

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	<input type="checkbox"/>	CR BUREAU NAME	<input type="checkbox"/>	ID NUMBER	<input type="checkbox"/>	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	
GENERAL LIABILITY	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																	
AUTOMOBILE	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	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.

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							
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Motorhome & RV Repair Supplement

Complete one for each location

1. Types of RV's

Motorhomes	%	ATV's	%	Jet Skis	%
Travel Trailers	%	Golf Carts	%	Ski-do's	%
Dirt Bikes	%	Boats	%	Snow Mobiles	%

2. Please describe your hiring practices _____

3. Do all of your technicians have current ASE certification? Yes No

If yes, how often are they recertified? _____

4. Types of Repairs:

Appliances	%	Remodeling	%
Brakes	%	LPG or Gas Lines – Service / Repair	%
Engine	%	LPG or Gas Sales	%
Wash / Detail	%	Other: _____	%

5. Do you sell accessories or parts that you do not install? Yes No

a. If yes, what are the annual receipts for those items not installed? _____

6. Do you test drive units after repairs are made? Yes No

7. If watercraft or snowcraft, how do you pressure test an engine following repair? _____

8. How are vehicles transported to/from your shop? _____

Answer the following questions only where Garagekeepers coverage is available.

1. What is the average value of each vehicle you service? _____

2. How many vehicles could you have in your possession at one time? _____

3. How many vehicles could you store overnight? _____

4. What is the total value of all units subject to a fire loss? _____

5. What is the total value of all units subject to a wind or hail loss? _____

6. How are vehicles stored overnight? _____

7. If vehicles are stored overnight, how many feet are they separated by? _____

8. How are keys to the vehicles stored overnight? _____

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 th 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.