Accessory Installation	%	*** Total should equal 100%	

Please describe type of work: _____

1. If you install lift kits, do you lift over 6"? _____ What is your training/experience _____

2. Do you have a paint booth/separate room? _____ Does it have explosion proof lighting & proper ventilation? _____

3. Do you pick up and/or deliver customer's vehicles? _____ # of times a week _____ distance(1-way) _____ miles

4. # of Additional Insureds _____ What is their relationship to the insured: _____

Name: _____

Address: _____

Additional information/comments: _____

