



## 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	_____ %	_____ %
<b>Total</b>	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:	_____ %
<b>Total</b>	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

**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. Are titles transferred to purchaser at time of sale?  Yes  No If No, please explain \_\_\_\_\_
6. How many vehicles are sold per year? \_\_\_\_\_
7. Do you sell salvage titled autos?  Yes  No
8. If you are an auto dealer, when relinquishing a sold vehicle to the customer, do you confirm that they carry personal auto liability insurance?  Yes  No
9. Where do you get the vehicles you sell? (i.e., auto auctions, trade-ins, etc.) \_\_\_\_\_
10. Do you sell vehicles:
  - a. On the internet or on E-Bay?  Yes  No
  - b. Wholesale  Yes  No
  - c. Retail  Yes  No



IFG Companies\*

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)								
	Last Name	First Name	Sex (M/F)	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. 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.

**E. 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
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**F. Loss Payable Name and Address** (advise which unit this applies to) \_\_\_\_\_

**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) \_\_\_\_\_



I. **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.

J. **Fire Legal Liability**  
 Limit of Liability  \$50,000  \$100,000

K. **Personal Injury Liability**  
 Limit of Liability \$ \_\_\_\_\_

L. **Broadened Coverage**  
 Limits of Insurance:  
 Personal and Advertising Injury \$ \_\_\_\_\_  
 Fire Legal \$ \_\_\_\_\_

M. **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.

N. 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 \_\_\_\_\_  
**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.**