



SUPPLEMENTARY DELUXE GARAGE OWNERS APPLICATION

Applicant	Agent/Sub The Heffner Agency Inc. 110 William St New York, NY 10038
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OPERATIONS

- Does the insured perform:
- Engine Rebuilding? Yes No
 - Auto Body Repair? Yes No
 - Spray Painting? Yes No
1. Is any type of work done on heavy trucks, tractors or buses? Yes No
 2. Is the insured involved with auto sales? Yes No
 If yes, indicate number sold last year.
 3. Is insured involved in any non-garage operations? Yes No
 If yes, please describe.
 4. Is insured involved in towing or road service contracts? Yes No
 If yes, please describe.
 5. Is insured open late night or 24 hours? Yes No
 6. Is smoking allowed in shop area? Yes No
 7. Are there any underground storage tanks on premises? Yes No
 If yes, indicate tank ages.
 8. If insured has garage (dealer, repair, etc) plates, please list PLATE NUMBERS.

EMPLOYEES (USE REMARKS SECTION ON REVERSE FOR ADDITIONAL COMMENTS)

1. List experience of each employee, owner, partner and officer:

NAME	DATE OF HIRE	YEARS EXPERIENCE

2. ASE Certified? Yes No
3. For family operated business seeking Workers' Compensation coverage, do the insureds have health insurance?
 Yes No

NOTE: NON-EMPLOYEES WHO USE INSURED VEHICLES CAN PRESENT MAJOR LIABILITY EXPOSURES TO THE INSURED AND INSURANCE COMPANY. ALL NON-EMPLOYEES WHO REGULARLY USE INSURED PLATES OR VEHICLES SHOULD BE LISTED AS DRIVERS. THESE REGULAR USERS MUST CONFORM TO COMPANY ELIGIBILITY STANDARDS.

PROTECTION

1. Please list brand name, make and model of spray booth. _____
 Is the spray booth U. L. approved? Yes No
2. Are the storage cabinets and containers U. L. approved? Yes No

3. Are dogs kept on the premises? Yes No
4. Is the area fenced? Yes No
5. Is the area well lighted? Yes No

Insured's Signature **(Required)**

Agent's Signature

Date