



PLEASE USE THIS ALTERNATE GARAGE FORM WITH YOUR APPLICATION.

(When the vehicle is not garaged at your primary residence, the following information is needed)

Insured's Name : _____

Garaging Address : _____

Attach a photograph of the alternate garage

What type of facility is this? (Public, Private, Office, Business, Etc.)

Is this an individual garage or a large storage area? _____

Is this a fully enclosed and locked garage? _____

Who has access to this garage? (family, friend, co-worker, Etc.) _____

What else is stored in this garage? _____

What is the distance between your residence and the garage facility? _____

What type of security safeguards are at this location (alarms, fencing, lighting, Etc.)
