

GARAGE LIABILITY AND/OR DEALER'S BLANKET RENEWAL QUESTIONNAIRE

Auto-Owners Insurance

- Auto-Owners Insurance Company
- Auto-Owners Mutual Insurance Company
- Home-Owners Insurance Company
- Owners Insurance Company
- Property-Owners Insurance Company

To enable us to arrive at the proper premium charge and make a current evaluation of this risk, please complete this form and return to our _____ Underwriting Office no later than _____. Thank you.

Signed _____ Date _____

1. The Business is: Franchised Dealer ; Non-Franchised Dealer ; Repair Garage ; Service Station ; Storage Garage or Lot ; Implement or Machinery Dealer ; Dealer in Mobile Homes or Trailers ; Other ; _____ (Describe)
2. Describe any other operations conducted at the same location by the insured: _____
3. Describe any operations conducted on the premises by other persons: _____
4. Describe any new location of operations not previously reported by the insured _____
5. Furnish complete details if butane, propane or any other type of liquefied petroleum gas is used or handled in any way: _____
6. Total number of licensed trucks _____ motorcycles _____ tow trucks or wreckers _____. If not used principally in the garage business explain: _____
7. Total number of licensed private passenger automobiles owned by insured or jointly with spouse if insured is an individual _____. If not used principally in the garage business of the applicant, explain _____
8. Total number of Dealer's Plates _____
9. If any vehicles are insured separately, please give policy number and insurer: _____

10. PRINCIPAL OPERATORS — Give following information for the principal operators of the vehicles covered under this policy.

| First Name | Middle Initial | Last Name | Date of Birth | Sex | | Marital Status | Driver's License No. |
|------------|----------------|-----------|--------------------|-----|---|----------------|----------------------|
| | | | Mo. Day Yr. / / | | <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Not Employed by | | |
| | | | / / | | <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Not Employed by | | |
| | | | / / | | <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Not Employed by | | |
| | | | / / | | <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Not Employed by | | |

11. OCCASIONAL OPERATORS

| First Name | Middle Name | Last Name | Date of Birth | Sex | Household of | Driver's License No. |
|------------|-------------|-----------|---------------|-----|--------------|----------------------|
| | | | | | | |
| | | | | | | |

12. Number of employees — Full time _____ Estimated Annual Salary \$ _____
Part time _____ Estimated Annual Salary \$ _____
13. Dealer's Blanket Inventory limit desired for Coverages A, B and C \$ _____
Coverage D \$ _____
14. For Audit purposes, please supply us with:
Insured's phone number: _____ or Name, address and phone number of Accountant: _____