IFG Companies

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. What is your business operation?
7. Name all businesses you have ownership in:
8. Name all businesses owned by you operating at this location:
9. How long have you been in business? How many years of related experience?
10. Type of Legal entity: ☐ Individual ☐ Partnership ☐ Joint Venture ☐ Limited Liability Corp.
    ☐ Trust ☐ Other Organization, including a Corporation (Please Describe)

Previous Carrier and Loss Information

1. Has similar insurance ever been cancelled, declined or refused for renewal? **(Not applicable in Missouri)** ☐ Yes ☐ No
   a. If **yes**, explain:_____
2. 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******

List All Owners and All Employees (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate list).

	Last Name	First Name	Middle Initial	Date of Birth	License No.
1					
2					
3					
4					
5					

	License State	Drives Scheduled Vehicle #	Furnished a Car?	Job Duties*	Full Time	Part Time**
1						
2						
3						
4						
5						

* **Job duties** such as: mechanic, clerical, detail, sales or lot person (If not employed, show "None")
****Part time** is 20 hours or less per week.

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The following questions apply to ALL applicants:

1. Do you loan any vehicles? ☐ Yes ☐ No If **yes,** explain _____
2. Do you perform any machining, re-machining, re-boring operations? ☐ Yes ☐ No If **yes,** please explain _____
   What is the % of work done__%
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems, or restraint systems? ☐ Yes ☐ No
4. Do you perform any frame straightening? ☐ Yes ☐ No If yes, do you use a machine? ☐ Yes ☐ No
5. Do you cut or weld frames? ☐ Yes ☐ No
6. Are you an auto rebuilder? ☐ Yes ☐ No
7. Do you own, repair, service, or sponsor a race car? ☐ Yes ☐ No

Security and Protection

1. Do you store vehicles overnight? ☐ Yes ☐ No If yes, describe lot protection for each location:
   Fenced lot ☐ Inside storage ☐ Post/Chain ☐ Other _____
2. Do you park customer's vehicles on the street? ☐ Yes ☐ No
3. Do you perform spray painting? ☐Yes ☐No
   If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation? ☐Yes ☐No
4. Are signs posted to keep customers from the work area? ☐ Yes ☐ No
5. Do you leave keys in vehicles? ☐ Yes ☐ No
6. Are keys kept in a secure place with no access by unauthorized persons: ☐ 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 many vehicles are sold per year?_____
4. Do you sell autos on consignment? ☐Yes ☐No If yes, attach a copy of your consignment agreement.

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Vehicles Repaired Or Sold

		Repair	Sales
☐	Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
☐	Salvage Title Autos	%	%
☐	Motorcycles, **complete BG-GA-477	%	%
☐	Recreational vehicles **complete BG-GA-498	%	%
☐	Farm Equipment **complete BG-GA-462	%	%
☐	Contractors Equipment **complete BG-GA-462	%	%
☐	Emergency Vehicles	%	%
☐	Handicap Vehicles	%	%
☐	All Terrain Vehicles (ATV) **complete BG-GA-477	%	%
☐	Buses	%	%
☐	Jet Skis **Complete BG-GA-477	%	%
☐	Logging Trucks, Logging Equipment	%	%

		Repair	Sales
☐	Medium Trucks	%	%
☐	Heavy Trucks **complete BG-GA-462	%	%
☐	Semi Trailers **complete BG-GA-462	%	%
☐	Boats	%	%
☐	Forklifts	%	%
☐	Golf Carts	%	%
☐	Utility trailers	%	%
☐	Horse Trailers	%	%
☐	Boom Trucks, Bucket Trucks, Cherry Pickers	%	%
☐	Cranes	%	%
☐	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

