



GARAGE APPLICATION

General Information

Effective Date: _____ FEIN #: _____

1. Your Name _____ Phone No. _____
(dba) _____

2. Mailing Address _____

3. Your Web site address _____

4. Location #1 Address _____

5. Location #2 Address _____

Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____

6. How long have you been in business? _____ How many years of related experience? _____

7. Type of Legal entity: Individual Partnership Joint Venture Limited Liability Corp.
 Trust Other Organization, including a Corporation (Please Describe) _____

8. Your Business operation? _____
Explain any other business, owned by you _____

Coverages

A. Garage Liability Limits

Each "Accident" "Garage Operations" "Auto" Only \$ _____, Other than "Auto" Only \$ _____
Aggregate "Garage Operations" Other Than "Auto" Only \$ _____

B. Garagekeepers (for Customers Cars in your Care, Custody and Control)

Legal Liability Direct Primary (Specified Causes of Loss/W Collision Only)
 Specified Causes of Loss/w Collision **OR** Comprehensive/w Collision

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____

Specified Causes or Comp Ded. \$ _____ Collision Ded. \$ _____

C. On Hook (Coverage for vehicle in tow) Legal Liability Only

Specified Causes of Loss/w Collision **OR** Comprehensive/w Collision

Unit Description	Limit On Hook Coverage	Deductible
	\$	\$
	\$	\$

D. Dealers Physical Damage (coverage for damage to your autos)

Fire & Theft Specified Perils of Loss Comprehensive Deductible per auto \$ _____

Limit of Liability at Location #1 \$ _____ Limit per vehicle \$ _____

Limit of Liability at Location #2 \$ _____ Limit per vehicle \$ _____

Blanket Collision (total for all listed locations) Limit \$ _____ Deductible per auto \$ _____

Interests covered: (check all those that apply)

Your interest in covered "autos" you own Your interest only in financed covered "autos"

Your interest and the interest of any creditor named as loss payee

All interests in any "auto" not owned by you or any creditor while in your possession on consignment



IFG Companies*

E. Loss Payable Name and Address (advise which unit this applies to)

F. Schedule of Covered Autos (Dealers only) List any owned tow truck, car hauler, or service vehicle to be insured.

Unit #	Year, Model, Serial Number	Body Type	Where Garaged	Radius	Physical Damage Stated Amount	Deductible
					\$	\$
					\$	\$
					\$	\$

G. Medical Payments Coverage

Limit per person \$ _____ Premises only Auto only Premises and Auto

H. Uninsured/Underinsured Motorist Coverage (for requirements, check state status)

Yes No If yes, limit(s) desired \$ _____

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Number of Dealer Plates _____ Transporter Plates _____ Other (please describe) _____

H. Personal Injury Protection Coverage (PIP) (for requirements, check state statutes) Yes No

If required by state, please complete, sign and attach proper form for selection or rejection of coverage.

I. Personal Injury Liability

Limit of Liability \$ _____

J. Fire Legal Liability

Limit of Liability \$50,000 \$100,000

K. Broadened Coverage

Limits of Insurance:

Fire Legal \$ _____

L. Building, Personal Property, Inland Marine, and General Liability Coverage's (only available in some states).

If coverage is selected, please complete and attach Acord Application.

M. List any Additional Insured's to be named and advise what their interest is in this operation.

Additional Insured - Landlord Lessor or Leased Equipment Franchisee **Customer

_____ If customer, please attach a copy of the contract that requires the Additional Insured.

Additional Insured - Landlord Lessor or Leased Equipment Franchisee **Customer

_____ If customer, please attach a copy of the contract that requires the Additional Insured.



N. Previous Carrier and Loss Information. Complete all fields. Indicate if "None" applies.

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

*****LOSS RUNS REQUIRED ON GARAGE RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES*****

Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri) Yes No
 If yes, explain: _____

List All Owners, Employees, Clerical (Include any non-employee, silent owners or family members furnished an auto)

	Last Name	First Name	Middle Initial	Name Suffix	Sex (M/F)	Date of Birth	License No.
1							
2							
3							
4							
5							

	License State	Drives Scheduled Vehicle #	Furnished a Car?	Job Duties – i.e., mechanic, clerical, detail, sales or lot person (If not employed, show "None")	Full Time	Part Time (20 hrs or less per week)
1						
2						
3						
4						
5						

*****IF ADDITIONAL EMPLOYEES, PLEASE ATTACH SEPARATE LIST*****

Security and Protection

1. Do you store vehicles overnight? Yes No If yes, describe your lot protection (each location)
How are vehicles stored? _____
2. Do you park customer's vehicles on the street? Yes No
3. If you perform spray painting, do you have a spray booth? Yes No
Is it equipped with explosion proof lights, outside ventilation & bay separation? Yes No
4. Is your lot well lit at night? Yes No
5. Are signs posted to keep customers from the work area? Yes No
6. Are Firearms kept on the premises? Yes No
7. Is your lot patrolled by a security guard? Yes No Is the guard armed? Yes No
Do you have any other security devices, i.e., cameras, alarms? If yes, please describe _____
8. Do you have any animals on premises? Yes No
9. Do you leave keys in vehicles? Yes No
10. Describe how keys are controlled _____
11. Describe how plates are stored/secured _____



