



# TPI Garage Application

E-mail submission to [Garage@tpi-insurance.com](mailto:Garage@tpi-insurance.com)

Tim Parkman, Inc.  
PO Box 2220  
Clinton, MS 39060  
877-782-2594  
[garage@tpi-insurance.com](mailto:garage@tpi-insurance.com)  
[www.tpi-insurance.com](http://www.tpi-insurance.com)

Date: \_\_\_\_\_  
General Agency: Tim Parkman, Inc.  
Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Phone Number: 877-782-2594 Ext. \_\_\_\_\_

Retail Agency Name: \_\_\_\_\_  
TPI Agent Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_  
Business Legal Entity:  Individual  Partnership  Limited Liability Corporation  Corporation

Requested Effective Date: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

Locations where you conduct Garage Operations: \_\_\_\_\_ Is your business mobile in nature?  Yes  No

Loc #	Address	City	County	State	Zip Code
1.					
2.					
3.					

Insurance History:  Mark box if no prior insurance

Prior Carrier	Effective Date	Expiration Date	Policy Premium

Loss Information: If needed attach additional losses and details on a separate page.  Mark box if no prior losses

Date of Loss	Details of Loss	Amount Paid	Amount Reserved

- Has your insurance been cancelled or non-renewed within the past three years?  Yes  No (*n/a in MO*)
- Do you have or maintain animals on your premises?  Yes  No  
If yes, please list type and breed: \_\_\_\_\_ Are they:  Pets  Security?
- Do you have or maintain firearms on your premises?  Yes  No
- Do you participate in any ride share programs?  Yes  No  
If yes, please explain \_\_\_\_\_
- List your total annual gross receipts from:
  - Auto sales \$ \_\_\_\_\_
  - Auto Service/Repair \$ \_\_\_\_\_
  - Retail product sales \$ \_\_\_\_\_
  - Uninstalled part sales \$ \_\_\_\_\_
  - Any other operations \$ \_\_\_\_\_
- What are your hours of operation? \_\_\_\_\_

7. Personnel: Please list all owners, employees, drivers, and any family members or others who may have access to the autos. Complete the table below using the following codes:

Position:
1 – Active owners, partners, officers, and their spouses
2 – Salespersons, managers, and employees whose principal duties include the operation of autos
3 – Mechanics, lot personnel, detailers, office staff
4 – Inactive owners, partners, officers, and their spouses

Auto Use
1 – Business and Personal Use
2 – Business use Only
3 – No use of any auto

Status
F – Full Time
P – Part Time
N – Non-employee

Name	DOB	DL #	State	CDL Class	# Motor Vehicle Violations past 3 years	Position	Auto Use	Status

8. Do you use any Contract Drivers in your business?  Yes  No

**Business Operation Information:**

**Auto Section**

By percentage list the types autos sold, serviced, or repaired in your Garage Operation. \* Percent totals need to 100% per column.

Type of Auto	Sales %	Repair %
Private passenger, SUV, pick-up truck, and vans		
* All-terrain vehicles, including dirt bikes		
Antique or classic autos – typically over 30 years old		
* Bucket, boom trucks, or cranes		
* Busses, motor coaches		
* Emergency vehicles (Ambulance, police and fire trucks)		
Equipment (Farm, construction, earth moving, forklifts, and similar)		
Golf Carts		
* Motorcycles / Scooters		
* Mobile Homes		
* Racing autos		
Recreational vehicles, Motorhomes		
* Refrigerated autos		
* Trucks, tractors, and semi-trailers, - greater than 26,000 lbs. gross vehicle weight		
Utility trailers		
Watercraft		
* Any auto that has been modified for the physically impaired		
<b>Total</b>		

