



**ASSOCIATED AUTO INSURERS PLAN OF SOUTH CAROLINA  
GARAGE SUPPLEMENTAL FORM**

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

**This form must be completed, signed, and attached to all garage applications and provided for the annual premium audits.**

All questions must be answered. If any question is answered "yes", regardless of the percentage of total operations, coverage cannot be bound and will not be covered under the Garage and Dealers Section.

Explain all "Yes" Responses in Remarks

Is the applicant engaged in any of the following operations:	YES	NO
1. Repair Shops - Risk primarily engaged in the repair of autos, including tow trucks owned and operated by the risk as part of the business?		
2. Service Stations - Risk primarily engaged in the servicing of autos and the sales of and installation of automotive accessories (excluding major engine repair)? This includes full service gasoline stations, tow trucks used by the risk as part of its operation, and self-service gasoline stations.		
3. Tow Truck Operations?		
4. Auto Dismantlers?		
5. Auto Salvage Yards of Used Parts Dealers?		
6. Auto Auctions? (Wholesale or Retail)?		
7. Automotive Machine Shops?		
8. Automotive Parts Stores (New or Used)?		
9. Automotive Parts Rebuilders?		
10. Automobile Long Term (six (6) months or more) Renting & Leasing?		
11. Automobile Repossessing Services?		
12. Automobile Transporters and Drive-Away Companies?		
13. Non-Automotive Service Operations conducted by "Dealers" or "Non-Dealers" Risk, i.e., Fuel Oil Service Delivery, Gasoline Transporters?		
14. Trucks or Tractor-Trailers held by dealers primarily for sale if operated for non-dealer service operations or when provided to a customer for demonstration purposes and used by the customer in his business operations?		
15. Storage Garages and Public Parking Places?		
16. Any Pulpwood Truck?		
17. Any Dump Truck?		
18. Mobile Home Sales?		

**REMARKS**

I have read the foregoing questions and recorded answers and hereby declare to the best of my knowledge and belief that all of the foregoing statements are true and that these statements are offered as an inducement to the company to provide coverage under the Garage Application.

I further acknowledge that each of the foregoing statements are material and any false answers may be the basis for rescission of the garage policy. Any changes in these conditions or operations during the term of the policy must be reported to the producer and/or assigned company immediately.

Policy Number (if known)	Applicant / Named Insured
Producer's Signature/Date	Applicant's Signature/Date