ECLIPSE GARAGE RISK SMART APP rev. 04/09

	PHONE:		
CONTACT:	PHONE:	YEARS IN F	BUSINESS:
ADDRESS FOR LOC:			SQ FT:
ADDRESS FOR LOC:			SQ FT:
INTEREST OF APPLICANT:	BUILDING OWNER OCCUP.	ANT 🗌 LESSOR	TENANT
DESCRIBE APPLICANT'S EX	ACT OPERATIONS:		
DOES APPLICANT SUBCONTF	ACT ANY WORK? IF YES, WHAT	?	
ENTITY () INDIVIDUAL () P.	artnership \bigcirc joint venture \bigcirc	CORPORATION \bigcirc OTHER:	
	S: NUMBER OF EMPLO		
NUMBER OF MECHANICS (EX	CL. OWNERS): FULL TIME:	PART TIME:	
	HIS TERM/YEAR:		TERM/YEAR:
	EASE ATTACH CURRENT MVR'S 'E(S):		
	E BEEN ANY CLAIMS IN PAST 5		
	DSS HISTORY & DETAIL IN COMMENTS B		():
LIABILITY LIMITS:	GARAGE KEEPER	LIMITS:	
	GARAGE KEEPER		
INCLUDE HIRED / NON-OV	WNED AUTO LIABILITY COVERA	GE? (IF APPLICABLE)	
INCLUDE HIRED / NON-OV TO INCLUDE <u>OWNED</u> AUTO COVERAG	NNED AUTO LIABILITY COVERA e in your quote, please provide us w	GE? (IF APPLICABLE)	
INCLUDE HIRED / NON-OV to include <u>owned</u> auto coverag PROPERTY / OTHER COVER	NNED AUTO LIABILITY COVERA e in your quote, please provide us w	GE? (IF APPLICABLE)	
INCLUDE HIRED / NON-OV TO INCLUDE <u>OWNED</u> AUTO COVERAG PROPERTY / OTHER COVER	NNED AUTO LIABILITY COVERA e in your quote, please provide us w AGE:	GE? (IF APPLICABLE)	G & DRIVERS' RECORDS
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INCLUDE HIRED / NON-OW TO INCLUDE OWNED AUTO COVERAG PROPERTY / OTHER COVER LOC. # ITEM	NNED AUTO LIABILITY COVERA e in your quote, please provide us w AGE:	GE? (IF APPLICABLE) TTH A LIST OF YOUR VEHICLES DEDUCTIBLE	FORM
INCLUDE HIRED / NON-OW TO INCLUDE OWNED AUTO COVERAGE PROPERTY / OTHER COVER LOC. # ITEM PREMISES INFORMATION FOR IS THE CONDITION AND PROT	NNED AUTO LIABILITY COVERA E IN YOUR QUOTE, PLEASE PROVIDE US W AGE: AMOUNT OR PROPERTY COVERAGE (MU FECTION FROM LOSS OF THIS BU	GE? (IF APPLICABLE) TTH A LIST OF YOUR VEHICLES DEDUCTIBLE ST BE COMPLETED FOR A ILDING: AVERAGE	EACH LOCATION):
INCLUDE HIRED / NON-OW TO INCLUDE OWNED AUTO COVERAGE PROPERTY / OTHER COVER LOC. # ITEM PREMISES INFORMATION FOR IS THE CONDITION AND PROTOCONSTRUCTION TYPE:	NNED AUTO LIABILITY COVERA E IN YOUR QUOTE, PLEASE PROVIDE US W AGE: AGE: AMOUNT OR PROPERTY COVERAGE (MU FECTION FROM LOSS OF THIS BU STORIES: BA	GE? (IF APPLICABLE)	EACH LOCATION):
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INCLUDE HIRED / NON-OW TO INCLUDE <u>OWNED</u> AUTO COVERAG PROPERTY / OTHER COVER LOC. # ITEM PREMISES INFORMATION FOUR IS THE CONDITION AND PROTICONSTRUCTION TYPE: BUILDING TOTAL AREA:OTHER OCCUPANCIES:	NNED AUTO LIABILITY COVERA E IN YOUR QUOTE, PLEASE PROVIDE US W AGE: AGE: AMOUNT OR PROPERTY COVERAGE (MU TECTION FROM LOSS OF THIS BU STORIES: BA FIRE PROTECTION:	GE? (IF APPLICABLE) TH A LIST OF YOUR VEHICLES DEDUCTIBLE ST BE COMPLETED FOR A ILDING: AVERAGE SEMENTS: YEAR SECURITY	FORM FORM EACH LOCATION): ABOVE AVERAGE BUILT: :
INCLUDE HIRED / NON-OW TO INCLUDE OWNED AUTO COVERAGE PROPERTY / OTHER COVER LOC. # ITEM PREMISES INFORMATION FOR IS THE CONDITION AND PROTONNELLE CONSTRUCTION TYPE: BUILDING TOTAL AREA: OTHER OCCUPANCIES: IS THERE A CENTRAL STATIC	NNED AUTO LIABILITY COVERA E IN YOUR QUOTE, PLEASE PROVIDE US W AGE: AGE: AMOUNT OR PROPERTY COVERAGE (MU TECTION FROM LOSS OF THIS BU STORIES: BA FIRE PROTECTION: DN ALARM IN OPERATION?: Y	GE? (IF APPLICABLE) TTH A LIST OF YOUR VEHICLES DEDUCTIBLE ST BE COMPLETED FOR A ILDING: AVERAGE SEMENTS: YEAR SECURITY ES NO NAME COI	EACH LOCATION): ABOVE AVERAGE BUILT: MPANY:
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