\* Supplemental App Required

**Dealer Information**

9. What type of dealer license do you hold?  Retail  Wholesale Dealer license # \_\_\_\_\_ State: \_\_\_\_\_
10. Percentage of: New auto sales \_\_\_\_\_ Used auto sales \_\_\_\_\_
11. Do you conduct auto auctions?  Yes  No
12. What percent of your auto sales are: Retail \_\_\_\_\_% Wholesale \_\_\_\_\_%  
Consigned \_\_\_\_\_% Salvage title \_\_\_\_\_%
13. Do you operate a salvage lot?  Yes  No  N/A
14. Do you use a consignment agreement for consigned autos?  Yes  No  N/A  
If yes, do you require owner to carry full coverage while it is being consigned by the insured  Yes  No
15. Do you operate any auto pawn or title pawn operations?  Yes  No
16. Number of dealer plates you have \_\_\_\_\_ Number of other types of plates you have \_\_\_\_\_

17. If you are requesting Physical Damage coverage on your dealer's autos, the following must be completed:

Loc	Max value per auto	Avg value per auto	Avg # of autos on lot	Max # of autos on lot	Max value of all autos on lot
1.					
2.					
3.					

Loc	Describe the theft protection for each location listed above
1.	
2.	
3.	

18. Do you store autos away from the locations listed above?  Yes  No  
 If yes, where \_\_\_\_\_ for how long? \_\_\_\_\_

19. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time?  Yes  No

Describe your key controls	
During normal business hours	
After business hours	

20. When do you transfer the title of a sold auto?  
 At the time of sale  When the state transfers the title  When auto is paid for in full  Other

21. Do you pick up, deliver, or transport autos not owned by you?  Yes  No

22. Do you repossess autos for yourself?  Yes  No For others?  Yes  No

23. Do you export autos to other countries?  Yes  No

24. Do you loan or lease autos?  Yes  No If yes, for what purpose? \_\_\_\_\_

25. On test drives do you always:

Obtain a copy of the customer's drivers license and proof of insurance?  Yes  No

Ride along with the customer?  Yes  No

If you answered no to either, explain: \_\_\_\_\_

Do you allow overnight test drives?  Yes  No

**Non-Dealer Information**

List the percentage of the type of work you do. \* Percentages must equal 100%

Type of Work	Percentage
Auto maintenance and repair – General type*	
Auto conversion (any type)	
Auto transporting	
Dismantling	
Ignition interlock systems (breathalyzer)	
Frame work	
Glass installation / repair / tint	
Hitch installation	
Hydraulics	
Lift kit installation	
Oil and lube	
Painting or clear coating	
Repossession	

Type of Work	Percentage
Self-parking	
Storage or impound	
Suspension (not lift kits)	
Wash or detail	
Tires – new sales, service, installation, or repair	
Tires – used sales, service, installation, or repair	
Towing for hire	
Upholstery	
Valet parking	
Wrecker service	
Other:	
Other:	
Other:	

\* Auto maintenance and repair includes the repair and replacement of standard auto parts, including, oil changes, battery replacement, brakes, tires, fluid check and fill, filters, belts, spark plugs, AC service, steering, suspension and transmission.

26. Are signs posted to keep customers out of work areas?  Yes  No

27. Do you do any welding?  Yes  No

If yes, explain: \_\_\_\_\_

28. Do you work on hydraulics for dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people?  Yes  No
29. Do you cut, stretch, or weld auto frames or forks?  Yes  No  
Do you cut or stretch between the axles?  
If yes, explain: \_\_\_\_\_
30. Do you fabricate or manufacture any operating parts?  Yes  No  
If yes, explain: \_\_\_\_\_
31. Do you custom build or manufacture any autos?  Yes  No
32. Do you have a paint booth?  Yes  No  
If yes, is it ventilated with explosion proof lighting?  Yes  No  
Is it UL approved?  Yes  No
33. Are paints stored in closed metal cabinet?  Yes  No
34. Do you use plates that are not issued for a specific auto?  Yes  No If, yes how many? \_\_\_\_\_
35. If you are requesting Garagekeepers coverage on your dealer's autos, the following must be completed

Loc	Max value per auto	Avg value per auto	Avg # of autos per loc	Max # of autos per loc	Max value of all autos per loc
1.					
2.					
3.					

