



RIVER VALLEY UNDERWRITERS

Garage Quick Quote Sheet

Agent/Agency: _____ Date Completed: _____

1. APPLICANT INFORMATION

Applicant/Named Insured: _____

(DBA): _____

Mailing Address: _____

All Locations: _____

Contact Name: _____ Phone: _____ Website Address: _____

Type of Business – Dealer / Service: _____

Years in Business: _____ Effective Date: _____ Current Carrier: _____

2. COVERAGE AND LIMITS REQUESTED

Coverage's	Limits	Deductible	Notes/Comments
Liability/aggregate	\$	\$	
Garagekeepers (Repair Service) MLPV - \$ _____	\$	\$	
UM/UIM Coverage # of dealer Tags	\$	Not Applicable	
Dealers open Lot (Dealership) MLPV - \$ _____	\$	\$	
Med Pay – premises/auto or combined	\$	Not Applicable	
Misc. coverage's requested: Scheduled Auto's Include Acord 129 Property Include Acord 140	\$	\$	
In-Tow _____ Transporter Plates _____ Tire Sales _____ NEW _____% OR USED _____%			

3. ALL Employee/Driver Including owners INFORMATION (Subject to MVRs, if bound)

Name	DOB	Driver's License #	Full Time or Part Time	Furnished or Not Furnished	Job Title/ Duties

**INDICATE WHAT LOCATION IF MORE THEN ONE LISTED

What percentage by **type of vehicle** do you sell or service? (*complete additional Questionnaire)

- a. Cars, sport utility, pickups, vans _____%
- b. Commercial trucks & trailers* _____%
- c. Construction & Farming Equipment* _____%
- d. Emergency Vehicles & Equipment* _____%
- e. Motorcycle & Off-road RV* _____%
- f. RV (Motorhome, Camping Trailer)* _____%
- g. Salvage (used) parts* _____%
- h. Watercraft (including Jet Skis)* _____%

Do you or your employee(s) always go along on test drives? _____

Do you get documentation of insurance prior to allowing a test drive? _____

Do you make copies of Drivers Licenses prior to allowing someone to test drive a vehicle? _____

Do you have a Fenced Lot? _____