

Garage Automobile – Questionnaire

ING Insurance Company of Canada

Applicant:

Policy No.:

1. Business of Applicant

- New Car Dealer
 Repair Garage
 Service Station
 Parking Lot
 Used Car Dealer
 Body Shop
 Self Serve Gas Bar
 Storage Garage
 Other, explain:

2. Types of Vehicles handled by Applicant

- Private Passenger
 Light Commercial - under 4,500 kg. g.v.w. (10,000lbs)
 Heavy Commercial - over 4,500 kg. g.v.w. (10,000lbs)
 High Valued Vehicles
 Motor Homes
 Recreational Vehicles (motorcycles, snowvehicles)
 Other, explain:

3. Payroll and Employees

Total actual annual payroll

Indicate the number of each type of employee and whether full-time or part-time:

Type	Number of Full-time	Number of Part-time
Proprietor, partner, executive officers		
Salesperson		
Manager		
Mechanics		
Clerical		
All Others		

4. Drivers

- A. List all proprietors, partners, executive officers, salesperson, managers and other employees who are supplied with vehicles for regular or frequent use, or who drive pick-up and delivery or road testing purposes. *Attach list if more space needed.*

Full Name and Address	Drivers Licence Number	Date of Birth	Position	Years Employed

- B. List all other persons who are supplied with vehicles for their regular or frequent use and who are NOT full-time employees (i.e. spouses, children, etc.) *Attach list if more space needed.*

Full Name and Address	Drivers Licence Number	Date of Birth	Relationship

Note: This policy does not cover an automobile provided to a person for regular or frequent use if that person is not an active partner or employee of the business. The policy must be endorsed to insure such person.

5. Summary of Active Vehicles

- A. Indicate number of: ____ commercial
 ____ private passenger
 ____ tow trucks
 ____ courtesy cars
 ____ other
 ____ dealer license plates

- B. Attach a list of all active owned automobiles including year, make, model and serial number, use and drivers.

6. Customer's Vehicles

A. Customer's vehicle will be kept: in a building on outside lot

If vehicles kept in a building, indicate maximum number per location:

B. Does applicant pick-up and deliver customer's vehicles? Yes No

If yes, indicate frequency per month:

Does applicant road test customer's vehicles? Yes No

If yes, indicate frequency per month:

C. Does applicant have an automated car wash? Yes No

7. Vehicles Held For Sale

A. Number of new vehicles usually in stock? Value

Number of used vehicles usually in stock? Value

B. Maximum number of vehicles which can be stored inside? Value

Maximum number of vehicles which can be stored outside? Value

C. Protection:

	Yes	No		Yes	No
(i) Night Watchperson	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Open Lot - Flood-lit	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	(v) Police patrol	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Open Lot - Fenced, enclosed all sides	<input type="checkbox"/>	<input type="checkbox"/>	(vi) Gates on all openings kept under lock when no one on duty	<input type="checkbox"/>	<input type="checkbox"/>

D. Floor Plan coverage required? Yes No

8. Losses

List all losses for the past 3 years including adjusting fees, expenses, and estimates for outstanding reserves. *Use separate sheet if not enough space provided.*

Date of Loss	Type of Loss	Amount	Description of Loss/Name of Driver

9. Previous Insurance Information

Previous Carrier's Name

Policy No.

Expiry Date

How long has applicant been engaged in this business?

10. Agent's/Broker's Report

A. Is applicant presently insured through your office? Yes No If yes, how long?

B. Is applicant personally known to you? Yes No If yes, how long?

C. Does our company have any other insurance for this applicant? Yes No If yes, list policy numbers:

Date

Signature of Agent/Broker