CA Lic # 6018160

CA Lic # 0G71702

Garage Sentinel Insurance Solutions & ISE Insurance Services

Information to Start Quote

GENERAL BUSINESS INFORMATION

Todays Date:

Legal Business Name: _____

DBA (if applicable): _____

Mailing Address: _____

City / State / Zip: _____

Physical Address (if different): _____

Primary Contact Name: _____

Phone: _____

Email: _____

Business Entity: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partnership

FEIN: _____

Years in Business: _____

Desired Effective Date: _____

What coverages are most important to you?

OPERATIONS & EXPOSURE

Brief Description of Operations (Tell us more about what you do, what you work on)

OPERATIONS & EXPOSURE

Brief Description of your experience and training

Total # of Employees: _____

# of Technicians: _____

Clerical: _____

Sales / Parts: _____

Projected Gross Sales (next 12 months): $_____

Sales Breakdown:

• Repair (incl parts): $_____

• Parts (not installed): $_____

• Vehicle Sales: $_____

Do you perform mobile repair? ☐ Yes ☐ No

Types of Vehicles Worked On:

☐ Passenger ☐ Trucks ☐ Heavy Trucks ☐ Equipment ☐ RV ☐ Other _____

PROPERTY / TOOLS

If you have a Location?

Square Footage: _____

Year Built: _____

Building: ☐ Owned ☐ Leased

Value of Business Personal Property (tools, equipment, etc.):

$_____

Claims in past 3–5 years:

Average value of customer vehicles on premises:

$_____

VEHICLE USE & EXPOSURE

Do you test drive vehicles on public roadways? ☐ Yes ☐ No

Do you have owned vehicles you need covered? ☐ Yes ☐ No

If YES:

• Are drivers properly licensed? ☐ Yes ☐ No

• If yes to owned auto – please complete that section below

CURRENT INSURANCE INFO – If Any

Current Insurance Company: _____

Policy Number: _____

Expiration Date: _____

OWNED VEHICLE SCHEDULE

Year	Make	Model	Vin #	Value as equipped

SERVICE VEHICLE TOOL & INVENTORY EXPOSURE

What is the maximum total value of tools, equipment, and inventory carried on any service vehicle at one time?

$_____

(Optional additional detail):

_____

DRIVER / OWNER INFO

Need to list ALL owners and employees here:

Name as it appears on Licence	License #	State	DOB

ADDITIONAL NOTES – Tell us anything else you think might be important