

Garage Supplement Rating Information Form



Intact Insurance Company

1. DETAILS OF OPERATIONS:

Location A

Location B

Location C

Location D

(a) In Business since:

Location

A

B

C

D

(b) Sales

A

B

C

D

Location

A

B

C

D

Yes

No

New Vehicle *

Body Shop

Any Car Sales

Used Vehicles *

Repair Garage

Any Car Sales

Service Station

Self Serve

Parking Lot

Self Park

Storage Garage

Self Store

Valet Parking

Fee Charged

Car Wash

Automatic

Other Business

Restaurant, Snowploughing etc.
(describe below)

Note: We do not insure Sales of New or Used Vehicles
Used vehicles are only insured on incidental basis.

Other Details / Remarks:

2. SUMMARY OF EMPLOYEES:

(FT = Full Time; PT = Part Time)

Number at Each Location

Company Use only

A

B

C

D

FT

PT

PT

FT

PT

FT

PT

FT

Proprietors, partners, executive officers, department managers

Sales Staff

Mechanics, Apprentice Mechanics, Parts Delivery

Lot Persons , Tow Truck Operators

Body Shop Workers, Service Station Attendants

Full Service Station Attendants

Clerical, Security Staff, Building Maintenance Staff

Parts Department Staff, Self Service Gas Attendants

Parking Lot Attendant

Valet Parking

Other Details / Remarks:

3. OWNED AUTOMOBILE SUPPLIED FOR REGULAR OR FREQUENT USE

(a) To proprietors, active partners, executive officers and full-time employees:

Martial Status:
M = Married S = Single

Name

Drivers Licence #

Birth Date
DD/MM/YY

Position

Years
Lic.

M/S

Veh. Use

Dist.
1 Way

Acc./Conv./Susp.
For the Past 6 years
If Yes list in (C)below

C

B

P

W

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

(Such persons are covered by the SPF 4, subject to the general provisions, definitions and Exclusions)

(b) To others (e.g. spouse, son, daughter, non-active partner, part-time employees):

* Vehicle Use:
C = Commercial
P = Pleasure

B = Business
W = Work Commute

Name

Drivers Licence #

Birth Date
DD/MM/YY

Relation

Years
Lic.

M/S

Veh. Use *

Dist.
1 Way

Acc./Conv./Susp.
For the Past 6 years
If Yes list in (C)below

C

B

P

W

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

km

☐ Yes ☐ No

(Such persons must be specifically added by means of SEF 76: Additional Insured Endorsement, otherwise there is no coverage on the SPF 4 for owned automobiles supplied for their regular and frequent personal use).

(c) List all accidents, claims (including not at-fault), convictions and/or suspension in the past 6 years

Name

Date of Loss
DD/MM/YY

Type of
Loss

Amount paid or O/S
Including Expenses

DESCRIPTION

4. SUMMARY OF ALL ACTIVE VEHICLES OWEND BY APPLICANT:

Are all active vehicles owned by, and registered to the applicant? ☐ Yes ☐ No (If "No" Explain):

NOTE: Vehicles rented or leased to Insured from other in excess of 30 days and vehicles rented or leased from Insured to customers in excess of 30 days cannot be insured on SPF 4 – Garage Automobile policy.
Such vehicles must be insured separately on an SPF 1 – Owner's Policy Form, and appropriately endorsed with permission to rent or Lease.

