## **Garage-Owners Insurance**

FAX-A-QUOTE

Fax #:1-781-247-5115



Auto Craft Inc 685 North Street Randolph, MA 02368

## Please briefly answer the following questions:

Contact Name:	
Phone: () Fax: () Email:	
Number of employees: Full-Time Part Time	
Number of vehicles owned by business (if any):	
Please Estimate: gross annual sales? \$(Direct) \$(Subcontractions)	ted)
Please Estimate: annual employee payroll? \$(Garage) \$(Clerical)	
Please Estimate: Average value of customer's vehicles at your shop at any time? \$	
Number of vehicles sold per year: (if any)	
What percentage of your average sales are from tire sales:(if any)%	
If you perform painting services, do you have U.L approved spray booth:	N/A
How many dealer plates do you have?	
What are the dealer plate numbers?	
How many repair plates do you have?	
What are the repair plate numbers?	
Do you offer a towing service?	
If yes, what are the transporter plate numbers:	
Do you loan vehicles to your customers?	
Does the business own the building?	
If yes, approximate cost to rebuild your building: \$	
Does your business have a burglar alarm? □ Yes □ No	
Does the building have any of the following?  Hardwired Fire Alarms  Battery-Operated Fire Alar	ms
Is the building outfitted with fire sprinklers?	
What is the estimated value of the business tools/equipment inventory? \$	
Have you had any property or liability claims in the last 5 years  ☐ Yes ☐ No If yes please explain: ☐ Yes ☐ No	
Do you want a quote for an umbrella excess liability policy?	
Name of your current insurance company and renewal date(s)	
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How may we earn your business? What are you looking for in an insurance agency?	
*If available, please send copies of the declarations pages from your current insurance policies, so we can	

match your coverages.

Thank you! We look forward to shopping among our various insurance companies for insurance