Vehicles Repaired Or Sold

	Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/> Salvage Title Autos	%	%
<input type="checkbox"/> Sports Cars or high performance cars (Porsche, Corvette etc)	%	%
<input type="checkbox"/> Motorcycles, Motorbikes **complete BG-GA-477	%	%
<input type="checkbox"/> Antique or Classic Vehicles	%	%
<input type="checkbox"/> Boats-Hull	%	%
<input type="checkbox"/> Boats-Motors	%	%
<input type="checkbox"/> Golf Carts	%	%
<input type="checkbox"/> ATV's, Jet Skis	%	%

	Repair	Sales
<input type="checkbox"/> Motor homes, Recreational vehicles **complete BG-GA-498	%	%
<input type="checkbox"/> Trucks ≤ 20,000 # GVW	%	%
<input type="checkbox"/> Trucks > 20,000 # GVW **complete BG-GA-462	%	%
<input type="checkbox"/> Truck tractors, 5 th Wheels & Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Mobile Home Dealer **complete BG-GA-496	%	%
<input type="checkbox"/> Farm Equipment **complete BG-GA-462	%	%
<input type="checkbox"/> Construction Equipment **complete BG-GA-462	%	%
<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Other Description of other vehicle	%	%
Total	100%	100%

Service Work. Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Brakes	%
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%
<input type="checkbox"/> Custom Wheel / Rim Manufacturing	%
<input type="checkbox"/> Custom Wheel / Rim Installation	%
<input type="checkbox"/> Electrical	%
<input type="checkbox"/> Muffler	%
<input type="checkbox"/> Oil & Lube	%
<input type="checkbox"/> Radiator	%
<input type="checkbox"/> Sound System/Alarms	%
<input type="checkbox"/> Tires **complete BG-GA-478	%
<input type="checkbox"/> Transmission	%
<input type="checkbox"/> Tune-up	%
<input type="checkbox"/> Window Tinting	%
<input type="checkbox"/> Windshield Repair	%
<input type="checkbox"/> Windshield Replacement	%

<input type="checkbox"/> Airbags (Including Deactivating)	%
<input type="checkbox"/> Body Work	%
<input type="checkbox"/> Detail	%
<input type="checkbox"/> Painting	%
<input type="checkbox"/> Gasoline/LPG Sales	%
<input type="checkbox"/> Lift Kit Installation	%
<input type="checkbox"/> Hitches	%
<input type="checkbox"/> Hydraulics	%
<input type="checkbox"/> Interlock Devices (aka Breathalyzers)	%
<input type="checkbox"/> Performance Upgrades-Please detail:	%
<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Valet Parking **complete BG-GA-390	%
<input type="checkbox"/> Welding **complete BG-GA-497	%
<input type="checkbox"/> Other: Description:	%
Total	100%

The following questions apply to ALL applicants:

- Do you loan any vehicles? Yes No If **yes**, explain _____
- Do you pick up and deliver customers vehicles? Yes No If **yes**, how far and how often _____
- Do you perform any machining, re-machining, re-boring operations? Yes No
If **yes**, please explain _____
- Do you rebuild any of the following: brakes, steering systems, or restraint systems? Yes No
- Do you perform any frame straightening? Yes No If **yes**, Type of Frame Straightener:
 - Laser Measuring device
 - Optical Measuring device
 - Mechanical Gauge (complete AP-GA-0104)
 - Make & Model _____



6. Do you buy salvage for reconstruction? Yes No
7. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle? Yes No
8. Do you modify, rebuild or perform conversions on vehicles? Yes No
If **yes**, please explain _____
9. If you perform hydraulic repairs, do you repair any of the components that operate the lifting apparatus (i.e.: Components that lift persons and/or property) Yes No If **yes**, explain _____
10. Do you own, repair, service, or sponsor a race car? Yes No
11. Do you repossess autos? Yes No
12. Do you tow? For Hire _____ % Rotation _____ % Repo _____ %
13. Do you have a storage lot on premises? Yes No
14. Do you dismantle autos or have salvage operations? Yes No

If you are a Dealer, please answer the following questions:

1. Do salespeople accompany customers on all demonstration rides? Yes No
2. What radius do you drive or transport vehicles from your location?
 Less than 300 miles 300 – 500 miles 501 – 1000 miles Over 1,000 miles

3. How do you transport vehicles to and from your lot?

Own Tow Truck	<input type="checkbox"/> Yes <input type="checkbox"/> No	Car Hauler Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tow Bars or Dollies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tow Trucks Contracted by Others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Own Car Haulers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temporary or Contract Drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Do you finance autos you sell? Yes No
5. Do you repossess autos you sell? Yes No
6. Are titles transferred to purchaser at time of sale? Yes No
If **No**, please explain _____

7. How many vehicles are sold per year? _____

8. Do you Advertise Autos on the Internet? Yes No
If **yes**, please provide Internet Address (URL) _____

9. When relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance? Yes No

10. Do You Sell:

Autos on the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consigned Autos (If yes, attach consignment agreement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autos Wholesale	<input type="checkbox"/> Yes <input type="checkbox"/> No	Broker Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Where do you get the vehicles you sell? (i.e., auto auctions, trade-ins, etc.) _____



Signatures

I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the insurance company.

Applicant's Signature/Title

Date

Co-Applicant Signature/Title

Date

Agent

Did your office control this risk in the past? Yes No

Agent's or Broker's Name

Telephone Number

Agent's Signature

Address

Date

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.