

GARAGE PAK

Hereth Insurance Consulting 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:

Hereth Insurance Consulting
Phone: 573-475-4015
Email: Jordan@Herethinsuranceconsulting.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:

:

:

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

COMMERCIAL UMBRELLA SECTION

Limit Requested \$ _____

Now Paying _____

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:
