

Specialty Lines

UNDERWRITERS

1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

EXCESS GARAGE APPLICATION

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

Years in this Business? _____ How many years prior experience in the automotive industry? _____

What is applicant's Website address?

Business Entity: Individual Partnership Corporation LLC

UNDERWRITING INFORMATION

- Attach copy of underlying insurance company's Garage Application (ACORD not acceptable)
- Attach copy of Loss History or Loss Runs for 3 prior years
- Attach copy of Garagekeepers and/or DOL rating worksheet for underlying policy

COVERAGE REQUESTED

Excess Garagekeepers Limit \$ _____

Underlying Insurance

Insurance company	Policy Number	Policy Period	Limit of Insurance	Premium
_____	_____	_____ to _____	\$ _____	\$ _____

Basis: Legal Liability or Primary

Excess Dealers Physical Damage Limit \$ _____

Loss Payee _____

Underlying Insurance

Insurance company	Policy Number	Policy Period	Limit of Insurance	Premium
_____	_____	_____ to _____	\$ _____	\$ _____

Wind/Hail/Flood Included or Excluded

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

General Agency Name _____ Agency Number _____

Underwriter's Name _____ Date _____