



ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA GARAGE APPLICATION

THIS SUPPLEMENTAL GARAGE APPLICATION MUST BE ACCOMPANIED BY A COMPLETED COMMERCIAL AUTOMOBILE APPLICATION. SUPPLEMENTAL GARAGE APPLICATIONS RECEIVED BY THE PLAN WITHOUT A COMPLETED COMMERCIAL APPLICATION WILL BE RETURNED TO THE PRODUCER AND NOT ASSIGNED.

1. PRODUCER	2. PRODUCER ID #	3. DATE (Mo./Day/Yr.)
4. APPLICANT'S NAME		5. APPLICANT'S MAILING ADDRESS (Include county & ZIP + 4)

6. BUSINESS / VEHICLE STORAGE INFORMATION

AUTO AND TRAILER DEALERS			VEHICLE STORAGE			
<input type="checkbox"/> FRANCHISED <input type="checkbox"/> NON-FRANCHISED	CAR		TYPE OF FACILITY	LOCATION #		
	TRUCK-TRACTOR			1	2	3
	MOTORCYCLE		BUILDING			
	RECREATIONAL VEHICLE		STANDARD OPEN LOT			
	SELF-PROPELLED		NON-STANDARD OPEN LOT			
	FRANCHISED AND NON-FRANCHISED COMMERCIAL TRAILER DEALER					

7. COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY					
		EACH ACCIDENT		GARAGE OPERATIONS	FOR DEALERS ONLY		
		AUTO ONLY	OTHER THAN AUTO ONLY	OTHER THAN AUTO ONLY	<input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED		
LIABILITY		\$	\$	\$			
UNINSURED MOTORIST		\$	\$	\$			
UNDERINSURED MOTORIST		\$	\$				
MEDICAL PAYMENTS		\$	\$	TOTAL PER VEHICLE	\$		
				ESTIMATED TOTAL	\$		
				DEPOSIT	\$		
				BALANCE DUE	\$		
PHYSICAL DAMAGE	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION		DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	
COMPREHENSIVE			\$		\$	\$	
COLLISION			\$		\$	\$	
GARAGE KEEPERS		LOC #	ENTER THE LIMIT FOR EACH LOCATION		# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> LEGAL LIABILITY	COMPREHENSIVE		\$			\$	\$
<input type="checkbox"/> DIRECT BASIS	COLLISION		\$			\$	\$
<input type="checkbox"/> PRIMARY			\$			\$	\$
<input type="checkbox"/> EXCESS							
OTHER (SPECIFY)							
PHYSICAL DAMAGE REPORTING PERIOD		# DEALER/REPAIRER PLATES		# HOISTS		TRANSIT LIMIT	
<input type="checkbox"/> NON-REPORTING						\$	

8. AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER		
		1	2	3
CLASS I EMPLOYEES	REGULAR OPERATORS			
	ALL OTHERS			
CLASS II NON-EMPLOYEES	UNDER AGE 25			
	ALL OTHERS			

DEFINITIONS:

CLASS I - EMPLOYEES
REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.
ALL OTHERS - ALL OTHER EMPLOYEES

CLASS II - NON-EMPLOYEES
ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.

NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH.
2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.

9. DEALERS PHYSICAL DAMAGE

COVERAGE	NEW/USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS
COMPREHENSIVE	NEW			
	USED			
COLLISION	NEW			
	USED			

10. ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	INTEREST IN ITEM NUMBER				LOCATION:
<input type="checkbox"/>	ADDITIONAL INSURED				VEHICLE:
<input type="checkbox"/>	LOSS PAYEE				SCHEDULED ITEM NUMBER:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				OTHER:

11. ENDORSEMENTS/GENERAL REMARKS

FOR SERVICING CARRIER USE ONLY

12. APPLICANT'S STATEMENT

I, the Applicant, declare and certify that:

1. I have tried and failed to obtain automobile insurance in this state within the preceding sixty (60) days and have been unable to obtain such insurance at rates not exceeding those under the Plan.
2. To the best of my knowledge and belief, all statements contained in this application are true and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.
3. I realize that any misleading information or failure to disclose required information will not be considered in good faith on my part and will prejudice my application for insurance.
4. I hereby agree to pay all premiums when due.
5. I hereby certify that I do not owe any insurance company for automobile premiums due or contracted.
6. I designate as Producer of Record for this insurance the producer or firm named in the application and I understand he is not acting as an agent of any company for the purpose of this insurance.
7. I duly authorize the undersigned to execute this application on my behalf if the Applicant is not a natural person.
8. I agree that no coverage will be in effect if the premium remittance which accompanies this application is justifiably dishonored by any financial institution.
9. I understand that the premiums shown on this application are estimated premiums. The company reserves the right to adjust the premium either prior to or after issuance of the policy, whenever applicable.

APPLICANT'S SIGNATURE: _____ DATE: _____ HOUR: _____ AM PM