



Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205  
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### GARAGE PROGRAM APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Name of Applicant: \_\_\_\_\_

Full legal address of location(s) to be insured: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Principal(s) \_\_\_\_\_

Individual       Partnership       Corporation       Joint Venture       Other \_\_\_\_\_

Any Subsidiaries: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

2. **Description of Operations and Revenue:** (Indicate operations by showing approximate gross revenues generated for each operation for the past year.)

Operations to be Insured	Receipts
Sale of petroleum and related products	
Sale of propane and/or natural gas	
Vehicle servicing (cars & light trucks) – (oil, lube, etc)	
Truck servicing (heavy trucks)-(mechanical, electrical)	
Vehicle repairs (cars & light trucks) – (mechanical, electrical)	
Truck repairs (heavy trucks)-(mechanical, electrical)	
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	
Vehicle sales – used	
Convenience store (* see question #6)	
Restaurant (*see question #6)      Food      Liquor	
Rental of portion of property (specify tenant)	
Rental of property or equipment: (specify: eg. videos, carpet cleaners etc.)	
Other: (must be described in full)	



**3. Business Experience:**

Number of years in this business: \_\_\_\_\_ Number of years at this location: \_\_\_\_\_

If new business, please advise related experience: \_\_\_\_\_

**4. Number of Employees** (including principals/owners): Full time \_\_\_\_\_ Part time \_\_\_\_\_

**5. Garage Program Coverage and Limits Required:**

**A. Garage Package**

**i – Property of Every Description**

This is a declaration of insurable property values. You are required to declare 100% of current **REPLACEMENT** values.

Property to be Insured	Limit Required
Buildings (List all buildings & structures at premises separately)	\$
Signs, standards, booths, islands	\$
Fuel pumps, associated equipment	\$
Fuel tanks * (supplementary application required)	\$
Garage equipment (included owners tools if left on premises)	\$
Office equipment (including EDP equipment)	\$
Tenants improvements	\$
Stock (excluding fuel, tobacco, stamps, phone cards)	\$
Fuel	\$
Tobacco products	\$
Stamps, phone cards, lottery & bus tickets	\$
Other – please describe	\$

**ii – Business Interruption**

Please provide a quotation for extended business income

(Broad Form Perils) – 12 month indemnity period \$ \_\_\_\_\_

(Limited business income available upon request)

**iii - Crime**

Coverages Available	Limit Required
Employee Dishonesty – Form A/ Depositor’s Forgery	
Loss of Money inside the premises	
Loss of money outside the premises	
Loss of money inside when premises closed <b>(N.B. - \$2,500 MAXIMUM, COVERAGE NOT AVAILABLE IF NO SAFE)</b>	
Money orders & counterfeit paper currency (included with purchase of crime coverage)	\$2,500

**iv. Commercial General Liability** Please advise limited required:

- \$1,000,000                       \$2,000,000                       \$3,000,000  
 \$4,000,000                       \$5,000,000

Tenant’s Legal Liability – The policy currently provides \$250,000 limit. Is this limit sufficient?  Yes  No

If “no”, what limit is required? \_\_\_\_\_

**v. Equipment Breakdown – Option #2**

This coverage is optional: please indicate if a quote is required  Yes  No



**B. Umbrella Liability**

This coverage is optional: please indicate if a quote is required

Yes  No

If "yes", a Supplementary Questionnaire is required.

**This coverage is available over primary limits of \$1,000,000 only.**

Umbrella Liability provides excess limits over General Liability and Garage Automobile Liability. It can be extended to provide excess limits over owned Automobile Liability insurance – ONLY IF OWNED AUTOMOBILE POLICY IS CURRENTLY WITH AVIVA – Self-insured retention \$10,000.

**C. Garage Automobile** – Is this coverage required?

Yes  No

If "yes" complete standard OAF 4 form

**6. Other Coverages Available:**

- i. Owned or lease automobiles insurance: to obtain a quotation, please complete a standard application for Ontario automobile insurance.
- ii. Any other coverages: please contact our office (e.g. Cargo, Contractor's Equipment, Mobile Equipment, Employee's tool.)

