

Garage Quick Quote Sheet – Mullen Insurance Agency Inc

Fax to (972) 681-7601 for quotes or email: a.flowers@mulleninsurance.com

Date: 3/11/2019

General Information: Contact Person: _____ Phone: _____ Email: _____

Business Name: _____

Total # of Locations: _____ Physical Address: _____

Business Operation (describe): _____

Do you do any spray painting? _____ If yes, is booth UL approved? _____

Number of years in business: _____

Number of years continuous garage insurance: _____

Any Losses last 3 years (if so, provide date of loss, description, and amount paid): _____

Any dogs on the property? _____ Are any boats, RV's, motorcycles or heavy trucks sold? _____

Radius of Operations: _____ Number of dealer plates: _____

Indicate owners, officers, family members and employees (list job title, age, full time/part time, and furnished)

Indicate any tickets or accidents within the past 3 years for any of the above people: _____

Are contract drivers used? _____ Any wreckers, trailers or tow dollies? (if so, # and capacity): _____

Garage Liability NONE

Limit of Liability (CSL): _____

Limit of Uninsured Motorist: _____ Auto Med Pay: _____ Prem Med: _____

PIP: _____ Other: _____

Dealers Open Lot NONE

Average # of cars on hand: _____ Maximum # of cars on hand: _____

Average value per vehicle: _____ Maximum value any one vehicle: _____

Describe protection for vehicles (fences, guards, dogs, watchmen, cars stored in building): _____

Is lot lit up at night? _____ Where are keys kept at night? _____

Total amount of Inventory (dealer cost): _____ Deductibles: _____

Additional Coverage to Include: Unaccompanied test drives False Pretense (25,000)

Garagekeepers NONE

Total amount of coverage needed: _____ Average # of cars stored overnight: _____

How are cars stored (i.e., inside fenced area, building): _____

Commercial Property NONE

Street Address: _____

Occupancy: _____ Construction/Roof: _____ Yr Built: _____ Sq Feet: _____

Monitored Alarm: _____ Updates and when Completed: _____

Building Value: _____ Contents Value: _____ Other: _____ ACV/RCV: _____

Notes: _____