

GARAGE & AUTO DEALER Application

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker Name: _____ Retail Agent Name: _____
 Broker Location: _____ Retail Agent Address: _____
 Broker Contact: _____ Retail Agent Phone Number: (____) ____ - _____

APPLICANT INFORMATION

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____
 Name of Applicant (include DBA) _____
 Applicant is: Individual Joint Venture Partnership LLC Other Organizational Structure: _____
 Mailing Address: _____
 Contact: _____ Phone Number: (____) ____ - _____
 Website: _____
 Number of years in business: _____ Number of years experience in this field: _____
 Description of Operations: _____
 Location #1 _____
 Location #2 _____
 Location #3 _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured <i>(see below)</i>	Full Time or Part Time <i>(see below)</i>	Furnished an Auto for Personal Use? Yes/ No

Have all owners, employees, non-employees, household members and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above? Yes No

JOB DESCRIPTION OR RELATIONSHIP TO INSURED:

Owners, Partners, Officers, Salespersons, Managers.
 Clerical staff, Lot personnel, Mechanics.
 Contract Driver - provide name(s), or Blanket Contract Drivers.

Inactive Owners, Inactive Partners, Inactive Officers.
 Non-Employee - Spouse, Domestic Partner, Children.

PART TIME: Employees working less than 20 hours per week shall be considered Part Time.

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis	%	%	Mobile Homes (non-motorized)	%	%
Busses *	%	%	Motorcycles *	%	%
Bucket Trucks / Cranes / Scissor Lift *	%	%	ATVs, UTVs, Scooters, Snowmobiles	%	%
Contractors Equipment *	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles *	%	%	Race Cars / Street Rods	%	%
Farm Equipment *	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation *	%	%	Semi Trailers *	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW) *	%	%	OTHER (Provide complete description):	%	%
Jet Skis	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

***Supplemental application required**

UNDERWRITING INFORMATION

Do you:

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Engage in any other operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dismantle autos or have salvage operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Engage in fuel conversion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Own or operate a car crusher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Engage in performance enhancements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stack salvaged autos more than 2 high? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offer Towing / Repossession for hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Work at airport, seaport or railroad premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loan, Lease or Rent autos to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Engage in Breathalyzer / ignition interlock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manufacture/ Fabricate any auto parts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Engage in auto pawning or auto title loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Structurally alter or convert vehicles from their original factory design? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

EXPLAIN ALL YES REPONSES: _____

Do you:

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Accompany customers in the service/repair area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Secure all keys in a lock box or a secure cabinet away from vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Obtain certificates of insurance from all sub-contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Are all spray painting operations confined to an UL approved booth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If No, is there explosion proof lighting and adequate ventilation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

PRIOR INSURANCE COMPANY AND LOSS HISTORY

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

- If there is No Prior Insurance, check the box.
 If there are No Prior Losses, check the box.

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years? Yes No
 (Missouri Applicants - Do not answer this question).

If yes, explain: _____

Dealers proceed to page 3, Non-Dealers proceed to page 4.

DEALER OPERATIONS

Retail % Internet % Consigned % (Provide copy of consignment agreement.)
 Wholesale % Auction %

Non-Franchised dealership New Auto/ Franchised Dealership

Do you obtain Drivers License and Proof of Insurance before all test drives? Yes No
 Are all test drives accompanied by a salesperson? Yes No
 Do you allow extended or overnight test drives? Yes No
 At the time of sale, do you confirm the purchaser has Auto Liability insurance? Yes No
 Do you offer: In-house financing or Buy Here / Pay Here? Yes No
 If yes, titles are transferred to customer: At the beginning of the finance period. When final payment has been made.

DEALERS COVERAGES & LIMITS

Auto Dealers Liability <input type="checkbox"/> Symbol 22 & 29 or <input type="checkbox"/> Symbol 21 Deductible _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Covered Autos Liability</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 30%;">Each Accident</td> </tr> <tr> <td>General Liability BI & PD</td> <td style="text-align: center;"><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Damage to Premises Rented</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Premises</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Person or Organization</td> </tr> <tr> <td>General Liability</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td>Products & Work Performed</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td>Loc & Operations Medical Payments</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One person</td> </tr> </table> <p>Radius pickup & delivery miles: <input type="checkbox"/> 0-300 Mi. <input type="checkbox"/> 301-500 Mi. <input type="checkbox"/> 501-1000 Mi. <input type="checkbox"/> Unlimited</p> <p><input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback</p> <p><input type="checkbox"/> Personal Injury Protection: Limit per Statute / Limit: _____ # of Dealer Plates: _____</p> <p><input type="checkbox"/> Auto Medical Payments _____</p> <p><input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. # of Dealer Plates: _____</p> <p><input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. _____</p> <p><input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc. _____</p>	Covered Autos Liability		Each Accident	General Liability BI & PD	<u>same as above</u>	Each Accident	Damage to Premises Rented		Any One Premises	Personal & Advertising Injury		Any One Person or Organization	General Liability		Aggregate Limit	Products & Work Performed		Aggregate Limit	Loc & Operations Medical Payments		Any One person
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Additional Insureds

