



Cal-Regent Insurance Services Corporation  
 CA License No. OC64516 AZ License 167509  
 P.O. Box 711868 Santee, California 92072-1868  
 Telephone (619) 596-2770 Fax (619) 596-4049 [www.cal-regent.com](http://www.cal-regent.com)

**GARAGE APPLICATION**  
*Driveway Contractor* Page 1

REQUESTED EFFECTIVE DATE: \_\_\_\_\_

**PRODUCER'S INFORMATION- *THE BROKER'S IDENTIFYING INFORMATION***

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

A. Have you personally inspected the insured's premises?  YES  NO

B. Do you control this account?  YES  NO

**APPLICANT'S INFORMATION- *INFORMATION ABOUT THE INSURED***

**IF THE INSURED IS AN INDIVIDUAL DBA, THEN FILL IN THE NAME BELOW:**

Name: \_\_\_\_\_ DBA \_\_\_\_\_

**OR, IF THE INSURED IS NOT A DBA, FILL IN THE NAME BELOW:**

Corporate/LLC/Partnership Name: \_\_\_\_\_

Business Form:  Corporation  Partnership  LLC  LLP

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PRIOR INSURANCE INFORMATION:**If No Prior Insurance, please check here: \_\_\_\_\_ **NO PRIOR INSURANCE**If No Prior Insurance, please **EXPLAIN** why not previously insured: \_\_\_\_\_  
\_\_\_\_\_**IF PRIOR INSURANCE, FILL IN THE INFORMATION BELOW:**

YEAR	CARRIER	POLICY NO.	LIMITS	PREMIUM

**CLAIMS HISTORY:**Check here if No Claims: \_\_\_\_\_ (If any claims exist, describe below)

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID/ RESERVED

**PROVIDE ALL ADDITIONAL INFORMATION REGARDING EACH CLAIM THAT YOU WANT CONSIDERED:**


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**BUSINESS OPERATION INFORMATION-**

**PLEASE HAVE INSURED ANSWER ALL QUESTIONS:**

1. HOW MANY YEARS HAS THE INSURED BEEN IN THE CURRENT BUSINESS?    \_\_\_\_ YEARS

2. HOW MANY YEARS EXPERIENCE AS A DRIVEAWAY CONTRACTOR    \_\_\_\_ YEARS

STATE THE NATURE OF PRIOR EXPERIENCE: \_\_\_\_\_

3. DOES THE INSURED OBTAIN MVR'S ON ALL DRIVERS BEFORE HIRING?	__ YES	__ NO
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**IF "YES"**, HOW OFTEN ARE THE MVR'S UPDATED? \_\_\_\_\_

4. DOES THE INSURED HAVE A TRAINING PROGRAM FOR NEW HIRES? (PROVIDE A COPY)	__ YES	__ NO
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5. DOES THE INSURED HAVE A SAFETY PROGRAM IN PLACE?                    (PROVIDE A COPY)	__ YES	__ NO
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6. DOES THE INSURED STORE VEHICLES OVERNIGHT?    \_\_ YES    \_\_ NO

A. IF YES, WHERE ARE THE VEHICLES STORED: \_\_\_\_\_

1. IS THE STORAGE AREA FULLY FENCED?    \_\_ YES    \_\_ NO

B. ARE KEYS REMOVED FROM VEHICLES AND VEHICLES LOCKED?    \_\_ YES    \_\_ NO

C. IF YES, DESCRIBE SECURITY PRECAUTIONS TAKEN TO PROTECT THE VEHICLES:

\_\_\_\_\_

\_\_\_\_\_

7. DOES THE APPLICANT KEEP ACCIDENT RECORDS?	__ YES	__ NO
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A. IF "YES", DOES APPLICANT REVIEW ACCIDENTS WITH THE DRIVER?    \_\_ YES    \_\_ NO

8. DOES THE INSURED CARRY WORKERS' COMPENSATION INSURANCE?	__ YES	__ NO
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9. DOES THE INSURED USE A TOW TRUCK IN THIS BUSINESS?	__ YES	__ NO
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IF SO, WE CAN NOT INSURE THIS RISK!!!!

10. DOES THE INSURED ALLOW PERSONAL USE OF CUSTOMER'S CARS BY ANYONE?	__ YES	__ NO
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**BUSINESS OPERATION INFORMATION- (Continued)**

**PLEASE HAVE INSURED ANSWER ALL QUESTIONS:**

11. IS THE INSURED INVOLVED IN REPOSSESSING VEHICLES?

\_\_\_ YES      \_\_\_ NO

12. IS THE BUSINESS OWNER OR ANY EMPLOYEE UNDER AGE 21?

\_\_\_ YES      \_\_\_ NO

IF "YES": WE CAN NOT INSURE ANYONE UNDER AGE 21!!!!

13. IS THE INSURED ENGAGED IN ANY OTHER BUSINESS?

\_\_\_ YES      \_\_\_ NO

IF "YES": A. STATE THE NAME OF THE BUSINESS? \_\_\_\_\_

B. STATE THE TYPE OF BUSINESS: \_\_\_\_\_

14. DOES THE INSURED BUSINESS OWNER SPEAK AND READ ENGLISH?

\_\_\_ YES      \_\_\_ NO

15. ARE THERE UNDERGROUND TANKS ON THE INSURED'S PREMISES?

\_\_\_ YES      \_\_\_ NO

**16. PROVIDE FULL DESCRIPTION OF TYPES OF VEHICLES TRANSPORTED:**

***WE DO NOT INSURE RISKS THAT TRANSPORT VEHICLES OVER 18,000 LBS. GVW OR SEMI-TRUCKS!!***

**What is the average value of the vehicles being transported?** \$ \_\_\_\_\_

**Do you specialize in a particular make or model of cars to be transported?**    \_\_\_ YES    \_\_\_ NO

If "YES", make or model? \_\_\_\_\_

**List the percentage of type of vehicles being transported below:**

**Autos \_\_\_%    Light trucks \_\_\_%    Medium trucks \_\_\_%    Motor Homes \_\_\_%    Motorcycles \_\_\_%**

17. ARE ALL THE VEHICLES TRANSPORTED BY INDIVIDUAL DRIVERS?                      \_\_\_ YES    \_\_\_ NO

**IF "NO", WE DO NOT INSURE RISKS THAT USE A CAR TRANSPORTER!**



**LOCATION NO.:** \_\_\_\_\_

**LIABILITY COVERAGES REQUESTED - Please state all applicable coverage and limits requested:**

COVERAGES REQUESTED	LIMITS OF LIABILITY	DEDUCTIBLE
GARAGE LIABILITY (SYMBOL 30)	<input type="checkbox"/> \$100,000 CSL without Aggregate <input type="checkbox"/> \$100,000 CSL with Aggregate \$200,000 <input type="checkbox"/> \$100,000 CSL with Aggregate \$300,000 <input type="checkbox"/> \$300,000 CSL without Aggregate <input type="checkbox"/> \$300,000 CSL with Aggregate \$600,000 <input type="checkbox"/> \$300,000 CSL with Aggregate \$900,000 <input type="checkbox"/> \$500,000 CSL without Aggregate <input type="checkbox"/> \$500,000 CSL with Aggregate \$1 Million <input type="checkbox"/> \$500,000 CSL with Aggregate \$1.5 Million <input type="checkbox"/> \$1 Million CSL without Aggregate <input type="checkbox"/> \$1 Million CSL with Aggregate \$2 Million	<input type="checkbox"/> NONE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
GARAGE KEEPERS LEGAL LIABILITY (SYMBOL 30)	\$ _____ Legal Form ONLY	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
MEDICAL PAY (PREMISES, AUTO OR COMBINED?)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000  <input type="checkbox"/> PREMISES <input type="checkbox"/> AUTO <input type="checkbox"/> COMBINED AUTO/ PREMISES	
FIRE LEGAL LIABILITY	\$ _____ (Not necessary if obtaining Building Coverage)	
ADDITIONAL INSURED  (IF MORE NEEDED, USE SEPARATE SHEET)	NAME: _____ ADDRESS: _____ CITY _____ STATE: _____  Choose one: <input type="checkbox"/> Franchisor <input type="checkbox"/> Landlord <input type="checkbox"/> Bank/Lender  <input type="checkbox"/> OTHER -Please explain: _____	

