

## Standard Garage Automobile Questionnaire

Name: \_\_\_\_\_ Cert. No. \_\_\_\_\_

1. Please describe your operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Advise the number of persons who would have access to customer vehicles: \_\_\_\_\_
3. Do student drive or test drive vehicles?  Yes  No  
If so, how would this be monitored? \_\_\_\_\_  
\_\_\_\_\_
4. What types of vehicles are worked on? \_\_\_\_\_  
\_\_\_\_\_  
How many vehicles would be worked on every month? \_\_\_\_\_  
How many vehicles would be kept on premises at any one time? \_\_\_\_\_
5. Advise security measures that are in place (i.e. Fences, alarms, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Advise on any pickup/delivery that might be provided: \_\_\_\_\_  
\_\_\_\_\_
7. List all locations service is provided at and include the addresses. \_\_\_\_\_  
\_\_\_\_\_
8. Does your jurisdiction do work for other jurisdiction?  Yes  No
9. Total maximum value of all non-owned/Customer vehicles stored at any one time \_\_\_\_\_
10. Please provide value of the most expensive single vehicle you would either store or test drive \$ \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_