CENTURY SURETY GROUP

☐ Century Surety Company ☐ Evergreen National Indemnity Company

APPLICATION FOR GARAGE INSURANCE

☐ Non-Franchised Automobile Dealers (NFAD) ☐ Automotive Service & Repair Center (ASRC)

Agents Name: _____
Proposed Effective Date ___/___/___ **to** ___/___/___

GENERAL INFORMATION

Please answer all questions. In the absence of a response, we will assume you mean "no" or "not applicable". Where we ask you to explain, please do so. If the space provided is not adequate, complete your explanation on the last page of this application.

1. Name: _____
   Mailing Address: _____
   Location of Garage Operations _____
   Location #1 _____
   Location #2 _____
   Location #3 _____
2. How long have you been in business? _____ Years of experience in this type of business? _____
3. You are: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ Other _____
4. Person to contact for inspection (Name & Phone Number): _____
5. Explain any other business, owned or not owned by applicant, that is conducted on any premises to be covered by this insurance: _____
6. Explain any other business operations, owned and/or operated by applicant: _____
7. Are any "Additional Insureds" required other than as "Lessor of Premises"? ☐ Yes ☐ No If yes, describe in detail, reasons for including on policy: _____
8. Are any vehicles owned by applicant used by any other business owned or not owned by applicant? ☐ Yes ☐ No If yes, describe: _____

UNDERWRITING INFORMATION

9. You are a:
   ☐ Franchised Dealer _____% of Gross Receipts
   ☐ Non-Franchised Dealer _____% of Gross Receipts
   ☐ Auto Repair/Service Center _____% of Gross Receipts
   ☐ Other _____ _____% of Gross Receipts
10. Does applicant hold a valid "Dealers' License"? ☐ Yes ☐ No What is estimated number of vehicles sold annually? _____
11. Does applicant utilize "Warranty/As Is Stickers" on all vehicles "held for sale" in compliance with FTC rules and regulations? ☐ Yes ☐ No If no, explain: _____
12. Describe "Test Drive Procedures": _____
13. Does salesperson ***always*** accompany the potential customer on test drive? ☐ Yes ☐ No If no, explain in detail: _____
14. Key Control/Security: Describe in detail procedures for the control/protection of keys to "vehicles held for sale" (while unattended and during hours not open for business): _____
15. Are keys ever left in or on vehicles? ☐ Yes ☐ No If yes, explain: _____
16. Does applicant utilize "vehicle window key lock boxes"? ☐ Yes ☐ No If yes, are keys removed from "lock boxes" at night? ☐ Yes ☐ No