**FACILITY ASSOCIATION**

**GARAGE RATING/UNDERWRITING SUPPLEMENT**

**Name of Applicant Binder/Policy Number**

***If space is insufficient for a proper response in any section, please attach a separate sheet showing details***

**1. OPERATIONS: *Operations not described in Item 3 of the application are not covered.***

1. Indicate the operations of the Applicant ***Select primary operation:*** □ ***Click here to select***

Specify Multiple Operations:

1. Primary types of vehicles sold or serviced: □***Click here to select***

Select and specify if more than one type of vehicles sold or serviced: Other □ Specify

1. Number of Courtesy Cars (vehicles only supplied to customers whose own vehicle is being serviced, repaired or awaiting delivery of a new vehicle):

Number of Shuttle Buses to transport customers:

1. Other operations (Specify):
2. % of total business engaged in pickup and delivery of customer vehicles carrying owner’s vehicle plates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total business engaged in the pickup and delivery of other vehicles carrying Applicant’s service plates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total business engaged in the pickup and/or delivery of vehicles using drivers not regularly employed by Applicant:

Locations owned/leased by Applicant and not shown on application:

Radius of Operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total mileage driven outside Province/Territory: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Destinations/locations: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Detailed description of all operations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Note:** Risk involves an Insured picking up and delivering vehicles using the owner’s vehicle plates, is not a garage risk and must be insured on a non-owned automobile policy - POL 6 or POL 2.

**2. INFORMATION: *Attach authorization to enable insurer to obtain a driver record abstract where such authorization is required by law.***

1. Personnel including owners, proprietors, partners, officers, employees, and other operator (not employees – END 76 is required):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | DOB  (dd/mm/yy) | Driver’s License  Number | Gender | Years Licensed | Employee (Y/N) | Full or Part-Time (F/P) | Role/  Relationship | Accidents (last 6 years) | Convictions/Suspensions/Cancellation  (last 6 years) |
|  |  |  |  |  |  |  |  |  |  |
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1. Has the Applicant or any driver listed above, to the knowledge of the Applicant, been found by a court to have committed a fraud in connection with automobile insurance within the last 36 months or 48 months in Alberta? Yes □ No □ If yes, give details \_\_\_\_\_\_\_\_\_\_\_

3. **VEHICLES OWNED BY THE INSURED: *This section must be completed for all Applicants engaged in the sale of New and Used Vehicles.***

1. rented or leased to others (other than) Courtesy Cars - defined above
2. used in Towing Services not incidental to garage operations
3. leased by the Applicant from others

**Note: Are not covered** by Facility Association on this policy form. These must be insured on an Owner's Policy Form

1. List all vehicles owned by or registered to the Applicant which are Not Held For Sale.

*Establish rate group in accordance with appropriate manual section for Collision and attach copy of registration; then for value use corresponding amount opposite rate group.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **MAKE AND MODEL, BODY TYPE** | **VIN OR SERIAL NUMBER** | **PLATE NUMBER** | **USE** | **DRIVER NAME** |
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1. List all dealer and service plate numbers in possession of Applicant and attach copy of all plate registration:

Plate Numbers:

**Note:** Any plates not listed will not be covered.

1. **Vehicles Held For Sale**

Amount (Building A) Amount (Lot A) Amount (Building B) Amount (Lot B)

Average Number \_\_­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Maximum Number \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Average Value \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Maximum Single Value \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Average Age of Vehicles Held for Sale:

For Section C Rating, the required Limit must include value of vehicles listed in 3a. if not insured elsewhere

Value from 3a Amount to insure

Additional Locations and changes to coverage required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. CUSTOMERS VEHICLES:**

Amount (Building A) Amount (Lot A) Amount (Building B) Amount (Lot B)

Average Number ­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Maximum Number \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Average Value \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Maximum Single Value \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Additional Locations and changes to coverage required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. ADDITIONAL INFORMATION:**

1. Insurance Previous Garage Other Automobile Other Liability Insurer Policy Number Expiry Date
2. How long has Applicant been in this business?
3. How long at present location?
4. Does Applicant hold a business licence to conduct this business? Yes □ No □

**Notes:** The name of the business registered with the appropriate municipal, province or federal authority must be used on the application.

1. Any other business carried on at this location, or sale of goods except vehicles, their equipment and accessories?

Yes □ No □ If Yes, Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. SIGNATURES:**

Date: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Broker/Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_