

GARAGE PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Agent _____

Please Quote These Lines of Coverage

- Garage Liability
- Property
- Business Auto
- Workers Compensation
- Umbrella
- Life
- Other Coverage

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the clients' current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Mid-America Specialty Markets
Fax: 573-447-4998
Email: agency@mail@midaminsurance.com

GENERAL APPLICANT INFORMATION

GARAGE PAK

SUBMISSION DATE _____

AGENT _____

BUSINESS NAME _____

CONTACT NAME _____ **POSITION** _____

MAIL ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

EMAIL _____

WEBSITE _____

PHONE _____ **FAX** _____ **CELL** _____

Federal ID _____

Years in Business _____

Type of Business: Corp LLC Sole Prop Partner Other _____

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Status of Submission

: Current Carrier:

: Currently Insured _____ # Years

Quote - Need Quote Back: _____

: With Who:

Target Premium Needed: _____

:

:

Full Description of Business Operations

GARAGE LIABILITY SECTION

Occurrence Limit _____ Aggregate Limit _____ PD Deductible _____
 Now Paying _____

Annual Gross Sales _____ # of Mechanics _____ # of Clerical _____

Garage Keepers Limit _____ Comp Ded _____ Coll Ded _____

Direct Primary Direct Excess Legal Liability

- Parts Department -
- Owner is Mechanic
- Body Shop / Paint Booth Exposure
- Work on Trucks or High Dollar Vehicles
- Off Premises Work Performed
- Towing Operation
- Car Sales
- Loaner Car to Customers
- Racing Sponsor

Fully describe all checked items and other exposures:

List Mechanics Full Name	DOB	DL #	Violations
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROPERTY SECTION

Now Paying _____

Physical Location Address _____
 (if different from mailing address)

Responding Fire Department _____ Age of Building _____ Dist to Hydrant _____

Square Foot _____ Type of Heat _____ Describe Other Occupants _____

Construction: Frame Masonry NC Masonry Non Combustible

Building Limit _____ Ded _____ Description of Use _____

Contents Limit _____ Ded _____ Description of Contents _____

Mechanics Tools _____ Ded _____ Describe any other property details or special items below:

BUSINESS AUTO SECTION

Now Paying _____

Limits Liability _____ UM/UIM _____ Med Pay _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded

List Drivers Full Name	DOB	DL #	SSN	Violations

WORKERS COMPENSATION SECTION

Now Paying _____

Currently Insured – Company _____ How Long _____

Experience Rated – Normal Anniversary Date _____ Current Mod _____

Class Code	Description of Work	# Full	#Part	Payroll

Owners Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Payroll

COMMERCIAL UMBRELLA SECTION

Now Paying _____

Limit Requested \$ _____

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

Effective Date Line of Underlying Coverage Underlying Company Underlying Liability Limit

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

Name DOB Smoke Y/N Describe Coverage Amount and Type Requested

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIMS INFORMATION

Describe all claims paid and losses:
