



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: _____

Restoration shop 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

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

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)

Central Station Burglar Alarm? Yes No
(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

*Required

Collector vehicle restoration shop details

Named Insured:

*Requested Garagekeepers limit: _____ Type: Direct Primary Legal Liability

Desired Deductible: \$1,000 \$2,500 \$5,000 Other _____

Describe extent of repair services on premises: _____ Work that is regularly subcontracted: _____

Percentage of operations that is servicing or restoring collector vehicles: _____ # Vehicles serviced per month: _____

Describe customer key storage: _____

Are customer vehicles picked up and/or delivered? Yes No # of Repair Plates: _____ # of Transporter Plates: _____

If Yes, do you use a third party source? Yes No Customer vehicle transit coverage desired above \$250,000? Yes No

SERVICE VEHICLES				All service vehicles must be titled/registered in the name of the business.	
1. Year:	Make:	Model:	VIN:	Use:	Original Cost New:
2. Year:	Make:	Model:	VIN:	Use:	Original Cost New:
3. Year:	Make:	Model:	VIN:	Use:	Original Cost New:
4. Year:	Make:	Model:	VIN:	Use:	Original Cost New:
5. Year:	Make:	Model:	VIN:	Use:	Original Cost New:

Where are customer vehicles stored overnight? Inside Outside Any service of owned vehicles? Yes No

Avg. # of vehicles stored overnight: _____ Any service of non-owned vehicles? Yes No

Avg. value of vehicles stored overnight: _____ Any service bays leased to others? Yes No

Is welding performed? Yes No

Any ownership/sponsorship/repair of racing vehicles? Yes No **If Yes**, are vehicle gas tanks welded? Yes No

Is any vehicle spray painting performed? Yes No

***Total Gross Receipts:**

Projected: _____ 2019: _____
2018: _____ 2017: _____

Total revenue from retail parts sales: _____

Total value of parts inventory: _____

Total revenue from vehicle restoration: _____

***Estimated Gross Receipts Breakdown:**

Restoration: _____ %	Painting: _____ %	Auto Sales: _____ %	Non-Collector Auto Sales: _____ %
Parts Fabrication: _____ %	Non-Collector Body Work: _____ %	Auto Storage: _____ %	Memorabilia Sales: _____ %
Subcontracted to Others: _____ %	Subcontracted by Others: _____ %	Auction: _____ %	Events: _____ %
		Other: _____ %	Describe _____

Spray booth supplemental application

Named Insured:

Does booth have a fire suppression system?	Yes	No
Is booth constructed of steel, aluminum, concrete or masonry material?	Yes	No
Are the interior surface of the booth smooth and continuous?	Yes	No
Are the floors of the booth made of a non-combustible material?	Yes	No
Is all electrical wiring explosion-proof?	Yes	No
Does booth have mechanical ventilation with an independent exhaust system venting to the exterior of the building?	Yes	No
Are there visible gauges or alarms that ensure air required velocity is maintained?	Yes	No

If **No** to any of the above, explain:

Are there any open flames or spark producing equipment within 20 feet of booth? Yes No

If **Yes**, explain:
