

**GARAGE PROGRAM RENEWAL APPLICATION**

Name of Applicant/Insured: \_\_\_\_\_ Policy No. \_\_\_\_\_

Has there been any change in location address in the past 12 months { } Yes { } No

If yes, please explain and/or provide new address \_\_\_\_\_

In order to provide you with a renewal quote, we require the following information updated and returned, **SIGNED BY THE INSURED:**

**NOTE: FOR THE RISKS WITH SERVICE PLATE COVERAGE: PLEASE BE ADVISED THAT THE SERVICE PLATE IS INTENDED TO PROTECT YOU, THE INSURED. IT DOES NOT MEAN THAT THE CUSTOMER'S VEHICLE YOU OPERATE DOES NOT NEED TO BE INSURED. REMEMBER, YOU DON'T NEED A PLATE TO BUY INSURANCE, BUT YOU DO NEED INSURANCE TO BUY A PLATE.**

**REVENUE:** (Indicate operations by showing approximate gross revenues generated for each operation for the past year.)

OPERATION TO BE INSURED	RECEIPTS (\$ AMOUNT)
SALE OF PETROLEUM AND RELATED PRODUCTS	
SALE OF PROPANE AND/OR NATURAL GAS	
VEHICLE SERVICING & REPAIRS (CARS & LIGHT TRUCKS)	
TRUCK SERVICING& REPAIRS (HEAVY TRUCKS)	
PROPANE AND/OR NATURAL GAS FUEL SYSTEM CONVERSIONS, REPAIR OR MAINTENANCE	
REPAIRS - AUTO BODY AND OR PAINT	
TIRE SALES, REPAIRS & SERVICE (CARS & LIGHT TRUCKS)	
TIRE SALES, REPAIRS & SERVICE (HEAVY TRUCKS)	
AUTO PARTS SALES: (NEW, USED, and/or RECONDITIONED) PLEASE DESCRIBE: _____	
SPECIALTY SHOPS (MUFFLER, GLASS, DETAILING) PLEASE DESCRIBE: _____	
CAR WASH: AUTOMATED OR SELF SERVE (PLEASE DESCRIBE) _____	
MOBILE SERVICE: (MUST BE DESCRIBED IN FULL) _____	
AUTOMOBILE SALVAGE YARD	
VEHICLE SALES - NEW & USED	
CONVENIENCE STORE	
RESTAURANT   FOOD - LIQUOR -	
RENTAL OF PORTION OF PROPERTY (SPECIFY TENANT) _____	
RENTAL OF PROPERTY OR EQUIPMENT: (SPECIFY: E.G., VIDEOS, CARPET CLEANERS, ETC.) _____	
OTHER: (MUST BE DESCRIBED IN FULL) _____	

NUMBER OF EMPLOYEES: (Including Owner, Partners, Etc.)

Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

PROPERTY OF EVERY DESCRIPTION

PROPERTY: Has the Insured done any improvements, renovations or upgrades to the premises in the past 12 months? (e.g., roof, wiring, tenants improvements, additions to building, etc.?)  
Please describe: \_\_\_\_\_

PROPERTY INSURED	CHANGES TO LIMITS IN THE PAST 12 MONTHS
BUILDING (List all buildings & structures separately)	
SIGNS/STANDARDS/BOOTH/S/ISLANDS	
FUEL PUMPS & ASSOCIATED EQUIPMENT	
FUELS TANKS (SUPPLEMENTARY APPLICATION IS REQUIRED)	
GARAGE EQUIPMENT (INCLUDES OWNERS TOOLS IF LEFT ON PREMISES)	
OFFICE EQUIPMENT	
TENANTS IMPROVEMENTS	
EMPLOYEES' TOOLS	
STOCK (EXCLUDING - TOBACCO, STAMPS, PHONE CARDS, LOTTERY & BUS TICKETS)	
FUEL	
TOBACCO PRODUCTS	
STAMPS, PHONE CARDS, LOTTERY & BUS TICKETS	
OTHER - PLEASE DESCRIBE _____	

Do you require the addition of, or any changes to, the following coverages?

Business Interruption: \_\_\_\_\_

Boiler & Machinery: \_\_\_\_\_

Umbrella Liability: \_\_\_\_\_

GARAGE AUTO: Any changes to the following limits:

Collision: \$ \_\_\_\_\_ Comprehensive: \$ \_\_\_\_\_ No. of Vehicles: \_\_\_\_\_

Name \_\_\_\_\_ Driver's Licence Number ( For any employee's hired within the past 12 months)

\_\_\_\_\_  
\_\_\_\_\_

DEALER PLATE: Has the Insured purchased a Dealer Plate in the past 12 months? YES NO If YES, complete the following & Provide Copy of Registration:

How is the dealer plate used? \_\_\_\_\_

Dealer plate number? \_\_\_\_\_ R.I.N. Number \_\_\_\_\_

Consumer and previous insurer reports containing personal, credit, factual, investigative or previous claim and loss information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation thereof.

Aviva is committed to protecting personal information and to using or disclosing it only for the purposes for which it was collected. By submission of this request for a quote, Aviva confirms that you, the broker, as representative of the application have obtained the authorization and consent of the applicant and that on behalf of the applicant hereby consent to Aviva collecting, using or disclosing personal information gathered in connection with this application. If you wish to withdraw your consent you must notify Aviva immediately in writing. Refer to the Aviva website, [www.avivacanada.com](http://www.avivacanada.com), for additional information on our Privacy Policy.

CONSENT:

\_\_\_\_\_  
SIGNATURE OF INSURED

\_\_\_\_\_  
DATE

Regards,  
Paul Cortese  
Program Underwriter  
paul.cortese@tottengroup.com