GLS - Garage Liability Survey

Report Status: (Choose one value)  
[ ] Productive  [ ] Non-Productive (Complete NPS section)  [ ] Pending

Survey Date: ______________________________________________________

Special Attention / Idiosyncrasies:  
[ ] Yes (describe)  [ ] No

Operations

Name / Title of Person Interviewed: ________________________________________

E-mail address for primary contact: ________________________________________

Insured is: (Choose one value)

[ ] Building Owner and occupies premises  [ ] Building Owner but does not occupy premises  [ ] Tenant

Length of Ownership / Years in Business: ___________________________________

Description of Operations:

Hours & Days of Operation ( ____ to ____ M-S): ______________________________

Off-premises operations: (i.e. Sales, Service, Installation AWAY from this location)  
[ ] No  [ ] Yes (describe)

Estimated annual sales: _________________________________________________

Other tenants in building / premises: (Choose one value)  
[ ] No  [ ] Yes (List tenants & Types of Occupancies)

Narrative:

Dealer (Franchised / Non-Franchised - Auto, Motorcycle, RV, Truck - Excludes Snowmobile, ATV Residence Type Mobile Home Trailers)

>> Employees

>>> # Class I-A (Proprietors, Partners, Officers, Salespersons, GM, Service Mgrs, All employees principally and furnished a covered vehicle):

>>> # Class I-B (All other employees that do not qualify as Class I-A):

>> Non-Employees (Family Members / Long-Term Courtesy Car)

>>> # Class II-A (Under age 25):

>>> # Class II-B (Age 25 and over):

Non-Dealer (Public Parking Lots, Repair Shops, Service Stations, Storage Garages, Tow Truck Businesses, Trailer Dealers, Other Vehicle Not Licensed for Over-The-Road Use - ATV, Snowmobile & Residence-Type Mobile Home Trailer Dealers)

>> Number of Employees:

>> Estimated Payroll ($):

>> Number of 1099 or Contracted Labor Utilized:

>> Estimate Cost ($):

# of Employee drivers age <25:

Insured / Employee training / certification:  
[ ] ASE Certification  [ ] Factory Training  [ ] Formal Education (Technical training)

[ ] On-the-Job Training  [ ] Other Certifications (Describe)  [ ] None

Narrative:

Fire Protection - Premises - Common Hazards

Portable Fire Extinguishers present:  
[ ] Yes  [ ] No

>> Serviced / tagged within last 12 months:  
[ ] Yes  [ ] No  [ ] N/A

Building sprinklered: (Choose one value)

[ ] Yes - Combination wet / Dry  [ ] Yes - Dry System  [ ] Yes - Wet System  [ ] Other (describe)  [ ] No

>> Date of Last service: _____________________________________________

Year Built: _______________________________________________________

# of Floors (excluding basement): ______________________________

Foundation: (Choose all that apply)

[ ] Basement - Full  [ ] Basement - Partial  [ ] Crawl  [ ] Slab  [ ] Stilts  [ ] None

HVAC systems: (Choose all that apply)

[ ] Boiler and piping only  [ ] In Floor Radiant  [ ] Ventilation only  [ ] Unit AC - air cooled

[ ] Electric baseboard / wall unit  [ ] Rooftop unit  [ ] Chilled water with air handlers  [ ] Unit AC - water cooled

GLS - 2/10/2020  Copyright © 2002-2019 Midwest Technical Inspections, Inc. All Rights Reserved.