Tim Parkman Insurance
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 Insurance
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: O Individual O Partnership O LLC O Corporation Years in Business: _____ Years of Experience: _____

Locations where you conduct Garage Operations:

Is your business mobile in nature? O Yes O 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

1. Has your insurance been cancelled or non-renewed within the past three years? O Yes O No *(n/a in MO)*
2. Do you have or maintain animals on your premises? O Yes O No
   If yes, please list type and breed:_____ Are they: O Pets O Security
3. Do you have or maintain firearms on your premises? O Yes O No
4. Do you participate in any ride share programs? O Yes O No
   If yes, please explain_____
5. 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, 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? O Yes O 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		
Total		

** **Supplemental App Required***

Dealer Information

9. What type of dealer license do you hold? O Retail O Wholesale Dealer license # _____ State: _____
10. Percentage of: New auto sales _____ Used auto sales_____
11. Do you conduct auto auctions? O Yes O No
12. What percent of your auto sales are: Retail _____% Wholesale _____%
    Consigned_____% Salvage title_____%
13. Do you operate a salvage lot? O Yes O No O N/A
14. Do you use a consignment agreement for consigned autos? O Yes O No O N/A
    If yes, do you require owner to carry full coverage while it is being consigned by the insured? O Yes O No

15. Do you operate any auto pawn or title pawn operations? O Yes O No

16. Number of dealer plates you have ____ Number of other types of plates you have ____

17. Do you store autos away from the locations listed above? O Yes O No
If yes, where ____ for how long? ____

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

Describe your key controls	
During normal business hours	
After business hours	

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

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

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

22. Do you export autos to other countries? O Yes O No

23. Do you loan or lease autos? O Yes O No If yes, for what purpose? ____

24. On test drives do you always:

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

Ride along with the customer? O Yes O No

If you answered no to either, explain: ____

Do you allow overnight test drives? O Yes O 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.

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

26. Do you do any welding? O Yes O No

If yes, explain: ____

27. Do you work on hydraulics for:
dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people? O Yes O No

28. Do you cut, stretch, or weld auto frames or forks? O Yes O No

Do you cut or stretch between the axles? O Yes O No

If yes, explain: ____

29. Do you fabricate or manufacture any operating parts? O Yes O No

If yes, explain: ____

30. Do you custom build or manufacture any autos? O Yes O No

31. Do you have a paint booth? O Yes O No

If yes, is it ventilated with explosion proof lighting? O Yes O No

Is it UL approved? O Yes O No

32. Are paints stored in closed metal cabinet? O Yes O No

33. Do you use plates that are not issued for a specific auto? O Yes O No

If, yes how many? _____

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

Describe your key controls	
During normal business hours	
After business hours	

Coverage Requested
Dealers & Non-Dealers Coverages & Limits

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

Liability	Limit
Covered Autos Liability (Each Accident)	$
General Liability Bodily Injury (Each Accident)	$
General Liability (Aggregate)	$
Products and Work You Performed (Aggregate)	$

Liability	Limit
Liability Deductible	$
Damages to Premises Rented to You	$
Personal and Advertising Injury	$

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

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

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.*

35. 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.					

Loss Payee

1.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2.) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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.*

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

36. 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 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