Loc	Dealer's Physical Damage Coverage:		Lot Protection	
1.	<input type="checkbox"/> Building	<input type="checkbox"/> Standard Lot (6' metal cyclone or equivalent fence)	<input type="checkbox"/> Non-Standard Lot (fencing other than standard)	<input type="checkbox"/> Unprotected (no fencing)
2.	<input type="checkbox"/> Building	<input type="checkbox"/> Standard Lot (6' metal cyclone or equivalent fence)	<input type="checkbox"/> Non-Standard Lot (fencing other than standard)	<input type="checkbox"/> Unprotected (no fencing)
3.	<input type="checkbox"/> Building	<input type="checkbox"/> Standard Lot (6' metal cyclone or equivalent fence)	<input type="checkbox"/> Non-Standard Lot (fencing other than standard)	<input type="checkbox"/> Unprotected (no fencing)

36. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time?  Yes  No

Describe your key controls	
During normal business hours	
After business hours	

**Coverage Requested  
Dealers Coverages & Limits**

Radius of pickup & delivery:  0 - 300 miles  301 - 500 miles  501 - 1000 miles  Unlimited

Liability	Limit	Liability	Limit
Covered Autos Liability (Each Accident)	\$	Liability Deductible	\$
General Liability Bodily Injury (Each Accident)	\$	Damages to Premises Rented to You	\$
General Liability (Aggregate)	\$	Personal and Advertising Injury	\$
Products and Work You Performed (Aggregate)	\$		

Locations & Operations Medical Payments – Any One Person:  \$500  \$1,000  \$2,000  \$5,000

Auto Medical Payments – Each Insured:  \$500  \$1,000  \$2,000  \$5,000

Acts, Errors or Omissions – For Dealers	Limit
Truth in Lending	\$ Subject to maximum value of any one auto
Odometer Mileage	\$ Subject to maximum value of any one auto
Title	\$ Subject to maximum value of any one auto
Insurance Agent or Broker	\$ Subject to maximum value of any one auto

**Dealers Physical Damage Coverage** (Wind, hail, or flood may not be available in all states)

Specified Cause of Loss and Collision                       Comprehensive and Collision                       False Pretense \$25,000  
 Maximum Limit per Auto:                      \$ \_\_\_\_\_  
 Total Lot Limit per Location:                      1) \$ \_\_\_\_\_ 2) \$ \_\_\_\_\_ 3) \$ \_\_\_\_\_  
 Deductibles per auto:                      Specified Cause of Loss or Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

*\*Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.*

**Garagekeepers Coverage** (Wind, hail, or flood may not be available in all states)

Basis:     Legal Liability                       Direct Primary                       Direct Excess  
 Specified Cause of Loss and Collision                       Comprehensive and Collision  
 Maximum Limit per Auto:                      \$ \_\_\_\_\_  
 Total Lot Limit per Location:                      1) \$ \_\_\_\_\_ 2) \$ \_\_\_\_\_ 3) \$ \_\_\_\_\_  
 Deductibles per auto:                      Specified Cause of Loss or Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

*\*Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.*

**No Fault Coverages** (Not available in all states for all risk)

Must have a completed state specific selection / rejection form completed for proper coverage. Limits and coverage options vary by state. This is to serve as a general indication that coverage is requested but does not guarantee coverage will be provided.

Uninsured Motorists / Underinsured Motorists Coverage    Limits \$ \_\_\_\_\_  
 Personal Injury Protection                      Total number of plates: \_\_\_\_\_

**Additional optional coverage available** (Additional charges may apply. Total number and additional information will be required for policy)

**Additional Insureds**

- Lessor of Leased Equipment
- Grantor of Franchise
- Owners of Leased or Rented Land or Premises
- Co-owner of Insured Premises
- Concessionaires Trading Under Your Name
- Controlling Interest
- Grantor of Licenses
- Grantor of Licenses - Automatic Status When Required by Licensor
- Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You
- Registration Plates Not Issued to Specific Auto
- Waiver of Subrogation
- Designated Insured

**Scheduled Autos**

Coverage(s):     Liability                       Specified                      Cause(s):  Comprehensive                       Collision  
 Physical Damage Deductible: \$ \_\_\_\_\_                      Are Scheduled Autos owned by this entity?     Yes     No

Year / Make / Model	GVW	VIN	Vehicle Value	Used for Towing (Y/N)

**Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant / Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date