



Berkshire Hathaway Homestate Companies
Specialty Auto Department

Garage Supplemental Application

06-29-01

Applicant Name: _____

Address: _____

Phone Number: _____

General Questions:

1. Description of operations: _____

2. Years In Business: _____

3. Annual Gross Receipts last year: _____ Estimate for coming year: _____

4. Have you ever filed for bankruptcy? [] Yes [] No If yes, when: _____

Explain: _____

5. Prior Insurance Carrier, five previous years:

Table with 7 columns: Year, Carrier, # of Vehicle, Premium, Losses Paid, Current Reserves \$, Involved in Litigation (Y / N)

6. Has your insurance ever lapsed, cancelled, or non-renewed? [] Yes [] No If yes, explain: _____

OPERATIONS:

1. Number of years in Business Under this Name: _____

2. If under 3 years, describe in detail your experience (if more room is needed us additional sheet)

3. If location is different than mailing address please list here: _____

4. Types of Repairs done:

- a) ___ Body Shop
b) ___ Spray Painting - Do you have an approved spray booth? _____
c) ___ Small mechanical (tune-ups; battery changes; etc.)
d) ___ Major Mechanical (engine repair; transmission; etc.)
e) ___ Brakes
f) ___ Tires (Repair; replacement; alignment; etc.)
g) Describe your operation:

5. Is Applicant a certified Technician? Yes No
 6. Are all employees certified? Yes No Is it required? Yes No
 Other – describe: _____

7. Please identify the typical vehicles you work on below (Identify as a percentage)

- a.) _____ Private Passengers
- b.) _____ Pick-up Trucks
- c.) _____ SUV's
- d.) _____ Medium Weight privately owned
- e.) _____ Medium weight commercially owned
- f.) _____ Heavy & Extra-Heavy Commercially owned Trucks
- g.) _____ Heavy & Extra-Heavy Truck-Tractors
- h.) _____ Motorhomes
- i.) _____ Antiques or Show quality
- j.) _____ Other: Please Describe:

8. Description of any other item you fell may be pertinent:

- 9. Number of Mechanics _____
- 10. Total Number of employees _____
- 11. Total Gross Annual Payroll _____
- 12. Total Gross Annual Sales _____

BUILDING INFORMATION:

1. Construction:

- a.) Frame _____
- b.) Joisted Masonry _____
- c.) Masonry _____
- d.) Steel Frame _____
- e.) Non-Combustible _____
- f.) Fire Resistive _____
- g.) Unknown? -Describe _____

2. Updates (Year completed):

- a) Wiring _____
- b) Plumbing _____
- c) Roof _____

3. Is the building fenced? Yes No

- a.) If no please describe security _____

4. Sprinklered? Yes No

5. Number of bays in building _____

6. Average number of vehicles kept in building? _____

7. Average number of vehicles typically kept overnight? _____