

You may tab through the fields to fill in the form, or you may print out the form to complete by hand. Please fax completed form to 619-593-2008 or email to steven@agostinisurplus.com

AGOSTINI

WHOLESALE INSURANCE

GARAGE RENEWAL APPLICATION

1. Policy Number: _____ Renewal Period: From: _____ To: _____
2. Business Trade Name: _____ Insured: _____
3. Has the Named Insured or Location changed?..... Yes No
Explain: _____
4. New Mailing Address: _____ City: _____
5. County: _____ State: _____ Zip Code: _____ Phone: (____) ____ - _____
6. New Location Address: _____ City: _____
7. Internet Address: _____
8. Number of owners and employees: _____ Changes to drivers' furnished autos: _____
9. Number of Dealer Plates: _____ Describe any other type of plates: _____
10. Any changes in Liability or UM/UIM limits? Yes No
Explain: _____
11. Any changes in Garagekeepers or Dealers Physical Damage limits? Yes No
Explain: _____
12. If there are changes to the policy, please update the information by completing the following charts (If none, indicate none):

	Maximum Value of ALL Autos	Average Value per Auto	Maximum Value per Auto	Average No. of Autos	Maximum No. of Autos
Location No. 1					
Location No. 2					

List ALL owners, employees and drivers:

Name	Date of Birth	Driver's License Number	State of DL	CDL?		Furnished Auto?	Works at Loc. No.	Violations & Accidents Past 3 Years	Full or Part Time	Job Title/Duties
				Y/N	Class					

List ALL family members and non-family members (except customers):

(Indicate if they are furnished an auto for personal use or if they may be provided an auto for regular use, but not regularly furnished.)

Name	Date of Birth	Driver's License No.	State of DL	Will drive for <u>or</u> work in business?	Furnished Auto?*	Violations and Accidents Past Three Years	Relationship

*P=Personal use; R=Regular use; NRF=Not regularly furnished.

SPECIFICALLY DESCRIBED AUTOS

Veh. No.	Year	Make	Body Type	VIN	ACV	GVWR
1						
2						
3						

Veh. No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Y/N	State/Fed	Liab.	Phys. Dam.	Other	
1								
2								
3								

13. Fire Legal Limit: _____

14. Property Coverage: Any changes to the property? Yes No
 If yes, explain: _____

Remarks: _____

LOSS HISTORY

Provide updated information regarding losses: _____

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage.

I have completed and signed a state form selecting or rejecting Uninsured/Underinsured Motorist Coverage.

FRAUD WARNINGS:

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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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

APPLICABLE IN THE STATE OF NEW YORK (Other than Automobile):

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN THE STATE OF NEW YORK (Automobile):

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Authorized owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____

AGENCY NAME: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____