

GARAGE AUTOMOBILE SUPPLEMENT

Name of Insured:	Policy #:	Effective Date:
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OPERATIONS: Please indicate your operations by showing the approximate gross revenues generated for each segment for the past year. Please note coverage is limited to those operations described in item 3 of the Certificate of Insurance.

Sales - New Vehicles:	\$	Specialty Shops	\$	Pick-up & Delivery	\$
Sales - Used Vehicles	\$	(eg muffler, tinting, glass)		Other operations	
Sales - Recreational Vehicles:	\$	Renting (under 30 days)		(please specify (eg snowplowing etc)	
Sales - Fuel, Oil etc:	\$	To customers (ie courtesy car)	\$		
Repairs - Mechanical:	\$	To general public	\$		
Repairs - Body:	\$	Parking			
Service - Oil, Lube, etc:	\$	Park and lock	\$		
Towing:	\$	Leave keys with attendants	\$		
Leasing (over 30 days):	\$	Valet parking	\$		

SUMMARY OF DEALER/SERVICE PLATES AND AUTOMOBILES OWNED BY THE INSURED

NOTE – If automobiles are leased by the Insured from others they **MUST** be insured on a separate owner's policy form in the name of the lessor with Endorsement #5, and any other applicable endorsements.

	Number		Number
Tow Trucks		Recreational Vehicles (motorcycles, ATVs etc)	
Parts, Service, &/or Snowplowing Trucks		Service Plates (yellow with black lettering)	
Salespersons Cars		Dealer Plates (white with red lettering)	
Private Passenger Use Automobiles		Used for Pleasure Use only	
Courtesy Cars (supplied only to customers while their vehicle is in for repair)		Used for Customer Test Drives Only	
Shuttle Bus (to take customers to work/home etc)		Used for both Pleasure & Test Drives	

DETAILS OF ALL AUTOMOBILES OWNED BY THE NAMED INSURED - EXCLUDING THOSE SOLELY HELD FOR SALE

NOTE – An inventory of vehicles held for sale must accompany the submission to support requested Section 5 comprehensive limits

YEAR	MAKE & MODEL	BODY TYPE	VALUE NEW	G.V.W.	VEHICLE USE	DRIVER(S) & IF PRINCIPAL OR OCCAS.

LEGAL LIABILITY FOR CUSTOMERS' AUTOMOBILES - SECTION 6 (i.e., COLLISION & SPECIFIED PERILS / COMPREHENSIVE)

NOTE – FOR SPECIFIED PERILS / COMPREHENSIVE (OEF 77) - 100% COINSURANCE PER LOCATION BASED ON THE DECLARED NUMBER OF CUSTOMERS' AUTOS ON PREMISES (AND NOT THE LIMIT OF LIABILITY) AS STATED IN THE CERTIFICATE OF INSURANCE

NUMBER OF CUSTOMERS' AUTOS ON PREMISES			CARS / LIGHT TRUCKS		OTHER VEHICLES	
LOC	# IN BUILDING	# ON LOT	MAXIMUM VALUE	AVERAGE VALUE	MAXIMUM VALUE	AVERAGE VALUE
A						
B						
C						
D						

SECURITY MEASURES (THIS SECTION IS TO BE COMPLETED WHETHER THE POLICY COVERS OWNED OR CUSTOMERS' AUTOS)

LOC	GUARD DOGS	FULLY FENCED COMPOUND	OUTSIDE AREA FLOODLIT	BURGLAR ALARM SYSTEM	INSURED LIVES ON THE PREMISES	TRAILER SECURITY (eg king pin locks)	Metal/Wood Posts, Boulders
A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No					
B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No					
C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No					
D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No					

TOTAL NUMBER OF EMPLOYEES (INCLUDING ALL OWNERS)	PAST YEAR	1ST PRIOR YEAR	2ND PRIOR YEAR
FULL TIME			
PART TIME			

DETAILS OF ALL EMPLOYEES (INCLUDING PROPRIETORS, PARTNERS, EXECUTIVE OFFICERS AND CLERICAL)

NAME IN FULL (NO INITIALS PLEASE)	BIRTH DATE (DD/MM/YY)	DRIVER'S LICENCE #	YRS LIC	DATE EMPLOYED (DD/MM/YY)	ACCIDENTS LAST 6 YRS	CONVICTIONS LAST 3 YRS	PART TIME	MECHANIC LIC CLASS (A, B, T)	POSITION
							<input type="checkbox"/>		
							<input type="checkbox"/>		
							<input type="checkbox"/>		
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							<input type="checkbox"/>		
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							<input type="checkbox"/>		

LIST ALL OTHER OPERATORS (NOT EMPLOYEES) WHO ARE SUPPLIED WITH AN OWNED AUTOMOBILE FOR REGULAR OR FREQUENT USE INCLUDING ALL OCCASIONAL OPERATORS (OEF 76 IS REQUIRED TO BE ADDED TO THE POLICY TO PROVIDE COVERAGE FOR THESE PERSONS)