**7. Building and Protection Information (A separate sheet must be completed for each building)**

Building Construction Details	Walls	Roof	Floors
Describe type of building (e.g. – stand alone, industrial plaza, condominium plaza):			
Year built	Total Grade Floor of Building	f <sup>2</sup>	/m <sup>2</sup>
# of Storeys	Total Grade Floor of Building	f <sup>2</sup>	/m <sup>2</sup>
Basement <input type="checkbox"/> Yes <input type="checkbox"/> No	Floor area of Insured's premises	f <sup>2</sup>	/m <sup>2</sup>
Basement stock stored on skids? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Building heated by: _____		Is building air conditioned <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of hoists and their capacity?			
What year were the following updated:	Heating	Plumbing	Roof
	Wiring		
Is the Risk within 500 feet of a Fire Hydrant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the Risk within 3 miles of a Fire Hall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of the responding Firehall:			
Are there portable extinguishers located on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the risk sprinklered?
If "yes", please note date of last service D( ) M( ) Y( )			No. of extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there physical barriers in place to prevent vehicle impact to pumps/above ground tanks/kiosks, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:			
Is building solely occupied by applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no", building occupied by others as:	
Surrounding Exposures: Describe the Occupancy, construction and distance separating the buildings to each side of the Applicant's premises (i.e, restaurant, auto body shop; wood, brick, large glass area, steel, no exposure.)			
Front:	Right Side:	Left Side:	Back:



If the operation includes a restaurant: Is there a deep fryer? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there an extinguishing system in place? <input type="checkbox"/> Yes <input type="checkbox"/> No What type: _____ Is it semi-annually inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No When was it last inspected? D( ) M( ) Y( ) Are your hoods steam cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No When were they last cleaned? D( ) M( ) Y( )	Is any of the exposed glass cracked, scratched or broken? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", describe: _____ _____ _____ _____ _____
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Are all doors fitted with dead locks and windows fixed and equipped with locking devices or metal screens or bars, in sound condition?  Yes  No If "no", do existing locks, etc. adequately protect this risk?  Yes  No

Does risk have a burglar alarm system protecting all accessible openings?  Yes  No  
 If "yes" indicate type of alarm:  Local  Centrally  ULC Listed Equipment  ULC Listed Monitoring Company  
 Make: \_\_\_\_\_  
 Certificate No.: \_\_\_\_\_  
 Name of Installing Company: \_\_\_\_\_  
 Name of Monitoring Company: \_\_\_\_\_  
 Does risk have smoke/fire alarm system?  Yes  No Please fully describe: \_\_\_\_\_  
 Are there any other security measures in place?  Yes  No Please fully describe (eg. guards, dogs, etc) \_\_\_\_\_

Is there a safe? If "yes", is it ULC listed? Describe: _____ Type: _____ Manufacturer: _____ Is there an alarm system on safe? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the safe anchored to the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of cash left overnight? \$ _____	Are regular deposits made? <input type="checkbox"/> Yes <input type="checkbox"/> No How frequently are deposits made? Detail: _____
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If cash is not deposited, explain procedure: \_\_\_\_\_

What protection for tobacco products are in place? (e.g., cages, stored separately – where and how and who has access) \_\_\_\_\_

What is the value of the tobacco on display? \_\_\_\_\_

How is the balance of tobacco stored? \_\_\_\_\_

Who has access to the stored tobacco not on display? \_\_\_\_\_

Is there any video camera surveillance?  Yes  No If yes, describe: (type, manufacturer, details, etc) \_\_\_\_\_

Is there an ATM machine on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the ATM machine owned or leased by applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the ATM machine owned by others? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a separate ATM alarm, please describe: _____ Max. cash amount: _____
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8. Garage Automobile: (If garage automobile coverage required – Ontario application for automobile insurance form (OAF 4) must be completed)

