



Exceptional commercial coverage for specialty automotive businesses

Protecting vehicles for what they're actually worth

A policy with Hagerty pays out true market value at time of loss, and we rely on our vehicle and valuation expertise to determine accurate, up-to-date values. A policy with us also provides reassurance to your clients should they be liable for any damages.

You won't need to call every time a car comes or goes

When vehicles are always changing, it's hard to keep track of what you've added to an insurance policy. A one-limit blanket policy with Hagerty means you won't need to call in and cover each car individually.

There's no per-car value limit

If an especially valuable car is added, no need to worry if it's protected for its true value. With a blanket policy, there's no vehicle-cap per limit.

Before you proceed ...

Our team will shift into gear and begin processing your completed application asap, but first we need you to review these important qualifications for coverage.

Key Underwriting/Qualifying Factors (including but not limited to):

- Building is equipped with central station burglar and fire alarm
- All autos are stored inside at night
- Paint booth equipped with fire suppression system inside the booth
- Business is not home-based (separate address and entrance from any residence)
- No loaner or rental vehicles provided to customers

All good? Please fill out the online application form. If you have any questions we're happy to help.

Call **888.216.2420** or email **commercial@hagerty.com**

Date: _____

Storage facility application

Hagerty Broker # _____

General information

Named Insured: _____

DBA Name (if any): _____

Nature of Business/Operations: _____

Contact Name: _____

Mailing Address: _____

Title: _____

Daytime Phone: _____

City: _____

Email: _____

State: _____

Website: _____

Zip Code: _____

Number of Years in Business: _____

Have there been any losses in the past 5 years?

FEIN #: _____

Yes No (3 year loss runs required, if applicable)

Individual Partnership Corporation Joint Venture

Prior carrier information

Non-Profit Subchapter S LLC

Policy term: _____

Proposed effective date: _____

Target Premium: _____

Employee Information

Total Number of Employees: _____ Please list **all employees** below. If total number exceeds 7, please [use this worksheet](#).

Name: _____	Job Title: _____	Part Time	Full Time	Driver:	Yes	No
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If Driver: DOB: _____	Driver's License #: _____			State: _____		
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Name: _____	Job Title: _____	Part Time	Full Time	Driver:	Yes	No
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If Driver: DOB: _____	Driver's License #: _____			State: _____		
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Name: _____	Job Title: _____	Part Time	Full Time	Driver:	Yes	No
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If Driver: DOB: _____	Driver's License #: _____			State: _____		
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Name: _____	Job Title: _____	Part Time	Full Time	Driver:	Yes	No
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If Driver: DOB: _____	Driver's License #: _____			State: _____		
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Location information

Location 1 Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No

Value: _____

Are there any additional insureds? Yes No
If Yes:

Name: _____

Address: _____

Insurable Interest: _____

Requested Limits:

Building: _____

Business Personal Property: _____

Business Income: _____

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Any History of Flooding/Water Back-up? Yes No
If Yes, explain:

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)

Central Station Fire Alarm? Yes No
(Mandatory)

Central Station Burglar Alarm? Yes No
(Mandatory)

Is the Building Sprinklered? Yes No
(percentage)

Deductible:

\$1,000 \$2,500 \$5,000 Other _____

Location 2 Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical Plumbing

Roofing Heating Other

Location 2 continued

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No
Value: _____

Are there any additional insureds? Yes No
If Yes:
Name: _____
Address: _____
Insurable Interest: _____

Requested Limits:

Building: _____
Business Personal Property: _____
Business Income: _____

Any History of Flooding/Water Back-up? Yes No
If Yes, explain:

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)

Central Station Fire Alarm? Yes No
(Mandatory)

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(Mandatory)

Is the Building Sprinklered? Yes _____ No
(percentage)

Deductible:

\$1,000 \$2,500 \$5,000 Other _____

Additional coverage checklist

Are you interested in a quote for any of the following?

- Umbrella Coverage
- Workers Compensation Coverage
- Directors & Officers Coverage
- Crime Coverage
- Cyber Coverage
- EPLI Coverage

How did you hear about us?

- Referral
- Magazine
- Field Sales
- Internet
- Other _____

Collector vehicle storage facility details

Named Insured:

Hours of Operation: _____

Do customers have access to their vehicles? Yes No

Describe customer vehicle intake/discharge process:

Are customers allowed to service vehicles on premises? Yes No

Do you offer any services to vehicles left in your care? Yes No
 If Yes, please explain: _____

Are there any special events held on premises? Yes No
 If Yes:

How many are held annually? _____

Annual revenue generated by special events: _____

Do you transport customer vehicles? Yes No
 If Yes:

Do you use a third party source? Yes No

Customer vehicle transit coverage desired over \$250,000? Yes No

Are participants or vendors required to provide proof of liability? Yes No

Are alcoholic beverages provided? Yes No

Current number of vehicles in storage: _____

Maximum capacity of stored vehicles: _____

Maximum total value of all stored autos: _____

Highest valued individual stored auto: _____

Please attach copy of storage agreement