



Yancy Insurance & Financial Services

AGENT: Yancy Insurance & Financial Services
2019 E Lamar Blvd, Suite 100
Arlington, TX 76006
817-277-6100 Phone
817-261-7514 Fax

Brakes _____% Oil & Lube _____% Wash/Detail _____%

- Do you sell gasoline _____ or LPG _____? If yes, how many gallons? _____
- Do you install trailer hitches? _____
- Do you have a spray paint booth? _____ If yes, is it U/L approved? _____ Is it ventilated? _____
- Do you recap tires or sell recapped tires? _____
- Do you tow for hire? Yes No If yes, explain _____
- Describe lot security and key controls _____

Prior Carrier and Loss History for 3 Years

Current Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____

Date of Loss	Amount	Description of Loss

COVERAGE REQUESTED:

- Garage Liability \$ _____ each accident, \$ _____ aggregate, Deductibles _____
 Garagekeepers \$ _____ Per location SCL \$ _____ deductible Collisions _____ deductible
 Dealers Physical Damage \$ _____ Per location SCL \$ _____ deductible Collisions _____ deductible
 Premises Medical Payments \$1000
 Scheduled Vehicles SCL \$ _____ deductible Collisions _____ deductible

Veh. No.	Year	Make	Body Type	V.I.N.	ACV

Veh. No.	GVW	Radius	Use	Loss Payee

- Fire Legal Liability \$50,000
 Uninsured Motorist \$ _____
 Personal Injury Protection \$ _____ Per location
 Buybacks Transit Limit \$ _____ Driveway Radius _____ Value per Auto \$ _____

Remarks: _____

I understand that misrepresentation or omission of material facts will be cause for cancellation and may void coverage. I have completed and signed a state form selecting or rejecting Uninsured Motorist Coverage.

Signature of Applicant _____ Date _____