Do you operate customers' vehicles at any time?  Yes  No  
 Do you road test customers' vehicles?  Yes  No  
 Do you park vehicles on your premises for remuneration?  Yes  No Average No. \_\_\_\_\_  
 Average number of vehicles on the premises at any one time \_\_\_\_\_  
 Maximum value of any one vehicle on your premises (collision limit) \$ \_\_\_\_\_  
 Please state the comprehensive limit per occurrence required. \$ \_\_\_\_\_  
 Number of tow trucks you own (must be insured separately) \_\_\_\_\_  
 How many dealers plates do you own? \_\_\_\_\_  
 What is the maximum value of any vehicle driven with the dealers plate? \$ \_\_\_\_\_  
 What are the dealer plates used for? \_\_\_\_\_  
 What are the plate numbers? \_\_\_\_\_

<b>Driver Information</b>		
(Provide information for any employees who will operate a customer's vehicle. If additional space needed, please print on separate sheet of paper and attach.)		
<b>Driver's Name</b>	<b>Driver's License Number</b>	<b>Driver's Date of Birth mm/dd/yyyy</b>

9. **Loss Experience:**

Please fully describe all losses that occurred during the past 5 years

<b>Date of Loss</b>	<b>Amount of Loss</b>	<b>Deductible</b>	<b>Description of Loss</b>

What steps have you taken to prevent further losses form occurring?

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

10. **Previous Insurance:**

Name of Property Insurer: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Automobile Insurer: \_\_\_\_\_ Expiry Date \_\_\_\_\_ Policy No. \_\_\_\_\_

To your knowledge, has any insurer cancelled coverage or refused to renew?  Yes  No

If yes, why? \_\_\_\_\_  
 \_\_\_\_\_



Will there be a Mortgagee or lien holder on the policy if issued?

Yes  No

If yes, provide the following details:

Mortgagee or Lienholders' Name	Mortgagee or Lienholders' Address	Interest: (e.g. building, equipment, etc)

**APPLICANT'S STATEMENT**

COVERAGE WILL COMMENCE AS OF THE EFFECTIVE DATE OF THE POLICY. COVERAGE IS SUBJECT TO ALL TERMS AND CONDITIONS OF THE POLICY.

I / WE DECLARE THAT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF, ALL OF THE FOREGOING STATEMENTS ARE TRUE, AND THAT THESE STATEMENTS ARE THE DECLARATIONS UPON WHICH AN INSURANCE POLICY MAY BE USED.

I AUTHORIZE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, BY AVIVA FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION AND CLAIMS HISTORY.

**THIS IS AN APPLICATION FOR AN OCCURRENCE POLICY**

CONSENT:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed



AVIVA INSURANCE COMPANY OF CANADA
S.A.F. No.4

APPLICATION FOR STANDARD GARAGE AUTOMOBILE POLICY

New Policy [ ] Renewal [ ] Replacing Policy No. \_\_\_\_\_ Language Preferred English [ ] French [ ] Policy No. Assigned \_\_\_\_\_

Broker/Agent \_\_\_\_\_

ITEM 1
1. Full Name of the Applicant. \_\_\_\_\_ BLDG. \_\_\_\_\_ Lot \_\_\_\_\_
Full Business Address (A) \_\_\_\_\_
(Including County or District)
Location of other premises (B) \_\_\_\_\_
where the business is
conducted (show each (C) \_\_\_\_\_
building and lot separately)
(D) \_\_\_\_\_

2. Policy Period From \_\_\_\_\_ To \_\_\_\_\_ 12:01 AM Standard time at the applicants address stated herein as to each of said dates

3. The automobiles in respect of which insurance is to be provided are those used in connection with the applicant's business of: (specify)
(Specify whether automobile dealer, repair garage, service station, storage garage or parking lot and describe all other business, in respect of which insurance to be provided, conducted by the applicant at the locations specified in Item 1) Note: This form should not be used for rental or leasing exposures

