

# FACILITY ASSOCIATION GARAGE RATING/UNDERWRITING SUPPLEMENT

Name of Applicant \_\_\_\_\_ Binder/Policy Number \_\_\_\_\_

*If space is insufficient for a proper response in any section, please attach a separate sheet showing details.*

**1. OPERATIONS: Operations not described in Item 3 of the application are not covered.**

a) Indicate the operations of the Applicant **Check all those applicable:**

Sale of: New Vehicles  Franchise for \_\_\_\_\_ Used Vehicles  Wholesale/Auction   
 Repairs  Service Station  Storage Garage  Parking Lot  Towing: Cars  Other   
 Detailing  Specify \_\_\_\_\_

b) Kinds of vehicles sold or serviced  
 Cars & Light Trucks  Heavy Trucks  Motorcycles  Snow Vehicles  Recreational Vehicles   
 Antique/Specialty/Exotic  Other  Specify \_\_\_\_\_

c) Number of Courtesy Cars (vehicles only supplied to customers whose own vehicle is being serviced, repaired or awaiting delivery of a new vehicle): \_\_\_\_\_  
 Number of Shuttle Buses to transport customers: \_\_\_\_\_

d) Other operations (Specify) \_\_\_\_\_

e) % of total business engaged in pick up and delivery of customer vehicles carrying owner's vehicle plates: \_\_\_\_\_  
 % of total business engaged in the pickup and delivery of other vehicles carrying Applicant's service plates: \_\_\_\_\_  
 % of total business engaged in the pick up and/or delivery of vehicles using drivers not regularly employed by Applicant: \_\_\_\_\_

Locations owned/leased by Applicant and not shown on application: \_\_\_\_\_

Radius of Operations: \_\_\_\_\_  
 % of total mileage driven outside New Brunswick: \_\_\_\_\_

Destinations/locations: \_\_\_\_\_

**Detailed description of all operations:** \_\_\_\_\_

**2. INFORMATION** *Attach authorization to enable Insurer to obtain a driver record abstract where such authorization is required by law.*

a) Personnel including owners, proprietors, partners, officers and employees: **record abstract where such authorization is required by law.**

	NAME AS SHOWN ON DRIVERS LICENCE	DRIVERS LICENCE NUMBER	BIRTH DATE DD MM YY	SEX	YEARS LICENSED	EMPLOYED MM YY	FULL OR PART TIME	POSITION
1								
2								
3								
4								
5								

b) Other operators (not employees) who will drive vehicles, (owned or not owned), insured by this policy. END76 is required. (e.g. spouse, children)

	NAME AS SHOWN ON DRIVERS LICENCE	DRIVERS LICENCE NUMBER	BIRTH DATE DD MM YY	SEX	YEARS LICENSED	RELATIONSHIP	RESIDENCE ADDRESS
6							
7							
8							
9							
10							

c) List details of all accidents, convictions and licence suspensions/cancellations of any driver listed above during the last 6 years.

DRIVER NUMBER	Accidents		DRIVER NUMBER	Convictions, Suspensions/Cancellations	
	DATE	DETAILS		DATE	DETAILS

d) Has the Applicant or any driver listed above, to the knowledge of the Applicant, been found by a court to have committed a fraud in connection with automobile insurance? Yes  No  If yes, give details \_\_\_\_\_

**3. VEHICLES OWNED BY THE INSURED: This section must be completed for all policies written on a garage form**

Note: Vehicles  
 i) rented or leased to others (other than) Courtesy Cars - defined above  
 iii) used in Towing Services not incidental to garage operations  
 iiiii) leased by the Applicant from others  
**are not covered** by Facility Association on this policy form. These must be insured on an Owner's Policy Form.

a) List all vehicles owned by or registered to the Applicant which are Not Held For Sale.

Establish rate group in accordance with appropriate manual section for Collision and attach copy of registration; then for value use corresponding amount opposite rate group.

YEAR	MAKE AND MODEL , BODY TYPE	VEHICLE IDENTIFICATION NUMBER (VIN) (SERIAL NUMBER)	PLATE NUMBER	USE	DRIVEF NUMBER
1					
2					
3					
4					
5					
6					
7					
8					

b) List all dealer and service plate numbers in possession of Applicant and attach copy of all plate registrations:

Plate Numbers: \_\_\_\_\_

<u>Vehicles Held For Sale</u>	<u>Within Building</u>	<u>Open Lot - Location A</u>	<u>Open Lot - Location B</u>	<u>Average Age of Vehicles Held for Sale</u>
Average Number	_____	_____	_____	_____
Maximum Number	_____	_____	_____	_____
Average Value	_____	_____	_____	_____
Maximum Single Value	_____	_____	_____	_____

For Section C Rating, the required Limit must include value of vehicles listed in 3 a. if not insured elsewhere

Value from 3a \_\_\_\_\_ Amount to insure \_\_\_\_\_

**4. CUSTOMER VEHICLES:**

	<u>Within Building</u>	<u>Open Lot - Location A</u>	<u>Open Lot - Location B</u>
Average Number	_____	_____	_____
Maximum Number	_____	_____	_____
Average Value	_____	_____	_____
Maximum Single Value	_____	_____	_____

**5. ADDITIONAL INFORMATION**

a) Insurance                      Previous Garage                                      Other Automobile                                      Other Liability

Insurer                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Policy Number                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Expiry Date                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

b) How long has Applicant been in this business? \_\_\_\_\_

e) Any other business carried on at this location, or sale of goods except vehicles, their equipment and accessories?

c) How long at present location? \_\_\_\_\_

Yes  No  If Yes, Details \_\_\_\_\_

d) Does Applicant hold a municipal business licence to conduct this business ?

Yes  No  If Yes, Registration Number Required \_\_\_\_\_

**6 SIGNATURES**

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Broker/Agent \_\_\_\_\_