

GARAGE PAK

Mid-America Specialty Markets Quote Information

Client _____

Submission Date _____

Submitted By _____

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: getquote@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

Quote - Need Quote Back: _____

: Current Carrier:

: [] Currently Insured _____ **# Years**

: With Who:

:
:
:

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

- | | |
|---|--|
| <input type="checkbox"/> Parts Department - | <input type="checkbox"/> Towing Operation |
| <input type="checkbox"/> Owner is Mechanic | <input type="checkbox"/> Car Sales |
| <input type="checkbox"/> Body Shop / Paint Booth Exposure | <input type="checkbox"/> Loaner Car to Customers |
| <input type="checkbox"/> Work on Trucks or High Dollar Vehicles | <input type="checkbox"/> Racing Sponsor |
| <input type="checkbox"/> Off Premises Work Performed | |

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