**LOCATION NO.:** \_\_\_\_\_

**PROPERTY COVERAGE-** State all applicable coverage and limits that the insured is requesting:

COVERAGE	LIMITS	CAUSE OF LOSS	DEDUCTIBLE
Building (90% Coinsurance)	\$ _____	___ Special ___ Basic	___ \$ 500 ___ \$1,000 ___ \$2,500
Contents (90% Coinsurance) <i>(Special Form with THEFT requires Central Station Alarm)</i>	\$ _____	___ Special ___ Basic ___ Special not including theft	___ \$500 ___ \$1,000 ___ \$2,500
Loss of Earnings <i>(25% Form)</i>	\$ _____	___ With Extra Expense	
Outdoor Signs (\$500 Deductible)	\$ _____	Constructed entirely of metal? ___ YES ___ NO	

**RATING INFORMATION- MUST** PROVIDE THE FOLLOWING INFORMATION:

1. CONSTRUCTION TYPE OF BUILDING: \_\_\_ Frame \_\_\_ Non-combustible \_\_\_ Joisted Masonry \_\_\_ Fire resistive  
(Choose only one)  
\_\_\_ Masonry Non-combustible \_\_\_ Mod. fire resistive

2. SQUARE FOOTAGE OF BUILDING: \_\_\_\_\_ Square feet

3. YEAR THE BUILDING WAS CONSTRUCTED: \_\_\_\_\_

4. Is there an operating central station reporting burglar alarm? \_\_\_ YES \_\_\_ NO

5. Are there any large cracks or potholes in the pavement? \_\_\_ YES \_\_\_ NO

6. Are there any open or obvious slip and fall hazards? \_\_\_ YES \_\_\_ NO

7. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc.? \_\_\_ YES \_\_\_ NO

8. Are there operable fire extinguishers mounted and easily accessible? \_\_\_ YES \_\_\_ NO

9. Is the building sprinklered? \_\_\_ YES \_\_\_ NO

10. Is the wiring in the building up to code? \_\_\_ YES \_\_\_ NO

11. Describe the neighborhood: \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Improving

12. Describe the condition of the premises: \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_ Improving

### SCHEDULED VEHICLES

**Describe each vehicle; state all applicable coverage and limits requested.  
FOR ADDITIONAL VEHICLES, DUPLICATE THIS FORM AS NEEDED!**

#### VEHICLE NO. 1

Year _____	Make _____	Model _____	VIN _____  License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<b><u>STATED VALUE:</u></b> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE  Deductible: ____ \$1,000    ____ \$500	____ UM Bodily Injury: ____ \$30,000    ____ \$60,000  ____ Med Pay: ____ \$1,000    ____ \$2,000    ____ \$5,000

#### VEHICLE NO. 2

Year _____	Make _____	Model _____	VIN _____  License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<b><u>STATED VALUE:</u></b> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE  Deductible: ____ \$1,000    ____ \$500	____ UM Bodily Injury: ____ \$30,000    ____ \$60,000  ____ Med Pay: ____ \$1,000    ____ \$2,000    ____ \$5,000

#### VEHICLE NO. 3

Year _____	Make _____	Model _____	VIN _____  License No. _____
Radius _____	Garaged at Location #__	Body Type _____	<b><u>STATED VALUE:</u></b> \$ _____
COVERAGE	____ LIABILITY (Limit will be same as Garage Liability limits and deductible)	____ PHYS. DAMAGE  Deductible: ____ \$1,000    ____ \$500	____ UM Bodily Injury: ____ \$30,000    ____ \$60,000  ____ Med Pay: ____ \$1,000    ____ \$2,000    ____ \$5,000



Cal-Regent Insurance Services Corporation  
 Arizona License Number: 167509

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 Web Address: <http://www.cal-regent.com>  
 General Information E-mail: [calreg@cal-regent.com](mailto:calreg@cal-regent.com)

Insured's Name: _____	DBA: _____
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**Insurance Applicant Agreement**

This must be read and understood by the applicant before it is signed.

