

SCOTTSDALE OFFICE:  
P.O. Box 14770, SCOTTSDALE, AZ 85267-4770  
8475 E. HARTFORD DR., SCOTTSDALE, AZ 85255  
PHONE:(480) 991-7889 WATS (800) 848-8860  
FAX: (480) 948-1394 TOLL FREE (866) 240-8807



UTAH OFFICE:  
P.O. Box 571770, MURRAY, UT 84157-1770  
849 W. LE VOY DRIVE, SUITE 230, TAYLORSVILLE, UT 84123  
PHONE:(801) 290-1144 WATS (800) 594-8900  
FAX (801) 290-1160 TOLL FREE (800) 332-9285

## 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. Any coverages being requested or removed?.....  Yes  No  
Explain: \_\_\_\_\_
13. Do you perform operations or have driving exposures in the following states?  
 New York  New Jersey  Michigan  Illinois  Other (besides state of domicile)  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
14. Do you drive-away more than three hundred (300) miles from your garage location? .....  Yes  No  
If yes, how often and to where? \_\_\_\_\_

15. If there are changes to the policy, update the information by completing the following charts (If none, indicate none):

**NUMBER OF AUTOS AND AUTO VALUES**

	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	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Work Loc. No.	Violations and Accidents Past Three 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	DOB	Driver License No.	State of DL	Will drive for <u>or</u> Work in business?	Furnished Auto?* Y/N	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								

**LOSS HISTORY**

Provide updated information regarding losses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Damage To Rented Premises Liability: ..... \$ \_\_\_\_\_

17. Property Coverage: Any changes to the property? .....  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**REMARKS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FRAUD WARNING:** 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 AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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 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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**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 RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, 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.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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.

**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.**

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an authorized owner, partner or executive officer)

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

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

Agent Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail

Applicant Email: \_\_\_\_\_ Preferred Method of Correspondence  Email  Fax  Mail