

# ACORD™ COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

DATE

PRODUCER	PHONE (A/C, No, Ext):	CARRIER	NAIC CODE:	UNDERWRITER	UNDERWRITER OFF.
	FAX (A/C, No.):				
POLICIES OR PROGRAM REQUESTED		POLICY NUMBER			
INDICATE SECTIONS ATTACHED		EQUIPMENT FLOATER		GARAGE AND DEALERS	
PROPERTY		INSTALLATION/BUILDERS RISK		VEHICLE SCHEDULE	
GLASS AND SIGN		ELECTRONIC DATA PROC		BOILER & MACHINERY	
ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		COMMERCIAL GENERAL LIABILITY		WORKERS COMPENSATION	
CRIME/MISCELLANEOUS CRIME		BUSINESS AUTO		UMBRELLA	
TRANSPORTATION/ MOTOR TRUCK CARGO		TRUCKERS/MOTOR CARRIER			
CODE:	SUB CODE:				
AGENCY CUSTOMER ID					

### STATUS OF TRANSACTION

### PACKAGE POLICY INFORMATION

QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	<input type="checkbox"/>	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):						PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME		AM				DIRECT BILL		
CANCEL				PM				AGENCY BILL		

### APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SOC SEC # (of First Named Insured):		MAILING ADDRESS INCL ZIP+4 (of First Named Insured)						
		PHONE (A/C, No, Ext):								
		INTERNET ADDRESS:								
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	NOT FOR PROFIT ORG	CR BUREAU NAME	ID NUMBER	YEAR BUS STARTED
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	LIMITED CORPORATION					
INSPECTION CONTACT		PHONE (A/C, No, Ext):			ACCOUNTING RECORDS CONTACT			PHONE (A/C, No, Ext):		

### PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS		INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	
			<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER	
			<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT	

### NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)

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### GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?			7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?			8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).		
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?			9. ANY UNCORRECTED FIRE CODE VIOLATIONS?		
4. ANY CATASTROPHE EXPOSURE?			10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST 5 YEARS?		
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					
6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO					

### REMARKS/PROCESSING INSTRUCTIONS

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**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)**

APPLICANT'S SIGNATURE	PRODUCER'S SIGNATURE
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**PRIOR CARRIER INFORMATION**

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
<b>GENERAL LIABILITY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
		AGGREGATE															
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>AUTOMOBILE</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
<b>PROPERTY</b>	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

**NOTICE OF INSURANCE INFORMATION PRACTICES**

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

# ACORD<sup>TM</sup> COMMERCIAL GENERAL LIABILITY SECTION

DATE

PRODUCER PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">EFFECTIVE DATE</td> <td style="width:15%;">EXPIRATION DATE</td> <td style="width:15%;">DIRECT BILL</td> <td style="width:25%;">PAYMENT PLAN</td> <td style="width:20%;">AUDIT</td> </tr> <tr> <td></td> <td></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table> FOR COMPANY USE ONLY  CODE:                      SUB CODE: AGENCY CUSTOMER ID:	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT							
		AGENCY BILL									

COVERAGES	LIMITS	PREMIUMS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE	GENERAL AGGREGATE \$ PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (each occurrence) \$ MEDICAL EXPENSE (Any one person) \$ EMPLOYEE BENEFITS \$	PREMISES/OPERATIONS PRODUCTS OTHER TOTAL
<b>DEDUCTIBLES</b> PROPERTY DAMAGE \$                      PER CLAIM BODILY INJURY \$                              PER OCCURRENCE		
OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the Business Auto Section, ACORD 127)		

LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS

**RATING AND PREMIUM BASIS**  
 (S) GROSS SALES - PER \$1,000/SALES      (P) PAYROLL - PER \$1,000/PAY      (C) TOTAL COST - PER \$1,000/COST      (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000/SQ FT      (M) ADMISSIONS - PER 1,000/ADM      (T) OTHER

<b>CLAIMS MADE (Explain all "Yes" responses)</b> 1. PROPOSED RETROACTIVE DATE: 2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COV: 3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE? 4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<b>EMPLOYEE BENEFITS LIABILITY</b> 1. DEDUCTIBLE PER CLAIM: \$ 2. NUMBER OF EMPLOYEES: 3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS: 4. RETROACTIVE DATE:  REMARKS
REMARKS	REMARKS

**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For past or present operations)		YES	NO
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?				4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?			
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?			
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?			
REMARKS/DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:		# FULL-TIME STAFF:	# PART-TIME STAFF:		

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)		YES	NO
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?				6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?			
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?				7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?			
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?				8. PRODUCTS UNDER LABEL OF OTHERS?			
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?				9. VENDORS COVERAGE REQUIRED?			
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?				10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?			
PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC							

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO	EXPLAIN ALL "YES" RESPONSES (For all past or present operations)		YES	NO
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?				12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?			
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?				13. ANY DEMOLITION EXPOSURE CONTEMPLATED?			
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL (e.g. landfills, wastes, fuel tanks, etc)				14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?			
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?				15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?			
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?				16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?			
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?				17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?			
7. ANY PARKING FACILITIES OWNED/RENTED?				18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE YEARS?			
8. IS A FEE CHARGED FOR PARKING?				19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?			
9. RECREATION FACILITIES PROVIDED?				20. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?			
10. IS THERE A SWIMMING POOL ON THE PREMISES?							
11. SPORTING OR SOCIAL EVENTS SPONSORED?							
REMARKS							
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR; IN DC, LA, ME AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED)							



# HEAVY TRUCK, BUS AND EQUIPMENT SUPPLEMENT

## TYPE OF VEHICLES

Private Passenger Types & Light Trucks	%
Medium Trucks 10,000 - 20,000 gvw	%
Heavy Trucks 20,001 - 45,000 gvw	%
Extra Heavy & Truck Tractors +45,001 gvw	%
Buses	%
Equipment (Specify):	%
Other (Specify):	%
	= 100%

## TYPE OF REPAIRS

Alignment, Steering or Front End Suspension	%
Body Work	%
Brakes	%
Engines	%
Frame Work (Specify)	%
Hydraulic Work	%
Lift Gate Installation or Repair	%
Manufacturing/Fabricating (Specify)	%
Oil, Lube, Tune-up	%
Painting	%
Is your spray booth large enough to accommodate the vehicles you are working on? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Refrigeration (Refrigeration of the Cargo Hold)	%
Repair or Conversion of Cabs	%
Tanker (Specify)	%
Tires- % New, % Used, % Split Rim	%
Trailer Hitch Installation	%
Trailer Repair (Specify)	%
Transmissions	%
Wash/Detail	%
Welding (Specify)	%
Other (Specify)	%
	= 100%

## WORK LOCATIONS

At Your Shop	%
Away From Premises – Customer's Location	%
	= 100%

## EMPLOYEE LIST

Employee Name	Commercial Driver's License?	ASE Certified?	Years of mechanical experience

If more employees, please attach a separate page.

Applicant's signature: \_\_\_\_\_

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



## GARAGE APPLICATION

### General Information

Effective Date: \_\_\_\_\_

1. Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 (dba) \_\_\_\_\_

2. Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

3. Your Web 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:  Corp.  Partnership  Individual  Limited Liability Corp.  Other

8. Applicant's Business \_\_\_\_\_

### Vehicles Repaired Or Sold

	Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/> Trucks ≤ 20,000 # GVW	%	%
<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"/> ATV's, Jet Skis	%	%

	Repair	Sales
<input type="checkbox"/> Motor homes, Recreational vehicles **complete BG-GA-498	%	%
<input type="checkbox"/> Trucks > 20,000 # GVW **complete BG-GA-462	%	%
<input type="checkbox"/> Truck tractors, 5 <sup>th</sup> Wheels & Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Mobile Home Dealer **complete BG-GA-496	%	%
<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Farm Equipment	%	%
<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"/> Detail	%
<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"/> Transmission	%
<input type="checkbox"/> Tune-up	%
<input type="checkbox"/> Window Tinting	%
<input type="checkbox"/> Windshield <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	%

<input type="checkbox"/> Body/Paint	%
<input type="checkbox"/> Gasoline/LPG Sales	%
<input type="checkbox"/> Lift Kit Installation	%
<input type="checkbox"/> Hitches	%
<input type="checkbox"/> Hydraulics	%
<input type="checkbox"/> Performance Upgrades-Please detail:	%
<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Tires **complete BG-GA-478	%
<input type="checkbox"/> Valet Parking **complete BG-GA-390	%
<input type="checkbox"/> Welding **complete BG-GA-497	%
<input type="checkbox"/> Other: Description:	%
Total	100%



1. Explain any other business, owned by you \_\_\_\_\_
2. Do you loan any vehicles?  Yes  No If **yes**, explain \_\_\_\_\_
3. Do you modify, rebuild or perform conversions on vehicles?  Yes  No If **yes**, please explain \_\_\_\_\_
4. Do you perform any frame straightening?  Yes  No
5. Type of frame straightener:
  - a.  Laser Measuring device
  - b.  Optical Measuring device
  - c.  Mechanical Gauge
  - d. 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 own, repair, service, or sponsor a race car?  Yes  No
9. Do you perform any work on airbags (including any deactivating) or breathalyzers?  Yes  No
10. Do you repossess autos?  Yes  No
11. Do you tow? For Hire    % Rotation    % Repo    %
12. Do you have a storage lot on premises?  Yes  No
13. Do you dismantle autos or have salvage operations?  Yes  No

The following questions **apply to ALL applicants:**

**Security and Protection**

1. Do you store vehicles overnight?  Yes  No If yes, describe your lot protection (each location) i.e.: How are vehicles stored? \_\_\_\_\_
2. Do you park customer's vehicles on the street?  Yes  No
3. If you have a spray booth, 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 \_\_\_\_\_



**Prior Insurance and Loss History Information (3 Year)**

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 Employees (Include any non-employee or family members furnished an auto)**

	Name	Date of Birth	License No./ State	DUI's last 3 years	Accidents last 3 years	Other moving violations
1						
2						
3						
4						
5						
	Job Duties (e.g., mechanic, clerical, detail, sales or lot person)	Full Time		Part Time (20 hrs or less per week)		Furnished a Car?
1						
2						
3						
4						
5						

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



**Coverage's**

**A. Garage Liability Limits**

Combined Single Limit \$ \_\_\_\_\_ Other Than Aggregate \$ \_\_\_\_\_

**B. Garagekeepers** (for Customers Cars in your Care, Custody and Control) Legal Liability 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. Loss Payable Name and Address (advise which unit this applies to)** \_\_\_\_\_

**E. Medical Payments Coverage**

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

**F. 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.

**G. Fire Legal Liability**

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

**H. Personal Injury Liability**

Limit of Liability \$ \_\_\_\_\_

**I. Broadened Coverage**

Limits of Insurance:

Personal and Advertising Injury \$ \_\_\_\_\_

Fire Legal \$ \_\_\_\_\_

**J. 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.

**K. List any Additional Insureds to be named and advise what their interest is in this operation.**

\_\_\_\_\_  
\_\_\_\_\_

**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



IFG Companies®

**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.**