

# Quick Quote Sheet

\*\*\* Garage \*\*\*

# Arlington/Roe & Co., Inc.

P.O. Box 80803, Indianapolis, IN 46280

Phone: 800-878-9891 Fax: 317-554-8551

All questions must be answered.

|   |         |        |                           |  |      |
|---|---------|--------|---------------------------|--|------|
| <b>Insured Information:</b>   |         |        | <b>Agent Information:</b> |  |      |
| Name:   |         |        | Agent:                    |  |      |
| Address:  |         |        | Telephone:                |  | Fax: |
| City:   | County: | State: | Zip:                      |  |      |
| Phone:  |         |        | Web Address:              |  |      |
| Policy period requested from: _____ to _____  |         |        |                           |  |      |
| Years in Business: _____ Business Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC |         |        |                           |  |      |
| What is your experience in the Automotive Industry?   |         |        |                           |  |      |

1. Describe your operations:

2. What percentage by type of vehicle do you sell or service?

|  |   |                                       |   |
|--|---|---------------------------------------|---|
| a. Cars, sport utility, pickups, vans  | % | b. * Recreational Vehicles            | % |
| c. * Construction or Farming Equipment | % | d. * Commercial trucks & trailers     | % |
| e. * Salvage (used) parts              | % | * COMPLETE SUPPLEMENTAL QUESTIONNAIRE |   |

3. What else do you do?

4. Locations where you conduct Garage Operations (include zip code)

|   |   |
|---|---|
| 1 | 2 |
| 3 | 4 |

5. What other businesses use your location(s)?

6. Do you haul for hire? \_\_\_\_\_ 7. Is business for profit? \_\_\_\_\_

8. Have you been cancelled or non-renewed in last three years?

9. Do you operate in more than one state?

10. Filings needed? \_\_\_\_\_ Docket # \_\_\_\_\_ MDOT Cert? \_\_\_\_\_

11. Covered by Workers Compensation?

LIST ALL OWNERS, OWNER'S SPOUSES, ETC. (attach supplemental list, if needed)

| Name | DOB | DL # | State | Comm. DL? | Job Desc. & Status Full time, Part Time or Relationship? | Auto furnished or available for regular use? |
|------|-----|------|-------|-----------|--|--|
|      |     |      |       |           |  |  |
|      |     |      |       |           |  |  |
|      |     |      |       |           |  |  |
|      |     |      |       |           |  |  |
|      |     |      |       |           |  |  |
|      |     |      |       |           |  |  |

Prior Carrier and Loss History (past 3 years)?

|                 |               |                |
|-----------------|---------------|----------------|
| Current Carrier | Policy Period | Policy Premium |
| Prior Carrier   | Policy Period | Policy Premium |
| Prior Carrier   | Policy Period | Policy Premium |

| Date of Loss | Amount | Description of Loss |
|--------------|--------|---------------------|
|              |        |                     |
|              |        |                     |
|              |        |                     |

## Sales Questions

12. Where do you purchase vehicles?

13. Who drives or transports vehicles to your lot?

14. If you drive or transport newly acquired autos more than 300 road miles from point of purchase to your lot, How often? \_\_\_\_\_ and how far in road miles? \_\_\_\_\_

15. How many vehicles do you sell per year? \_\_\_\_\_ How many of those are sold over Ebay or a similar internet site? \_\_\_\_\_ How many vehicles do you sell per year on consignment? \_\_\_\_\_

16. What is your normal radius of operation? \_\_\_\_\_ miles.

17. Describe your theft barriers (fence & gate or post & cable):

18. Where are the car keys kept?

19. How many dealer plates do you have?

20. Do you repossess vehicles?  YES  NO

If "yes," please explain:

21. Do you sell "salvage titled" vehicles?  YES  NO  
 If "yes," what percentage of vehicle require:  
 Structural repair: % mechanical repair: % cosmetic repair: %

22. Do you always ride along on test drives?  YES  NO

**Service Questions**

23. What percentage of your private passenger auto work is?

|                 |                    |              |                           |
|-----------------|--------------------|--------------|---------------------------|
| Alignment       | Oil & Lube         | Tune Up      | Describe other work done: |
| Body/Paint      | Radiator           | Transmission |                           |
| Brakes          | Sound/Alarm System | Upholstery   |                           |
| Engine Overhaul | Suspension/Frame   | Wash/Detail  |                           |
| Muffler         | Tires              | Window Tint  |                           |
|                 |                    |              |                           |

24. Do you sell gasoline?  Yes  No  
 Do you sell LPG?  Yes  No  
 If yes, how many gallons? Gasoline                      LPG

25. Do you install trailer hitches?  Yes  No

26. Do you have a spray paint booth?  Yes  No  
 If yes, is it UL approved?  Yes  No  
 Is it ventilated?  Yes  No

27. Do you recap tires or sell recapped tires?  Yes  No

28. Do you tow for hire?  Yes  No  
 If yes, complete Tow Truck Operator Questionnaire.

29. How many Transporter Plates do you have?                      How often are they used?

30. Describe lot or building security:

31. Where are the customer's car keys kept?

**SCHEDULED AUTOS, IF NEEDED**

| Auto No. | Year | Make | Vin # | Stated Amount | GVW | USE | Radius |
|----------|------|------|-------|---------------|-----|-----|--------|
|          |      |      |       |               |     |     |        |
|          |      |      |       |               |     |     |        |
|          |      |      |       |               |     |     |        |
|          |      |      |       |               |     |     |        |

**COVERAGE REQUESTED**

Garage Liability Limit \$                      each accident, \$                      aggregate

Add Broadened Coverages- Garage

Additional Insured & Why?

Add Liability for these Related (non garage) Operations

Garagekeepers Limit \$                      per location                      Basis  Legal Liability or  Primary

SCL or  Comp \$                      deductible  Collision \$                      deductible

Value per auto \$                       In-Transit Limit per auto \$

Dealers Physical Damage Limit \$                      per location

SCL or  Comp \$                      deductible  Collision \$                      deductible

Value per auto \$                       Drive-Away Road Miles

Type of vehicles:  New  Used

Interests Covered:  Owner  Owner and Creditor  Consignment

Loss Payee

Specifically Described Autos (use ACORD 127 for additional vehicles):

Medical Payments Limit \$                       Auto  Premises  Combined

Uninsured Motorist \$                      (Signed State form selecting or rejecting coverage is required )

Personal Injury Protection \$                      ( Signed State form selecting or rejecting coverage is required)

Fire Legal Liability \$50,000 or \$

Commercial Property (attach ACORD 140)