

DELPHI
CASUALTY COMPANY
P.O. Box 5090
Des Plaines, IL 60018
Tel: (847) 635-5600
Fax: (847) 954-1142

Application for Illinois Garage Liability Insurance
Applicable to Applicant(s), Insured(s) and all Operators:

ALL QUESTIONS BELOW MUST BE ANSWERED TRUTHFULLY. ANY FALSE OR FRAUDULENT ANSWERS
MAY RESULT IN DENIAL OF COVERAGE

MIDWEST SECURITY INSURANCE
1300 W. HIGGINS RD., # 213
PARK RIDGE, IL 60068

PRODUCER: **1300 W. HIGGINS RD., # 213** PRODUCER # **C241** POLICY # _____
PARK RIDGE, IL 60068

FULL NAME AND ADDRESS OF APPLICANT: BUSINESS OF THE APPLICANT
 USED CARS REPAIR SHOP SERVICE STATION PARKING FACILITY
 Agency Bill Direct Bill Down Payment \$ _____ Enclosed
 (Make checks payable to Delphi Casualty Co). A \$8 installment fee applies to all payments except the down payment.
 TELEPHONE #: _____ PROPOSED EFFECTIVE DATES
 CONTACT PERSON: _____ FROM: _____ TO: _____

INDIVIDUAL CORPORATION PARTNERSHIP (IF PARTNERSHIP SHOW NAMES OF OTHER PARTNERS) # of Dealer Plates
of Employees

Site	ADDRESS (SHOW MAIN LOCATION AS #1)	PURPOSE OF USE	PART OCCUPIED
1			
2			
3			

COVERAGES	HAZARD	LIMITS	PREMIUMS
GARAGE LIABILITY	HAZARD 1: OWNED AUTOMOBILES		
D. BODILY INJURY LIABILITY	HAZARD 2: AUTOMOBILES NON -OWNED		
E. PROPERTY DAMAGE LIABILITY			
II. UNINSURED MOTORIST			
III. UNDERINSURED MOTORIST			
IV. MEDICAL PAYMENTS			
GARAGE KEEPERS' LEGAL LIABILITY	LIMIT OF LIABILITY \$		
Plate Numbers: _____	\$500 DEDUCTIBLE <input type="checkbox"/>	C-1, C-2, C-3	
_____	\$1,000 DEDUCTIBLE <input type="checkbox"/>		

TOTAL ESTIMATED PREMIUM: _____

UNINSURED MOTORIST BODILY INJURY (UMBI) & UNDERINSURED MOTORIST BODILY INJURY (UIMBI)
COVERAGES ELECTION/REJECTION:

These coverage's have been explained to me and I have been offered UMBI and UIMBI coverage in the amounts up to my policy limits or liability for Bodily Injury. I understand that this offer will only be made once and will not be repeated. I can change these coverage's at any future date by written request. Understanding this offer:

I REJECT coverage in excess of minimum statutory limits for Uninsured and Underinsured Motorist Bodily Injury Coverage. (Sign below)

I ELECT Uninsured & Underinsured Motorist Bodily Injury Coverage with limits of: _____ / _____. Write in limits and sign below.

(limits cannot exceed the B.I. Limits)Applicant's

Applicant's Signature: _____ Date _____ Producer's Signature _____ Date _____

UNDERWRITING QUESTIONS: ARE AUTOMOBILES		Y	N	IF "YES" EXPLAIN
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?			
DOES APPLICANT ENGAGE IN THE FOLLOWING?				
6.	CALLS FOR AND DELIVERS CUSTOMER'S CARS INCLUDING SUCH SERVICE FOR STORES, HOTELS, THEATRES, ETC.			
7.	CUSTOMERS PERMITTED TO DEMONSTRATE ALONE?			
8.	DRIVEAWAY OR HAULAWAY OPERATIONS? <input type="checkbox"/> FOR SELF ONLY <input type="checkbox"/> AS CONTRACTOR			
9.	ARE THERE DOGS ON THE PREMISES?			
10.	ARE THERE ANY ARRANGEMENTS FOR SECURITY?			
RENTAL OF COMMERCIAL VEHICLES (WITH OR WITHOUT OPERATORS)?				
12.	TRAILER RENTALS?			
13.	SPRAY PAINTING, WELDING OR TIRE RECAPPING?			
IF SPRAY PAINTING, IS THERE AN APPROVED SPRAY BOOTH?				
14.	FRAME STRAIGHTENING?			
15.	DISMANTLING OR JUNKING?			
16.	ANY OTHER BUSINESS THAN THAT SHOWN ABOVE?			
IS (HAS) ANY DRIVER OF AN AUTOMOBILE COVERED BY THE GARAGE POLICY?				
17.	HAD LICENSE SUSPENDED OR REVOKED?			
18.	UNDER 21 OR OVER 75 YEARS OF AGE?			
19.	PHYSICALLY IMPAIRED?			
20.	IS YOUR OPERATION IN COMPLIANCE WITH ALL CITY, STATE, AND MUNICIPAL LAWS, OR ORDINANCES, & CODES?			

NUMBER OF SERVICING HOISTS? _____ NUMBER OF PITS? _____

PREVIOUS LOSS EXPERIENCE FOR LAST THREE YEARS (EXPLAIN ANY LOSSES IN EXCESS OF \$10,000)

YEAR	TOTAL EARNED PREMIUM	INCURRED LOSSES	# LOSSES	INSURER	POLICY NO.

DESCRIPTION OF OWNED VEHICLES (IF ANY)

CAR	YEAR	MAKE	MODEL	GVW	VIN
1					
2					
3					
4					

ALL PERSONS INVOLVED IN GARAGE OPERATIONS

NAME	DUTIES/TITLE	LICENSE NUMBER

FOR ADDITIONAL NAMES OR CARS USE A SEPARATE PAGE