

## SUPPLEMENTARY DELUXE GARAGE OWNERS APPLICATION

Applicant	Т   1	Agent/Sub The Heffner Agency Inc. 10 William St New York, NY 10038			
OPERATIONS	-				
·	· ·	Yes 🗆	No 🗌		
	•	Yes 🗆	No 📙		
•		Yes U	No ∐ No □		
		?Yes □	No 🗆		
If yes, indicate number sold last y		165 🗀	INO L		
ii yes, indicate number sold last y	cui.				
<ol><li>Is insured involved in any non-gara If yes, please describe.</li></ol>	age operations?	Yes 🗆	No 🗆		
4 Is incured involved in towing or re-	ad aariiga aantraata?	Yes 🗆	No 🗆		
<ol> <li>Is insured involved in towing or roal of yes, please describe.</li> </ol>	ad Service Contracts?	······res 🗆	No L		
ii yes, picase accorbe.					
5. Is insured open late night or 24 ho	ours?	Yes 🗆	No 🗌		
6. Is smoking allowed in shop area?		Yes 🗌	No 🗌		
7. Are there any underground storag	e tanks on premises?	Yes 🗆	No 🗌		
If yes, indicate tank ages.					
8. If insured has garage (dealer, repart	air ota) platae plaasa list	DI ATE NI IMBERS			
o. Il ilisured has garage (dealer, rep	an, etc) plates, please list	TEATE NOMBERO.			
EMPLOYEES (USE REMARKS SEC		· · · · · · · · · · · · · · · · · · ·			
1. List experience of each employee, NAME	DATE OF HIRE	r: YEARS EXPERIENCE			
NAME	DATE OF HIRE	YEARS EXPERIENCE			
		Yes ∐	No 📙		
3. For family operated business seek	king Workers' Compensati	on coverage, do the insureds have health insurance?			
		Yes 🗆	No 🗌		
INSURED AND INSURANCE COMPA	ANY. ALL NON-EMPLOY	ES CAN PRESENT MAJOR LIABILITY EXPOSURE TEES WHO REGULARLY USE INSURED PLATES OF ULAR USERS MUST CONFORM TO COMPANY E	R VEHICLES		
PROTECTION					
Please list brand name, make and	ase list brand name, make and model of spray booth.				
	• •				
Is the spray booth U. L. approved	?	Yes 🗆	No 🗌		
2. Are the storage cabinets and cont	ainers U. L. approved?	Yes 🗆	No 🗌		

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3.	Are dogs kept on the premises?	No 🗌
4.	Is the area fenced?Yes	No 🗌
5.	Is the area well lighted?	No 🗌

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Is the building alarmed?  If yes, list the name of company and type of alarm	Yes □ No □					
7. Describe insured's automobile key control measures an	Describe insured's automobile key control measures and who has access to keys.					
Describe insured's plate control measures and who has access to them.						
PROPERTY COVERAGE RATING INFORMATION PROPERTY COVERAGE OPTIONS						
Exterior Glass  Basement/ground floor level All floors  Second floor and below Third floor and above Interior Glass	Ordinance or Law Endorsement  Loss of the undamaged portion of the building is mandatory.  Demolition Cost Limit  Increased Cost of Construction Limit  Total Building Replacement Cost					
Earthquake Minimum Mandatory Deductible Other %	Systems Breakdown Endorsement (Attach completed BO 7246) \$					
Signs Limit of Liability Description \$	CompuPak Hardware \$ (Attach completed BO-7247) Data &Media \$					
Spoilage Endorsement Premises # Building # Limit of Insurance Description of perishable stock Causes of Loss: Breakdown or Contamination Power Outage Refrigeration Maintenance Agreement?	Complete for limits in addition to those provided in the Coverage Extensions:  Accounts Receivable \$ Valuable Papers \$ Damage to Leased Property \$ Employee Tools \$					
Employee Dishonesty Optional Limits \$25,000 Limit \$50,000 Limit	Total number of Employees Frequency of Audits Audits are made by					
LIABILITY COVERAGE OPTIONS						
Per Location Property Damage Deductibl	]\$1,000 Total Limit					
Employee Benefits Liability Each Claim  Location and Operations Not Covered (CA-2507)  Additional Insured – Specify premises, name, address and	(Location or Operation)					
Remarks:						

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Insured's Signature (Required)	Agent's Signature	Date

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