NAME IN FULL (NO INITIALS PLEASE)	BIRTH DATE (DD/MM/YY)	DRIVER'S LICENCE #	YRS LIC	ACCIDENTS LAST 6 YRS	CONVICTIONS LAST 3 YRS	RELATIONSHIP TO THE NAMED INSURED

CLAIMS DETAILS IN THE LAST SIX (6) YEARS

OWNED AUTOMOBILES (ONLY COMPLETE THIS SECTION IF THE GARAGE POLICY IS COVERING OWNED AUTOMOBILES)

DATE OF LOSS	TYPE OF LOSS (EG COLLISION, COMP ETC)	AMOUNT PAID OR RESERVE INCLUDING EXPENSES	DRIVER	DETAILS OF THE LOSS

CUSTOMERS' AUTOMOBILES (ONLY COMPLETE THIS SECTION IF THE GARAGE POLICY IS COVERING CUSTOMERS' AUTOMOBILES)

DATE OF LOSS	TYPE OF LOSS (EG COLLISION, COMP ETC)	AMOUNT PAID OR RESERVE INCLUDING EXPENSES	DRIVER	DETAILS OF THE LOSS

OTHER INFORMATION

- 1 IS THERE ANY PICK UP AND/OR DELIVER OF CUSTOMERS' OR OWNED AUTOMOBILES? Yes No. IF 'YES', PLEASE PROVIDE DETAILS SUCH AS TYPES OF VEHICLES, FREQUENCY, RADIUS, DESTINATIONS AND DRIVER(S).
- 2 DO YOU WORK ON HEAVY TRUCKS &/OR BUSES? Yes No. IF 'YES', PLEASE PROVIDE DETAILS ON HIRING NEW MECHANICS/APPRENTICES/BODYMEN TO ENSURE THEY CAN SAFELY TEST DRIVE THESE VEHICLES ON ONTARIO ROADS.
- 3 DO YOU ENTER INTO ANY CONTRACTS WITH CUSTOMERS ASSUMING RESPONSIBILITY FOR DAMAGE TO VEHICLES IN YOUR CARE, CUSTODY, OR CONTROL? Yes No. IF 'YES', PLEASE PROVIDE DETAILS AND ATTACH A COPY OF THE CONTRACTS USED.
- 4 ARE THERE ANY PROPANE AND/OR NATURAL GAS CONVERSATIONS AND/OR REPAIRS DONE? Yes No.
- 5 WHERE ARE KEYS (OWNED &/OR CUSTOMERS' AUTOS) KEPT ON THE PREMISES? LOCKED CABINET PEG BOARD IN THE BAY AREA OTHER. IF 'OTHER', PLEASE PROVIDE DETAILS.
- 6 DO SALESPERSONS ALWAYS ACCOMPANY CUSTOMERS WHO ARE TEST DRIVING AUTOMOBILES FOR SALE?
 Yes No. IF 'NO', PLEASE DESCRIBE PROCEDURES OR OTHER PRECAUTIONS TAKEN (EG DRIVER'S LICENCE CHECKED AND RECORDED ETC)
- 7 DO YOU SHUTTLE CUSTOMERS TO THEIR HOME, WORK ETC. USING THEIR OWN AUTOMOBILE? Yes No.
- 8 DO YOU OBTAIN MVRs ON ALL NEW EMPLOYEES? Yes No. IF 'YES', HOW OFTEN UPDATED?
- 9 HOW LONG HAVE YOU OPERATED THIS BUSINESS?
- 10 HOW LONG HAVE YOU BEEN AT THE PRESENT LOCATION?
- 11 IF THIS POLICY IS COVERING OWNED AUTOMOBILES, ARE OWNED COMMERCIAL USE VEHICLES: PARKED AT THE BUSINESS OVERNIGHT OR TAKEN HOME BY YOU OR YOUR EMPLOYEES
- 12 IF THERE IS A **COURTESY CAR EXPOSURE**, PLEASE PROVIDE THE FOLLOWING DETAILS:
- DO YOU HAVE ANY RESTRICTIONS (EG AGE ETC) ON WHO IS GIVEN A COURTESY CAR?
- DO YOU HAVE ALL CUSTOMERS SIGN A FORMAL RENTAL AGREEMENT BEFORE ALLOWING THEM USE OF THE COURTESY CAR? Yes No. IF 'YES' PLEASE ATTACH A COPY OF THE RENTAL AGREEMENT.
- 13 IF THERE IS ANY **TOWING EXPOSURE**, PLEASE PROVIDE THE FOLLOWING DETAILS:
- DO YOU HAVE ANY TOWING CONTRACTS IN PLACE (EG POLICE, CAA ETC)? Yes No.
- DO YOU OFFER TOWING SERVICES 10 - 24 HOURS PER DAY Yes No.
- HOW MANY ACTUAL TOWS WOULD YOUR BUSINESS DO A WEEK?
- HOW MANY AUTOMOBILES ARE YOUR TOW TRUCKS *DESIGNED* TO TOW/CARRY? 1 2 More than 2

ADDITIONAL COMMENTS &/OR INFORMATION

DATE: _____ SIGNATURE OF THE APPLICANT / NAMED INSURED: _____