GARAGE SUPPLEMENT TO THE COMMERCIAL AUTOMOBILE APPLICATION FOR THE FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION (FAJUA)

THIS SUPPLEMENTAL GARAGE APPLICATION MUST BE ACCOMPANIED BY A COMPLETED COMMERCIAL AUTOMOBILE

ency Nam	ne						Produce	er's Code		
oducer			Telephone (I	ncl. Area Code)	Producer's DFS No.	S License	Produ No.	ucer's IRS or Soc	Sec.	
eet		City	/	State	Zip Co	ode		Producer's Fax N	0.	
plicant				Mailing Address			I	Apt. No.		
у		County	State	Zip Code	Home	Telephor	ne (Incl. / Busin	Area Code)		
GENE	RAL INFORMATIO	N								
(1) Lo	ocation #1									
		perate any other busing			No If "Yes" descr	ribe busine	ss			
(2) 20		benate any earlier back								
(3) No	lo of escalators	N	o of landings		Inspection Cha	arde				
		nit E	-							
	-	transporter plates doe				aistrations	roquirod			
						JISHAUOIIS	equireu.			
	Plate numbers									
	Does the applicant rent automobiles to customers while such customers' automobiles are temporarily left with the applicant for service, repair or sale?									
ΔΗΤΟ										
	DEALERS									
Descrip	ption of Operations:	senger Auto Dealer			bised Truck or Tru	uck-Tractor	Dealer			
Descrip □ Fran	-				hised Truck or Tru hised Recreationa					
Descrip □ Fran □ Fran	ption of Operations: nchised Private Pass nchised Motorcycle I		/ehicle Dealer	□ Franc		al Vehicle [
Descrip □ Fran □ Fran	ption of Operations: nchised Private Pass nchised Motorcycle I	Dealer		□ Franc □ Non-F	hised Recreationa	al Vehicle [
Descrip	ption of Operations: nchised Private Pass nchised Motorcycle I	Dealer	CLASS I	□ Franc □ Non-f	hised Recreationa	al Vehicle [Dealer SS II			
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Descrip	ption of Operations: nchised Private Pass nchised Motorcycle I er Franchised Self-F	Dealer Propelled Land Motor \ Regular	CLASS I Number o	Franc Non-f s All Other	hised Recreationa Franchised Dealer	CLA CLA Num Nonem	SS II ber of ployees	Dther		
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Descrip	ption of Operations: nchised Private Pass nchised Motorcycle I er Franchised Self-F LOCATION #1 #2 #3 lumber of autos own	Dealer Propelled Land Motor \ Regular	CLASS I Number o Employee Part Time	Frances In	hised Recreationa Franchised Dealer und 'art Time	CLA CLA Num Nonem ler the Age of 25	SS II ber of ployees All C			
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C. SERVICE OPERATIONS (NON-DEALERS) OR TRAILER SALES: - NOT ELIGIBLE FOR OWNED OR HIRED AUTO

Description of O	peration:					
Repair Shop	□ Service Station	□ Storage Garage	□ Public Parking Places	□ Franchised ⁻	Trailer Dealer 🛛 Non-Franchis	ed Trailer Dealer
□ Franchised M	lobile Home Trailer D	Dealer D Non-Franc	hised Mobile Home Trailer	Dealer D Tov	v Truck Operator	
(1) Estimated	Annual Payroll - Loca	ation # 1	Location # 2		Location # 3	
Limit of Co	verage for Garage Li	Estima	ated Premium \$			

(2) Number of Full-Time Employees: _____ Number of Part Time Employees: _____

Applicant's Statement

In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative consumer report may be made through personal interviews with neighbors, friends, associates or other persons concerning the character, general reputation, personal characteristics and mode of living of any person proposed for insurance. Upon written request, additional information as to the nature and scope of their report will be provided. You may request to be interviewed if an investigative consumer report is prepared in connection with this application. You also have a right to receive a copy of the investigative consumer report upon written request.

Applicant - Please initial here _____

It is also hereby agreed and understood that misrepresentation of a material fact on this application may cause this coverage to be declared null and void as of the effective date (Florida Statute 627.409). Pursuant to Florida Statute 817.234(1)(b), any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

The coverages, including the offer of additional coverages, were explained to me and I knowingly made the selections on this application. Further, I understand rejection of any coverage above applies with respect to all vehicles now insured under the policy as well as any vehicle which may be covered by the policy in the future regardless of whether it is owned by me on the date of execution of this application for insurance. The above-signed rejections will apply to any renewal, additional vehicle endorsement, replacement vehicle endorsement or to other supplemental coverage to the policy. However, these coverages, including Uninsured Motorist Coverage, may be endorsed onto the policy (if in force) at some future time subject to endorsement provisions in the underwriting guidelines.

I (we) hereby agree to pay any and all premiums due on the policy to be issued. I further understand that the total premium shown in the Coverages Section of this application is the producer's calculation based in part upon the assumption that the information that I have provided regarding my driving record, designation and information concerning other operators of the insured vehicle and their driving records, and the principal location of the insured(s) is accurate and complete. If the FAJUA service provider determines that any such information is inaccurate or incomplete, I will be notified of any additional premium based on accurate and complete information. I agree to pay such additional premium according to the directions in such notice or to cancel my policy in accordance with Florida Statute 627.7282. However, if I choose not to pay such additional premium, my policy will be cancelled in accordance with Florida Statute 627.7282.

I have read and understand all of the above stated information.

