



Tim Parkman, Inc.
 PO Box 2220
 Clinton, MS 39060
 877-782-2594
garage@tpi-insurance.com
www.tpi-insurance.com

Date: _____

Requested Effective Date: _____

General Agency: Tim Parkman, Inc.
 Contact Name: _____
 Contact Email: _____
 Phone Number: 877-782-2594

Retail Agency Name: _____ TPI Agent Code: _____
 Contact Name: _____
 Contact Email: _____
 Phone Number: _____ Ext. _____

Applicant Name (include DBA): _____ Phone: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____ County: _____
 Business Legal Entity: Individual Partnership LLC Corporation 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 \$ _____

6. What are your hours of operation? _____

7. Personnel: Please list all owners, employees, drivers, & any family members/others who may have access to the autos. Complete the table below using the following status codes: **F - Full Time** **P - Part Time** **N - Non-Employee**

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

Business Operation Information:

Auto Section

By percentage list the types autos sold, serviced, or repaired in your Garage Operation. * Percent totals must equal 100%.

Type of Auto	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	
Total	

* Supplemental App Required

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.

8. Are signs posted to keep customers out of work areas? Yes No
9. Do you do any welding? Yes No
If yes, explain: _____
10. Do you work on hydraulics for:
dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people? Yes No
11. Do you cut, stretch, or weld auto frames or forks? Yes No
Do you cut or stretch between the axles? Yes No
If yes, explain: _____
12. Do you fabricate or manufacture any operating parts? Yes No
If yes, explain: _____
13. Do you custom build or manufacture any autos? Yes No
14. 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
15. Are paints stored in closed metal cabinet? Yes No
16. Do you use plates that are not issued for a specific auto? Yes No
If, yes how many? _____
17. 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	

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

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

Basis: Legal Liability Direct Primary 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.*

If you are requesting Garagekeepers coverage on your 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	Lot Protection			
1.	Building	Standard Lot (6' metal cyclone or equivalent fence)	Non-Standard Lot (fencing other than standard)	Unprotected (no fencing)
2.	Building	Standard Lot (6' metal cyclone or equivalent fence)	Non-Standard Lot (fencing other than standard)	Unprotected (no fencing)
3.	Building	Standard Lot (6' metal cyclone or equivalent fence)	Non-Standard Lot (fencing other than standard)	Unprotected (no fencing)

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

Please provide all names and addresses of all Special Interests

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

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