☐	Airbags (Including Deactivating)	%
☐	Auto Dismantling or Salvage Operations **complete BG-GA-505	%
☐	Body Work/ Painting	%
☐	Car Wash ☐ Attended ☐ Self serve	%
☐	Lift Kit Installation	%
☐	Oil & Lube	%
☐	Tires **complete BG-GA-478	%
☐	Towing ☐ For hire/rotation ☐Repo for hire	%
☐	Valet Parking **complete BG-GA-390	%
☐	Windshield Installation/Repair	%

Wrecker services for hire ___ %

☐	Auto Alarms/Stereo	%
☐	Boat Hull	%
☐	Breathalyzers /Interlock Devices	%
☐	Detailing/Washing	%
☐	LPG Dealer	%
☐	Suspension (not lift kits)	%
☐	Tire recapping, retreading, recoring	%
☐	Trailer hitch installation/repair	%
☐	Other: Description:	%
		100%

Related Non Garage Operations

Gasoline Sales	#_____	gallons sold
Parts sold but not installed by you	$_____	gross sales
Clothing or Accessories	$_____	gross sales
Auto Dismantling/Salvage Operations	$_____	actual payroll

Convenience store	$_____	gross sales
Tires, sold but not installed by you	$_____	gross sales
Self Serve Car Wash	$_____	gross receipts

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Coverage's Requested

☐ **Garage Liability limits**
$_____per accident auto/garage operations $_____aggregate

☐ **Garagekeepers** If Autos In Tow coverage is desired, Garagekeepers may only be written on a Legal Liability basis.
Location 1 $_____ location limit Deductible $_____
Location 2 $_____ location limit Maximum limit per auto $_____
☐ Legal Liability Specified Causes of Loss w/ Collision ☐ Legal Liability Comprehensive w/Collision
☐ Direct Primary Specified Causes of Loss w/Collision
☐ **Autos In Tow** (if more than 2 vehicles please attach separate page)
Unit 1 make/model _____VIN_____ In Tow Limit $_____
Unit 2 make/model _____VIN_____ In Tow Limit $_____

☐ **Dealers Physical Damage**
Location 1 $_____ location limit Deductible $_____
Location 2 $_____ location limit Maximum limit per auto $_____
☐ Fire, Theft, & Collision ☐ Specified Causes of Loss w/ Collision ☐ Comprehensive w/ Collision
☐ Interest to be covered:
☐ Your interest in covered autos you own
☐ Your interest and the interest of any creditor named as loss payee
☐ Your interest and the interest of any consignee
☐ Loss Payee: Name & address:_____

☐ **Scheduled Autos for Dealer Coverage** (if more than 2 vehicles please attach separate page)
Unit 1 make/model _____VIN_____ Stated Value$_____ Med Pay_____
Unit 2 make/model _____VIN_____ Stated Value$_____ Med Pay_____

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☐ **Medical Payments** Limit$_____ ☐ Premises only ☐ Auto only ☐ Both premises & auto

☐ **Uninsured/Underinsured Motorist:**

Limit $_____ # of dealer plates ____ # of transporter plates ____ # of other plates _____

☐ **Personal Injury Protection** ☐ yes ☐ no

☐ **Personal Injury Liability** ☐ yes ☐ no

☐ **Fire legal Liability** only or ☐ **Broadened Coverage** Limit $_____

☐ **Additional Insured:**

☐ Name/Address:_____

Interest:☐ Landlord ☐ Lessor of Leased Equipment ☐ Franchisee ☐ Customer (attach copy of written contract)

☐ Name/Address:_____

Interest:☐ Landlord ☐ Lessor of Leased Equipment ☐ Franchisee ☐ Customer (attach copy of written contract)

***SIGNATURES ARE REQUIRED.* SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

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Applicable in ME, TN, VA and WA It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.
Applicable in NJ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
Applicable in OK WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).
Applicable in OR Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.
Applicable in Other States: WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company)	**Producer's Name**
Signature of Authorized Representative	**Producer's Signature**
Print Name	**Producer's Phone**
Title	**Producer's Fax**
Date	**Producer's Email**