

GARAGE SUPPLEMENT FOR AUTO AND TRAILER DEALERS FOR THE
PENNSYLVANIA ASSIGNED RISK PLAN
P.O. BOX 6530, PROVIDENCE, RI 02940-6530

THIS SUPPLEMENTAL GARAGE APPLICATION MUST BE ACCOMPANIED BY A COMPLETED COMMERCIAL AUTOMOBILE APPLICATION. SUPPLEMENTAL GARAGE APPLICATIONS RECEIVED BY THE PLAN WITHOUT A COMPLETED COMMERCIAL APPLICATION WILL BE RETURNED TO THE PRODUCER AND NOT ASSIGNED.

ANTI-FRAUD STATEMENT

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.

| | | | |
|-------------------------------------|-----------------------------------|-------------------------------------------------------------------|------------------------------|
| CERTIFIED PRODUCER OF RECORD | Telephone (Incl. Area Code) _____ | <input type="checkbox"/> Agent <input type="checkbox"/> Broker | Producer's License No. _____ |
| Street _____ | City _____ | State _____ | Zip Code _____ |

If the name of the certified producer completing and signing this application differs from the name of the Producer of Record in Section 1 of the completed Commercial Automobile Application, then the name and Social Security No. for the producer completing and signing the application must be provided below.

| | |
|------------------------------------------|-------------------------------|
| Name (First, Middle Initial, Last) _____ | IRS/Social Security No. _____ |
| APPLICANT | Apt. No. _____ |

| | | | | |
|------------------------|--------------|-------------|----------------|-----------------------------------|
| City _____ | County _____ | State _____ | Zip Code _____ | Telephone (Incl. Area Code) _____ |
| | | | | Home _____ Business _____ |
| Rating Territory _____ | | | | |

- (1) Location #1 _____
Location #2 _____
- (2) Does applicant operate any other type of business on the premises? ☐ Yes ☐ No If "Yes", describe business. _____
- (3) No. of passenger elevators _____ No. of landings _____ Inspection Charge _____
No. of other elevators _____ No. of landings _____ Inspection Charge _____
No. of escalators _____ No. of landings _____ Inspection Charge _____
Escalator Liability: Limit _____ Premium \$ _____
- (4) Does applicant engage in "drive away" or "haul away" operations? ☐ Yes ☐ No If "Yes", give details. _____
- (5) Does the applicant rent automobiles to customers while customers' automobiles are temporarily left with the applicant for service, repair or sale?
☐ Yes ☐ No Rental to others? ☐ Yes ☐ No

A. AUTO DEALER - refer to Dealers Section of Plan Manual for eligibility criteria.

Description of Operation:

- | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Franchised Private Passenger Auto Dealer | <input type="checkbox"/> Franchised Truck or Truck-Tractor Dealer |
| <input type="checkbox"/> Franchised Motorcycle Dealer | <input type="checkbox"/> Franchised Recreational Vehicle Dealer |
| <input type="checkbox"/> Other Franchised Self-Propelled Land Motor Vehicle Dealer | <input type="checkbox"/> Non-Franchised Dealer |

| CLASS OF OPERATIONS | | BY LOCATION | | DEFINITIONS: CLASS I - EMPLOYEES (including part-time employees) Proprietors, partners and officers active in the business, salesperson's, general managers, service managers and any employee whose principal duty is driving automobiles or who is furnished a garage automobile. ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES Inactive proprietors, partners or officers and relatives of active or inactive proprietors, partners or officers who are furnished or who have regular use of the dealers' automobiles. *NOTE: Part time employees working less than 20 hours a week are to be counted as 1/2 rating unit. |
|---------------------------|-------------------|-------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | 1. | 2. | |
| CLASS I EMPLOYEES* | REGULAR OPERATORS | | | |
| | ALL OTHERS | | | |
| CLASS II NON-EMPLOYEES | UNDER AGE 25 | | | |
| | ALL OTHERS | | | |