Applicant's Signature

Date

I hereby acknowledge that I have explained the available coverages from the FAJUA, applicable deductibles and options to the applicant.

Producer's Signature

Date

Evidence of Insurance

See accompanying Commercial Automobile Application for effective date and time of coverage provisions.

In no event shall coverage be effective prior to the date and time of electronic binding this application. The Applicant hereby authorizes any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the FAJUA service provider. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.

						LI A.IVI.
(PERSON AUTHORIZED TO SIGN FOR APPLICANT)	(TITLE)	DATE(MONTH)	DAY	YEAR	HOUR	□ P.M.

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

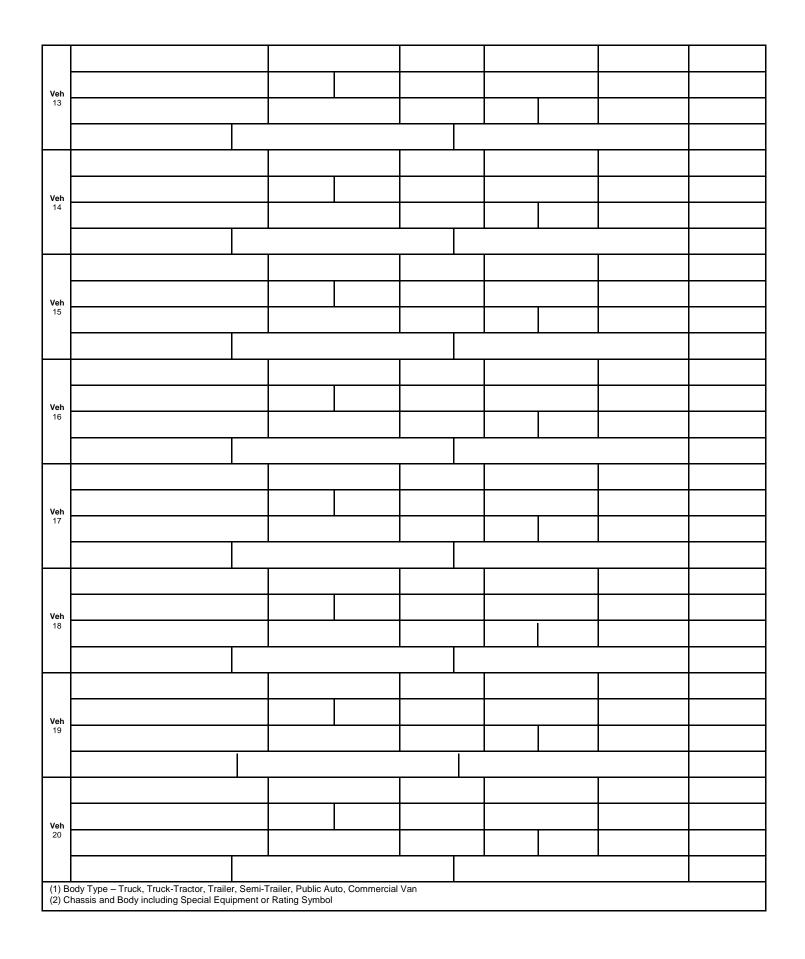
						□ A.M.			
(PERSON AUTHORIZED TO SIGN FOR ADDITIONAL NAMED INSURED)	(TITLE)	DATE(MONTH)	DAY	YEAR	HOUR	□ P.M.			

APPLICANT'S STATEMENT I declare to the best of my knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to the FAJUA to issue the policy for which I am applying. I understand that my producer is not authorized to file proof of Financial Responsibility or Certificates of Insurance on my behalf to any third party.

	X	Date
	Applicant's Signature	
THIS POLICY IS SUBJECT TO		Date
AUDITS AND/OR INSPECTIONS	Print Signer's Name and Title X	
		Date
	Producer's Signature	
		Date
	Print Producer's Name	

SUPPLEMENTAL COMMERCIAL VEHICLE SCHEDULE FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION (FAJUA)

VEH	ICLE INFORMATION				ies of curren				1		
	Year	Trade Name No.	Model	Purc	hased b./Yr	Orig. C New (Cost	Weigh	Vehicle t (GVW) <s only<="" th=""><th>Special Industry Class</th><th>Size/Lbs. (L-M-H-EH)</th></s>	Special Industry Class	Size/Lbs. (L-M-H-EH)
Veh. No.	Vehicle Identifi	ication No. (VIN	۷)	CC/ No. Axles	Body Type (1)	Ratin Classific	ng ation			Radius Class (L-I-LD)	Purpose of Use (P-B)
	Garage Location ((Complete Add	ress)	Rating	Territory	Seatii Capac	ng city	Comp. Symbol	Coll. Symbol	Business Use (S-R-C)	Primary
	Commodities	Hauled	Indica	te Vehicles that Passengers	at load and/or in wheelchair	transport s		No. wheeld	chairs and/or transported	rstretchers	Secondary
Veh 6											
Veh											
/											
Veh 8											
Veh 9											
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Veh 10											
Veh											
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									I		
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12		I									



SUPPLEMENTAL OPERATOR SCHEDULE FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION (FAJUA)

OPERATOR INFORMATION (List all full-time, part-time, and all other operators that usually drive a vehicle. Attach copies of current motor vehicle records dated within fifteen (15)								
		Attach copies of current moto days of the date of this applic	or vehic cation.	le records dated	within fifteen (15)		
No.	Last Name	First Name	MI	Birth Date Mo./Day/Yr.	Driver's License #	State		
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			1					
			1					
			1					
			1					
			1					
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