(a) Number of Dealer Plates

Number of Regular/White Plates

Number of Service Plates

Dealer Plate Numbers:

(b) Commercial - Tow Trucks

- Tilt and Load

- Parts Truck

(c) Private Passenger – supplied to persons above

Location

A

B

C

D

Total

(d) Courtesy cars – loaned or rented to customers for less than 30 days

Location

A

B

C

D

Total

- Service Trucks

- Shuttle Vehicles

- Other (describe)

Other Details/Remarks:

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5. TYPES AND VALUES OF AUTOMOBILES:

	CARS, TRUCKS				OTHER SPECIALTY VEHICLES			
	OWNED		CUSTOMERS		OWNED		CUSTOMERS	
	BLDG	LOT	BLDG	LOT	BLDG	LOT	BLDG	LOT
MAXIMUM UNIT VALUE								
AVERAGE UNIT VALUE								
MAXIMUM NUMBER								

6. WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION:

	Location			
	A	B	C	D
	BUILDING			
OPEN LOT				

7. SECURITY MEASURES (for owned and customers' automobiles):

(a) Where are keys kept:
During Business Hours: _____
After Business Hours: _____

(b) When Test Driving: is customer always accompanied by salesperson? ☐ Yes ☐ No - If "No", describe procedures for other precautions taken (i.e. Driver's Licence Check & Recorded):

(c) Employee Drivers: Are Driving Record Abstracts obtained? ☐ Yes ☐ No How often? _____

(d) Security Systems:

	Location								Comments Description
	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
Outside Floodlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burglary Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fenced Compound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guard Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Night Watchman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Details/Remarks:

8. SUPPLEMENTARY QUESTIONS:

(a) Does the applicant pick up or deliver customer's automobiles? ☐ Yes ☐ No - If "Yes", please provide details (i.e. Destination, Frequency & Radius over 40 km/25 miles):

i Does the applicant have written rules regarding use of company owned automobiles? ☐ Yes ☐ No - If "Yes", attach a copy if "No" Explain:

ii Is demonstrator use restricted to employee only? ☐ Yes ☐ No Including spouse? ☐ Yes ☐ No Including children? ☐ Yes ☐ No
Others: _____

iii Is vacation use permitted? ☐ Yes ☐ No

(b) Are motor vehicle abstracts obtained on all new employees/drivers? ☐ Yes ☐ No

(c) Is applicant currently registered with the Alberta Motor Vehicle Council (AMVIC)? ☐ Yes ☐ No

(d) Number of Spray Booths: _____ Approved: ☐ Yes ☐ No % Spraying: _____ % Welding: _____

(e) Does the applicant dispenses propane; does propane conversion, or repair or maintain propane fuel system? ☐ Yes ☐ No If "Yes" provide details, including number of licensed employees _____ % of receipts.

(f) Give details of any contractual Liability the insured had entered into assuming responsibility for damage to automobiles in their Care, Custody or Control?

(g) Where and how vehicles (held for Sale) are obtained? _____

(h) Is there a formal policy regarding: Lien Checks? ☐ Yes ☐ No
Consignment? ☐ Yes ☐ No

(i) Where are Keys kept? Locked Cabinet: ☐ Yes ☐ No Other (Explain): _____

(j) What is the maximum number of automobiles that your tow trucks are designed to carry/tow? Number: _____

(k) How many tow trucks can carry/tow more than one automobile? Number: _____

9. DECLARATION OF APPLICANT

The information provided in Section 1 to 8 above is an accurate account at the date of this report.

THIS SUPPLEMENTAL APPLICATION IS INTENDED TO PROVIDE INFORMATION IN ADDITION TO THAT PROVIDED WITHIN THE CORRESPONDING ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE GARAGE FORM (SPF 4). CONSENT AND DISCLOSURE PROVIDED WITHIN THE CORRESPONDING ALBERTA APPLICATION FOR AUTOMOBILE INSURANCE GARAGE FORM (SPF 4) EXTEND TO THIS SUPPLEMENTAL APPLICATION, AND THE APPLICANT ACKNOWLEDGES THAT THE APPLICATION FOR A CONTRACT OF INSURANCE IS BASED ON THE TRUTH OF THE INFORMATION PROVIDED HEREIN.

Applicant's Signature

Date

10. REPORT OF BROKER

Have you bound this risk? ☐ Yes ☐ No Is this business new to you? ☐ Yes ☐ No How long have you known the applicant? _____

Other details/remarks:

Signature of Broker/Agent

Date

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