- (1) Limit of Liability for Garage Liability:
Limit _____ Aggregate _____ Estimated Premium \$ _____
- (2) How many sets of plates does the applicant have? Dealer _____ Repairer _____ Transporter _____ Other _____
How many plates in each set? Dealer _____ Repairer _____ Transporter _____ Other _____
- (3) No. of autos owned by applicant other than those being held for sale: Commercial _____ Private Passenger _____
Motorcycle _____ Other _____
- (4) Does applicant, if a non-franchised dealer, pick-up or deliver automobiles beyond a 50 miles radius? ☐ Yes ☐ No
If "Yes", No. of trips 51-200 miles? _____ How many trips did you do last year? _____ How many do you expect to do this year? _____
No. of trips over 200 miles? _____ How many trips did you do last year? _____ How many do you expect to do this year? _____
- (5) Automobiles furnished to someone other than "Class I or Class II" operator, list individual or organization to whom such autos are furnished and the number furnished for each (Describe on Commercial Automobile Application or Supplemental Commercial Vehicle Schedule.):
Name and Address of person/organization _____ No. of Vehicles _____
1. _____
2. _____

B. TRAILER DEALER

- ☐ Franchised and Non-Franchised Residence Trailer Dealer
- ☐ Franchised and Non-Franchised Commercial Trailer Dealer

☐ Other Franchised or Non-Franchised Trailer Dealer

No. of employees at Location No. 1 _____

No. of employees at Location No. 2 _____

C. (1) Limits of Coverage for Garage Liability:

Limit _____ Aggregate _____ Estimated Premium \$ _____

(2) Limit of Liability for Garage keepers Coverage – Auto and Trailer Dealers

| Locations | Specified Perils/Deductible | Premium | Collision Deductible Premium |
|----------------|-----------------------------|---------|------------------------------|
| Location No. 1 | | | |
| Location No. 2 | | | |

APPLICANT'S STATEMENT

I DECLARE AND CERTIFY THAT: (1) I HAVE TRIED AND FAILED TO OBTAIN AUTOMOBILE INSURANCE IN THIS STATE WITHIN THE PRECEDING 60 DAYS. (2) To the best of my knowledge and belief that all statements contained in this application are true. (3) I do not owe any insurance company any automobile premiums due or contracted during the past 12 months. (4) I designate as Producer of Record for this insurance the producer named in this application and I understand he is not acting as an agent of the Pennsylvania Assigned Risk Plan or any company for the purpose of this insurance. (5) I agree that no coverage will be effective if my premium remittance, which accompanies the application, and is forwarded to the assigned carrier, is justifiably dishonored by the financial institution.

The Producer of Record has been unable to obtain coverage for you through the voluntary market. This application is for coverage through the Pennsylvania Assigned Risk Plan. Within twenty (20) days of receipt of this application, you may request in writing that the Insurance Department review the reasons why you were unable to obtain coverage through the voluntary market.

APPLICANT'S SIGNATURE

DATE _____

 HOUR AM/PM)

EVIDENCE OF INSURANCE

See accompanying Commercial Automobile Application for effective date and time of coverage provisions.

In no event shall coverage be effective prior to the date and hour of completion of this application. The Applicant hereby authorizes any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan.

(PERSON AUTHORIZED TO SIGN FOR APPLICANT)

(TITLE)

| (DATE - MONTH | DAY | YEAR | HOUR AM/PM) |
|---------------|-----|------|-------------|
|---------------|-----|------|-------------|

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

(PERSON AUTHORIZED TO SIGN FOR APPLICANT)

(TITLE)

| (DATE - MONTH | DAY | YEAR | HOUR AM/PM) |
|---------------|-----|------|-------------|
|---------------|-----|------|-------------|

FAIR CREDIT REPORTING ACT NOTICE

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

NOTICE TO APPLICANT AND PRODUCER: In the event acknowledgement of coverage is not received within 30 days, notify the Plan Office, P.O. Box 6510, Providence, RI 02940-6510. Please give application number.

STATEMENT OF THE CERTIFIED PRODUCER OF RECORD

I hereby certify that I am a licensed broker/agent, of the State of Pennsylvania, and certified by the Pennsylvania Plan. I have read the Pennsylvania Assigned Risk Plan, have explained the provisions to the applicant, and have included in this application all required information given to me by the applicant. In the event the policy is cancelled or a change is made resulting in a return premium to the insured, I agree to return the unearned commission portion of such return premium.

My signature heron represents certification of the Statement of the Producer of Record on the face of this application AND I certify this application is submitted pursuant to the effective date provisions contained in the Pennsylvania Assigned Risk Plan and accompanied by all coverage acceptance/rejection forms mandated by Act 6.

By _____
(PRODUCERES SIGNATURE)

| (DATE - MONTH | DAY | YEAR | HOUR AM/PM) |
|---------------|-----|------|-------------|
|---------------|-----|------|-------------|