<ol style="list-style-type: none"> <li>1. I understand that absolutely no insurance coverage of any kind whatsoever is being applied for other than the insurance coverage I have requested in this application. I also understand that absolutely NO INSURANCE coverage is effective until such insurance is accepted and bound by the insurance company and payment is made for such insurance.</li> <li>2. I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage.</li> <li>3. I also understand that if any of the information provided to the insurance company in this application turns out to be false, my insurance policy may be canceled at any time at the option of the insurance company.</li> <li>4. I understand that this insurance is not meant to apply to drivers under the age of 21 and that drivers under 21 must be excluded from auto coverage, even if you hire or use anyone under the age of 21.</li> <li>5. If I have applied for Business Personal Property Coverage, I understand that unless I have an activated and fully functioning Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station, then I will NOT have coverage for the theft of any and all of my business personal property.</li> <li>6. I have read and understood this entire application. I read and understand English.</li> <li>7. The statements in this application are express warranties made by the applicant and relate to the past, present or future. The application is attached and incorporated into the policy.</li> </ol> <p>NOTE: My signature authorizes any and all of my prior insurance companies to release any and all of my prior insurance and claims information to Cal-Regent Insurance services Corporation upon presentation of a copy of this Insurance Applicant Agreement.</p> <p>Applicant's Signature _____ Date _____          Print Name _____ Title _____</p>
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**Insurance Broker Agreement**

This must be read and understood by the broker before it is signed.

<ol style="list-style-type: none"> <li>1. I warrant that all of the information contained in this application was obtained from the insured after I asked the insured for the information.</li> <li>2. I understand that unsigned applications will be refused for binding and no coverage will be in force.</li> <li>3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Cal-Regent Insurance Services Corporation.</li> </ol> <p>Broker's Signature _____ Date _____          Print Name _____ Title _____</p>
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**Uninsured Motorist Rejection/Selection Agreement**

This must be read and understood by the applicant before it is signed.

<p>You have a legal right to purchase both Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</p> <p>Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Limit, unless you select a lower amount or no coverage, as stated in this notice.</p> <p>You have a right to purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury. Your Bodily Injury Limit for the proposed policy:          Please initial next to your desired option below for both Uninsured and Underinsured Motorist coverages.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">Uninsured Motorist Liability</th> <th colspan="4" style="text-align: center; border-bottom: 1px solid black;">Underinsured Motorist Liability</th> </tr> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Accept</th> <th style="text-align: center; border-bottom: 1px solid black;">Reject</th> <th style="text-align: center; border-bottom: 1px solid black;">Limit</th> <th style="text-align: center; border-bottom: 1px solid black;">Premium</th> <th style="text-align: center; border-bottom: 1px solid black;">Accept</th> <th style="text-align: center; border-bottom: 1px solid black;">Reject</th> <th style="text-align: center; border-bottom: 1px solid black;">Limit</th> <th style="text-align: center; border-bottom: 1px solid black;">Premium</th> </tr> <tr> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> <td style="border-bottom: 1px solid black; width: 12.5%;"></td> </tr> </table> <p>_____ I do not wish to purchase any uninsured motorist coverage.      _____ I do not wish to purchase any uninsured motorist coverage.</p> <p>I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are insured at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.</p> <p>Applicant's Signature _____ Date _____          Print Name _____ Title _____</p>								Uninsured Motorist Liability				Underinsured Motorist Liability				Accept	Reject	Limit	Premium	Accept	Reject	Limit	Premium								
Uninsured Motorist Liability				Underinsured Motorist Liability																											
Accept	Reject	Limit	Premium	Accept	Reject	Limit	Premium																								