

THIS APPLICATION WILL BECOME AN INTERGRAL PART OF YOUR GARAGE LIABILITY INSURANCE AND IF USED ALL QUESTIONS BELOW MUST BE TRUTHFULLY ANSWERED. ALL FALSE OR FRAUDULENT ANSWERES MAY RESULT IN DENIAL OF COVERAGE IF YOU NEED ADDITIONAL SPACE IN ORDER TO PROVIDE ANY OF THE INFORMATION REQUESTED BELOW, PLEASE USE THE BACK OF THE APPLICATION



**FOUNDERS**  
A pillar of strength. Since 1901.

1645 E. Birchwood Ave., Des Plaines IL 60018  
Phone: (847) 768-0040 Fax: (847) 795-0080  
[www.foundersinsurance.com](http://www.foundersinsurance.com)

**Founders Insurance Company**  
Application for Illinois Garage Liability Insurance

<u>Agency Name and Producer #</u>		<u>Billing</u>	
		Agency <input type="checkbox"/>	Direct <input type="checkbox"/>
<u>Binding Date and Time:</u>		From:	To:

<u>Applicant:</u>	<u>Telephone#</u>	<u>Contact Person</u>
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<u>Business Name:</u>	<u>Address of Main Location:</u>	<u>City:</u>	<u>State:</u>	<u>Zip Code:</u>
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<b>Type of Business:</b>	<u>Used Cars</u> <input type="checkbox"/>	<u>Repair Shop</u> <input type="checkbox"/>	<u>Service Station</u> <input type="checkbox"/>	<u>Parking Facility</u> <input type="checkbox"/>	<u>Other</u>
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<b>Ownership:</b>	<u>Individual</u> <input type="checkbox"/>	<u>Corporation</u> <input type="checkbox"/>	<u>Partnership</u> <input type="checkbox"/>
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<u>Partners:</u>	<u>Federal Filing:</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Federal Number:</u>
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<u>Direct Bill Only</u> \$ _____ Enclosed (Make checks payable to Founders Insurance Company) A \$9 Premium Installment Charge applies to all payments except the down payment	<u>12 Month Plan</u>	
	<u>% Down</u>	
	<u># of Payments</u>	

<u>Additional Sites</u>	<u>Address</u>	<u>Purpose of Use</u>
1		
2		
3		
4		

<u>Number of Employees:</u>		<u>Number of Plates:</u>	
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**Garage Liability**

<u>Coverages</u>	<u>Hazard</u>	<u>Limits</u>	<u>Premiums</u>
Bodily Injury Liability Property Damage Liability	Hazard 1: All Automobiles		
	Hazard 2: Automobile Non Owned		
Uninsured & Underinsured Motorist		Limits cannot exceed B.I Limits	
Medical Payments			

**Garage Keeper's Legal Liability**  
1. Fire and Explosion—2. Theft of the entire automobile—3. Collision or Upset

<u>Limits of Liability:</u>	\$ _____	<u>Deductible:</u>		<u>Premium:</u>	
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<b>Rejection of Uninsured/Underinsured Motorist Coverage</b> I have applied for Bodily Injury coverage in limits higher than the statutory limits. I understand that I may purchase additional Uninsured/Underinsured Motorist coverage up to the Bodily Injury limit. <b>I REJECT ADDITIONAL UNINSURED/UNDERINSURED MOTORIST COVERAGE.</b>  Applicant's Signature _____	<table border="1"> <tr> <td><u>Loss Free Discount:</u></td> <td></td> <td><u>Point Surcharge:</u></td> <td></td> </tr> <tr> <td><u>Paid in Full Discount:</u></td> <td></td> <td><u>Other Surcharge:</u></td> <td></td> </tr> </table>	<u>Loss Free Discount:</u>		<u>Point Surcharge:</u>		<u>Paid in Full Discount:</u>		<u>Other Surcharge:</u>	
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	<u>Paid in Full Discount:</u>		<u>Other Surcharge:</u>						
<table border="1"> <tr> <td><u>Total Premium:</u></td> <td></td> </tr> </table>	<u>Total Premium:</u>								
<u>Total Premium:</u>									

**Applicants Statement:** The applicant hereto, states that he/she has read this application and warrants that the information provided by the applicant is true and complete and without omission and that said information was provided as an inducement to the insurance company to issue a policy, and it is a special condition of this policy that it shall be NULL and VOID and of no benefit or effect whatsoever as to any claim arising there under in the event that the information in the application should prove to be false or fraudulent in nature. It is understood that NO COVERAGE will be effective if the check given as down payment is not honored by the bank which it is drawn.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Signature and/or Producer's signature as Agent for Applicant  
(If signed by the Producer, then he/she attests these representations have been made by the applicant.)

## Underwriting Questions

<b>Are Automobiles</b>		<b>Yes</b>	<b>No</b>	<b>If "Yes" Please, Explain</b>			
1. Rented or loaned to customer? (Limited coverage for customers, where applicable unless otherwise indicated)							
2. Used for emergency purposes?							
3. Sold on this property, if so what is the average number of vehicles for sale?							
4. Stored in a fenced lot?							
5. Used for private or public livery?							
<b>Does the applicant engage in the following?</b>		<b>Yes</b>	<b>No</b>	<b>If "Yes" Please, Explain</b>			
6. Calls for and delivers customer's cars including such service for stores, hotels, theatres, etc.							
7. Customers permitted to demonstrate alone?							
8. Driveway or Haul away operation for self use?							
9. Driveway or Haul away operation as a contractor?							
10. Rental of commercial vehicles (with or without operations)?							
11. Are there dogs on the premise?							
12. Are there any arrangements for security?							
13a. Spray painting, welding or tire recapping?							
13b. If there is Spray painting, is there an approved booth?							
14. Trailer Rentals?							
15. Frame strengthening?							
16. Dismantling or Junking?							
17. Any other business than that shown above?							
<b>Is(has) any driver of an automobile covered by a Garage policy</b>		<b>Yes</b>	<b>No</b>	<b>If "Yes" Please, Explain</b>			
18. Had License suspended or revoked?							
19. Under 21 or over 75 years of age?							
20. Physically impaired?							
21. Is your operation in compliance with all city, state, and municipal laws, or ordinances, and codes?							
Number of servicing hoists? _____		Number of open pits? _____					
<b>Previous loss experience for the last three years (Explain any losses in excess of \$10,000)</b>							
Year	Total Earned Premium		Incurred Loss	# of Losses	Insurer	Policy Number	
<b>Description of owned vehicles (If Any)</b>							
Vehicle	Year	Make	Model	GVW	DED	Value	Vehicle Identification Number
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>All Persons Involved in Garage Operations</b>							
Name		Duties/Title		Date of Birth		Drivers License Number	