

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 <input type="checkbox"/> | Franchise for _____ | Used Vehicles <input type="checkbox"/> | Wholesale/Auction <input type="checkbox"/> |
| Repairs <input type="checkbox"/> | Service Station <input type="checkbox"/> | Storage Garage <input type="checkbox"/> | Parking Lot <input type="checkbox"/> |
| Detailing <input type="checkbox"/> | Towing: Cars Other: <input type="checkbox"/> | Other <input type="checkbox"/> | Specify _____ |
- b) Kinds of vehicles sold or serviced
- | | | | |
|--|---|--------------------------------------|--|
| Cars & Light Truck <input type="checkbox"/> | Heavy Trucks <input type="checkbox"/> | Motorcycles <input type="checkbox"/> | Snow Vehicles <input type="checkbox"/> |
| Recreational Vehicles <input type="checkbox"/> | Antique/Specialty/Exotic <input type="checkbox"/> | Other <input type="checkbox"/> | 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 pickup 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 pickup 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 Nova Scotia: _____
- 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:

	NAME AS SHOWN ON DRIVERS LICENSE	DRIVERS LICENSE 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 LICENSE	DRIVERS LICENSE 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.

DRIVE NUMBER	ACCIDENT	
	DATE	DETAILS

DRIVER NUMBER	CONVICTIONS, SUPSPENSIONS / CANCLEATIONS	
	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 including owned garage policies with physical damage coverage.

Note: Vehicles
 i) rented or leased to others (other than) Courtesy Cars - defined above
 ii) used in Towing Services not incidental to garage operations
 iii) 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 UNUMBER (VIN) (SERIAL NUMBER)	PLATE NUMBER	USE	DRIVER 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 registration:

Plate Numbers: _____

c) **Vehicles Held For Sale**

	<u>Amount</u>
Average Number	# _____
Maximum Number	# _____
Average Value	\$ _____
Maximum Single Value	\$ _____

Average Age of Vehicles Held for Sale: _____

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

Value from 3a _____ Amount to insure _____

Additional Locations and changes to coverage required:

4. CUSTOMERS VEHICLES:

	<u>Amount</u>
Average Number	# _____
Maximum Number	# _____
Average Value	\$ _____
Maximum Single Value	\$ _____

Additional Locations and changes to coverage required:

5. ADDITIONAL INFORMATION:

	Previous Garage	Other Automobile	Other Liability
a) Insurance Insurer	_____	_____	_____
Policy Number	_____	_____	_____
Expiry Date	_____	_____	_____

b) How long has Applicant been in this business? _____

c) How long at present location? _____

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

Yes No If Yes, Registration Number Required _____

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

Yes No If Yes, Details _____

6. SIGNATURES:

Date: _____ Signature of Applicant _____

Date: _____ Signature of Broker/Agent _____