4. The basis of rating and calculation of the premium payable shall be in accordance with the premium computation statement attached hereto.
Estimated TOTAL PAYROLL for policy period \$ \_\_\_\_\_ Number of employees including proprietors partners and executive officers at the effective date of the policy. \_\_\_\_\_

5. This application is made for insurance against one or more of the perils mentioned in this item by only for insurance under the section(s) or subsection(s) for which a premium is specified in this item and no other and upon the terms, conditions provisions, definitions and exclusions of the corresponding Standard Policy from and for the following specified limits and amounts.

Table with columns: Insuring Agreements, Perils, Limits and Amounts, Advance Premium. Includes sections A (Third Party Liability), B (Accident Benefits), C (Loss of or Damage to Owned Automobiles), D (Uninsured Motorist Cover), and E (Legal Liability for Damage to Customers' Automobiles Held In The Care, Custody or Control of The Applicant).

Endorsements \_\_\_\_\_ \$ \_\_\_\_\_

Minimum Retained Premium \$ \_\_\_\_\_ The Advance Premiums are Subject to the Adjustable Premium Computation Provision in the Policy Total Advance Premium \$ \_\_\_\_\_

State name and address of Lienholder or Mortgagee to whom, jointly with the applicant, loss, if any, under section C is payable as their interests may appear.

6. Has any insurer cancelled, declined or refused to renew any insurance related to the business of the applicant within the three years preceding this application? If so, state the name of Insurer

7. State particulars of all accidents, losses or claims arising out of the ownership, use or operation of any automobile (I) by the applicant (II) in connection with the business within the three years preceding this application (List separately if necessary)

Table for item 7 with columns: Injury to Persons, Damage to Applicant's Vehicle, Damage to Property of Others. Sub-rows for (A) Collision, (B) Other, (A) Not in Care of Applicant, (B) In Care of Applicant.

8. All the statements in this Application are true and the applicant hereby applies for a contract of Automobile Insurance to be based on the truth of the said statements.

Where (A) an Applicant for a contract gives false particulars of the Automobiles to be Insured to the prejudice of the Insurer or knowingly misrepresents or fails to disclose in the application any face required to be stated therein or (B) the Insured contravenes a term of the contract or commits a fraud or (C) the insured wilfully makes a false statement in respect of a claim under the contract, a claim by the insured is invalid and the right of the insured to recover indemnity is forfeited.

Signature of Applicant

**GARAGE QUESTIONNAIRE**

**(This is a Supplement to the Ontario Application for Automobile Insurance Garage Form O.A.F.4)**

1 OPERATIONS: Indicate the operations of the Applicant by showing the approximate Gross Revenues generated by each for the past year.

Sales of New Vehicles: \$ _____	Specialty Shops \$ _____  (eg. Muffler, Tinting, Glass)	Other - specify (ie. Restaurant, snowplowing, etc.)
Sales of Used Vehicles: \$ _____	Renting (under 30 days)	(a) _____ \$ _____
Sales of Specialty Vehicles (high value) \$ _____	- to repair customers \$ _____	(b) _____ \$ _____
Sales of Fuel, Oil, etc. \$ _____	- to general public \$ _____	(c) _____ \$ _____
Repairs - Mechanical: \$ _____	Parking	
Repair - Body: \$ _____	- park and lock \$ _____	
Service - Oil, Lube, etc. \$ _____	- park and leave keys \$ _____	
Towing: Incidental \$ _____	- valet parking \$ _____	
Full Time Service \$ _____	Pick-Up and Delivery: \$ _____	
Leasing (over 30 days): \$ _____		

2. SUMMARY OF AUTOMOBILES OWNED BY INSURED:

NOTE: RENTING OR LEASING OF AUBOMOBILES TO OTHERS IS EXCLUDED OTHER THAN SHOWN IN iv BELOW. IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (O.A.P. 1) IN THE NAME OF THE LESSOR WITH AN O.P.C.F. 5 TOWING SERVICES ALSO REQUIRE SEPARATE POLICY O.A.P. 1

