



FAIRBANKS INSURANCE LLC

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Email: team@fairbanksins.net

Company Name: _____

DBA: _____

Tax ID Number /FEIN: _____

Effective/Expiration Date: _____

Mailing Address: _____

Business Phone: _____

Email: _____

Cell Phone: _____

Owner's Name: _____

Insurance Contact Name: _____

Types of Vehicles Sold: New% Used% Service%

Cars/Light Trucks			
Heavy Trucks			
Tractor Trailers			
RV's/Motorhomes			
Motorcycles			
Boats			
Classics			
Exotics			
Salvage/Rebuilt			

Dealer Operations %

Retail	
Wholesale	
Service/Repair	
Body/Paint	

of Dealer Plates: _____

Dealer Plate #'s: _____

How Many Years In Biz? _____ Any Claims? _____

Current Insurance Company? _____

Physical Address #1: _____

-Security for Inventory: Fence & Gate, Cable & Post, Inside Building or No Security? _____

-Central Alarms?(installed by what company?) _____

-Do you Share your Premise with another company? _____ Do you have your OWN Entrance? _____

Physical Address #2: _____

-Security for Inventory: Fence & Gate, Cable & Post, Inside Building or No Security? _____

-Central Alarms?(installed by what company?) _____

-Do you Share your Premise with another company? _____ Do you have your OWN Entrance? _____

Do you Rent or Own? _____

If Renting, does your Landlord have a required Liability amount in your Lease? _____ How much? \$ _____

Landlord Name and Address they want listed: _____

Y / N

Do you have an established Store Front?	☐	☐
Do you share a premisis with any other occupants?	☐	☐
Any Guard Dogs?	☐	☐
Do you subcontract any work?	☐	☐
Do you have loaner cars?	☐	☐
Do you do any service other than detailing?	☐	☐

Do you perform any service work?

If so please describe in the space below & answer graph on page 3

-Annual Gross Sales: _____

-# of autos sold a year: _____

EMPLOYEE CENSUS (ALL EMPLOYEES INCLUDING OWNERS)

Must Include All Drivers & Non-Drivers

	Full Name	Date of Birth	License Number	State	Auto Use	Separate Personal Auto Policy in Place? (Y/N)	Viol. & Accidents Past 3 Years	Full or Part Time	Status
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

****IF NOT PROVIDED DEMO 24/7, THEN PROOF OF PERSONAL AUTO POLICY WILL BE REQUIRED**

Auto Use:	A = Buiness AND Personal use of COVERED Inventory Autos **	
	B = Business Use only of covered autos	
	C = Employee to be excluded as driver	
Status:		
1. Active owner, partner or officer		5. Mechanic
2. Inactive owner, partner or office		6. Clerical
3. Lot Person		7. Spouse of owner, partner or officer
4. Salesperson		8. Child of owner, partner of officer
		9. Contract/Occassional Driver
		10. Other
		**EXCLUDING Motorecycles, ATVs, RVs & ALL Marine Vehicles

COVERAGE LIMITS & Questions

Garage Liability Limits (Choose one that best fits for you)

- ☐ \$1,000,000 / \$2,000,000 Aggregate
☐ \$500,000 / \$1,000,000 Aggregate
☐ \$300,000 / \$600,000 Aggregate

☐ \$100,000 / \$200,000 Aggregate

Garage Keepers (Autos in your Care, Custody OR Control, that you do NOT own)

**Can be used for Service, for Test Drives and Detailing*

What is the WHOLESALE cost of your GarageKeeper Inventory?	Max Value Per Auto	Avg Value of Autos	Average # of Autos Held for Biz
-Loc #1: \$ _____	\$ _____	\$ _____	_____
-Loc #2: \$ _____	\$ _____	\$ _____	_____

Do you use Flooring Companies? Which ones? _____

What is the WHOLESALE cost of your entire Inventory?	Max Value Per Auto	Avg Value of Auto	Average # of Autos for Sale
-Loc #1: \$ _____	\$ _____	\$ _____	_____
-Loc #2: \$ _____	\$ _____	\$ _____	_____

- Do you take a copy of all customer drivers licenses? _____
- Do you take a copy of all customer Insurance Cards? _____
- Do you accompany all Test Drives? _____ -Do you allow Overnight Test Drives? _____
- Do you rent or loan any autos? _____
- Is your business involved in ANY racing operations? Service included? _____
- Do you do Buy Here Pay Here? _____
- Do you do any Consignment Sales? _____ -A copy will be needed if so-
- Do you Import OR Export Autos? _____
- Do you have updated Fire Extinguishers and Smoke Detectors? _____

SERVICE QUESTIONS (N/A if only servicing vehicles held for sale)

What percentage of your work is? (Must total 100%)

Airbags	%	Fiberglass	%	Sound / Alarm System	%
Alignment	%	Frame Straightening (indicate): ☐ Laser ☐ Digital ☐ Optical ☐ Mechanical	%	Suspension/Frame	%
Batteries	%	Lift Kits	%	Tires	
Blade / Cutting Equip / Chippers	%	Muffler	%	New Tire Sales	%
				Used Tire Sales	%
				Tire Service	%
Body (not fiberglass)	%	Oil & Lube	%	Trailer Hitches	%
Booting Operations (Complete Questionnaire)	%	Paint	%	Transmission	%
Brakes	%	Parking Carousel	%	Tune Up	%
Breathalyzers/Ignition Interlock	%	Parking Lot/Structure (Self-Parking)	%	Wash/Detail	%
Custom/Fabrication*	%	Performance Enhancement*	%	Welding Operations*	%
Driver Assist Technology*	%	Radiator	%	Other*	%
Engine Overhaul	%	Roadside Assistance	%		

***Describe:**

Company Vehicles: Please list and if you have any tow trucks or trailers include them as well:

Year	Make	Model	Vin#	\$ Value

Property Coverage

Loc 1: Building Coverage: YES/NO		Loc 2: Building Coverage? YES/NO	
Replacement Cost Limit \$		Replacement Cost Limit \$	
Loc 1: Contents / Personal Property: YES/NO		Loc 2: Contents / Personal Property: YES/NO	
Replacement Cost Limit \$		Replacement Cost Limit \$	
Year Built:	Square Feet:	Year Built:	Square Feet:
Construction Material:		Construction Material:	
Please indicate the year of any updates:		Please indicate the year of any updates:	
Plumbing:	HVAC:	Plumbing:	HVAC:
Electrical:	Roof:	Electrical:	Roof: