



LIADA* Louisiana Independent Auto Dealers Association
 1630 North Flannery Road* Baton Rouge, LA 70815
 1-800-960-5423 * Local 225-275-8088* Fax 225-275-6889

GARAGE APPLICATION

APPLICANT INFORMATION

Business Trade Name _____ Policy Period Requested: From ___/___/___ To ___/___/___
 Mailing Address _____ City _____
 County _____ State _____ Zip Code _____ Phone () _____
 Years in Business _____ Years Auto Sales/Service Experience _____ Business Entity Individual Partnership Corporation

UNDERWRITING INFORMATION

Describe Your Operations _____
 What percentage by type of vehicle do you sell or service?
 a. Cars, sport utility, pickups, vans _____ %
 b. Motorhomes, travel/camp trailers _____ %
 c. Construction or Farming Equip. _____ %
 d. Commercial trucks & trailers _____ %
 e. Salvage parts _____ %
 f. Other _____ %
 Locations where you conduct Garage Operations (include Zip Code)
 1. _____ 2. _____
 3. _____ 4. _____
 What is your Web site address? _____

List all owners, spouses, employees, plus family members who drive your vehicles

Name	Date of Birth	Driver License Number	State of License	Commercial Drivers License Yes or No	Auto furnished or available for regular use Yes or No	Job Description or Relationship

Sales

- Where do you purchase vehicles? _____
- Who drives or tows vehicles to your lot? _____
- How many times per year do you drive-away more than 300 miles from point of purchase? _____
- How many vehicles do you sell per year? _____ How many of those are on consignment? _____
- What is your normal radius of operation? _____ miles.
- Describe your theft barriers (fence & gate or post & cable) _____
- Where are the car keys kept? _____
- How many dealer plates do you have? _____
- Do you repossess vehicles? Yes No If yes, explain _____
- Do you sell "salvage titled" vehicles? Yes No If yes, what percentage of vehicles require structural repair _____ %
 mechanical repair _____ % cosmetic repair _____ %
- Do you always ride along on test drives? Yes No

Service

- What percentage of your work is:
 Body/Paint _____ % Muffler _____ % Sound System _____ % Window Tint _____ %
 Tune Up _____ % Radiator _____ % Tires _____ % Other _____ %
 Transmission _____ % Wheel Alignment _____ % Upholstery _____ % Describe _____ %
 Brakes _____ % Oil & Lube _____ % Wash/Detail _____ %
- Do you sell gasoline Yes No or LPG Yes No If yes, how many gallons? _____
- Do you install trailer hitches Yes No
- Do you have a spray paint booth? Yes No If yes, is it U/L approved? Yes No
 Is it ventilated? Yes No
- Do you recap tires or sell recapped tires? Yes No
- Do you tow for hire? Yes No If yes, explain _____
- Describe lot security and control of customer's keys _____

Prior Carrier and Loss History for 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

COVERAGE REQUESTED

- Garage Liability \$ _____ each accident, \$ _____ aggregate
- Garagekeepers Legal Liability or Direct Primary \$ _____ per location
 - SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 - Value per Auto \$ _____ In-Transit / On-Hook Limit \$ _____
- Dealers Physical Damage \$ _____ per location SCL or Comp \$ _____ deductible Collision \$ _____ deductible
 - Value per Auto \$ _____ Drive-Away Road Miles _____
- Type: New Used Interests Covered: Owner Owner and Creditor Consignment
- Specifically Described Autos:

Veh. No.	Year	Make	V.I.N.	Stated Amount

Veh. No.	GVW	Use	Radius	Loss Payee

- 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)

Remarks: _____

*Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
 *Not applicable in all States

Signature of Applicant _____ Date ____/____/____

Agency Name _____

Agent's Signature _____ Date ____/____/____