**COMPLETE APPLICATION FOR OWNERS FORM (O.A.P. 1)**

NUMBER OF AUTOMOBILES AND DEALER PLATES

	NUMBER	NUMBER
i (a) Commercial Tow Trucks		
(b) Parts and Service Trucks		
ii Demonstrators (Vehicles used for test drives including Salesmen's cars.)		
iii Autos Supplied (Excluding Demos) for Regular and Frequent use of:		
(a) Active Partners and Full Time Employees		
(b) Others (these people should be listed on Endorsement Form #76)		
iv Courtesy Cars (Exclusively supplied to customers whose own vehicle is being serviced, repaired or awaiting delivery of a new vehicle.)		
v Miscellaneous Automobiles (i.e. Motorcycles, Motorhomes, Shuttle Buses, Others - Specify) (Note: Some specialty vehicles are more appropriately covered under a separate Owner's Form policy.)		
vi (a) Dealer Plates Held (Possibly Yellow)		
(b) Regular Plates Held (White)		
vii Dealer Plate Numbers		

	CURRENT YEAR	1 <sup>ST</sup> PRIOR YEAR	2 <sup>ND</sup> PRIOR YEAR
TOTAL NUMBER OF OWNED AUTOMOBILES			

SUMMARY OF ALL VEHICLES OWNED AND OPERATED BY APPLICANT - EXCLUDING THOSE HELD FOR SALE (ATTACH SCHEDULE)

Year	Make and Model	Body Type	Value New	G.V.W.	Use	Driven By

4. Types and values of Automobiles (if used/new automobile sales – please attach copy of inventory list)

Private Passenger    Light Commercial under 4500KG    Heavy Commercial over 4500KG    Motor Homes    Recreational    Other

Values	Cars/Trucks		Other	
	Owned	Customers	Owned	Customers
Maximum Value				
Average Value				

5. Where Legal Liability, Specified Perils/Comprehensive Coverage is required for Customers Vehicles, Indicate the maximum number of each Customers' vehicles and security measures at each location. (Co-insurance clause applies to number of vehicles)

Location	# in Building	# on Lot	Security Measures						Applicant/Insured Lives on Premises
			Night Watchman/Police Patrol	Guard Dogs	Fenced Compound All Sides	Outside Area Floodlit	Burglar Alarm		
A			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

a) Total Number of Employees (including all owner)	Current Year	1 <sup>st</sup> Prior Year	2 <sup>nd</sup> Prior Year
Full Time			
Part Time			





17. a) Losses – Damage to or by owned automobiles in the past 6 years (ot attach supplementary loss report from prior carrier)

Date (DD/MM/YYYY)	Type of Loss	Amount Paid or O/S Including Expenses	Description

b) Losses – Damage to Customer's automobiles in the Care, Custody or Control of the Applicant in the past 6 years

Date (DD/MM/YYYY)	Type of Loss	Amount Paid or O/S Including Expenses	Description

18. Broker's Report

a) Previous Insurance Carrier Name: \_\_\_\_\_  
Policy # \_\_\_\_\_ Expiry Date \_\_\_\_\_

b) How long has the Applicant been in business? \_\_\_\_\_

c) How long has the Applicant operated at the present location? \_\_\_\_\_

d) Is applicant presently represented through your office?  Yes  No

e) Is applicant personally known to you?  Yes  No

If "Yes", how long? \_\_\_\_\_

f) Any other business carried on at this location(s), or sale of goods other than Automobiles, their equipment and accessories? \_\_\_\_\_

g) If their any other sporting business for this Applicant?  Yes  No

If "Yes", list policy numbers: \_\_\_\_\_

\_\_\_\_\_  
Signature of Broker

\_\_\_\_\_  
Date