Lessor of Leased Equipment Relationship to Insured: _____
 Grantor of Franchise Name: _____
 Owner of Garage Premises Address: _____
 Designated Person or Organization
 Scheduled Person or Organization Primary and Non-Contributory
 Waiver of Subrogation

Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	Owned Auto Coverage: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;"></td> <td style="width: 30%;">Limit Location 1</td> <td style="width: 40%; border-bottom: 1px solid black;"></td> <td style="width: 10%;">Maximum Limit Per Auto</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Limit Location 2</td> <td style="border-bottom: 1px solid black;"></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td>Limit Location 3</td> <td style="border-bottom: 1px solid black;"></td> <td>Deductible Per Auto</td> </tr> </table> <p>Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot <input type="checkbox"/> Unprotected Lot</p> <p><input type="checkbox"/> Theft Buyback, for Unprotected Lot. (subject to guidelines) <input type="checkbox"/> False Pretense</p> <p>Types of Autos: <input type="checkbox"/> New Autos <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles</p> <p><u>Interest(s) Covered (Check all that apply):</u> <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest only in financed autos <input type="checkbox"/> Your interest & interest of any creditor/ loss payee <input type="checkbox"/> Consigned Auto Creditor/Loss Payee Name and Address: _____</p> <p><small>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.</small></p>		Limit Location 1		Maximum Limit Per Auto		Limit Location 2				Limit Location 3		Deductible Per Auto
	Limit Location 1		Maximum Limit Per Auto										
	Limit Location 2												
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Dealer's Acts, Errors & Omissions:

Title E&O Federal Odometer E&O
 Truth In Lending E&O Insurance Agents E&O

NON-DEALERS / SERVICE OPERATIONS

Alarm, Stereo or Navigational System	%	Impound Yards	%			
Auto Detailing (<i>other-than car wash - full service</i>)	%	Lift Kit/ Lower Kit Installation, Service or Repair	%			
Auto Dismantling / Salvage Yard		Mobile Auto Repair / Roadside Assistance	%			
Payroll:	%	Mobile Tire Sales, Installation, Service or Repair	%			
Auto Maintenance or Repair Incl Bed liner	%	Oil/Lube Service	%			
Auto Parts - New Parts Only (<i>Uninstalled</i>)		Parking Lots & Garages - self park only*	%			
Receipts:	%	Rim Repair	%			
Auto Parts - Used Parts Only (<i>Uninstalled</i>)		Tire Sales, Installation, Service or Repair	%			
Receipts:	%	Trailer Hitch Installation or Repair	%			
Body & Paint Shop	%	Upholstery	%			
Butane, Propane or other Liquefied Gas Sales	%	Valet Parking*	%			
Car Wash - Full Service	%	Van Conversion	%			
Convenience Store Receipts:	%	Welding: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 50px; height: 15px;"></td><td style="width: 50px; height: 15px;"></td><td style="width: 50px; height: 15px;"></td></tr></table>				%
Driveway Contractor	%	Window Tinting	%			
Frame or Unibody Straightening		Windshield Installation/Repair	%			
<input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Wrecker Service: For-Hire	%			
Gasoline Station: Full Service	%	Wrecker Service: Not-For-Hire	%			
Gasoline Station: Self Service only	%	Other:	%			
Handicap Vehicle Modification	%					

***Supplemental application required**

Do you pickup & deliver Customer's Autos? Yes No If yes, Number of times per week: _____
 Radius of pickup/delivery: _____

NON-DEALER COVERAGES & LIMITS

Non-Dealer Liability Deductible _____	<table style="width: 100%;"> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Broadened Coverage (<i>includes Personal Injury & \$100,000 Damage to Rented Premises</i>) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Hired Auto <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Auto Medical Payments _____ <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. # of Dealer Plates: <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. _____ <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc. _____	Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit
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Additional Insureds

<input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> Grantor of Franchise <input type="checkbox"/> Owner of Garage Premises <input type="checkbox"/> Designated Person or Organization <input type="checkbox"/> Scheduled Person or Organization Primary and Non-Contributory <input type="checkbox"/> Waiver of Subrogation	Relationship to Insured: _____ Name: _____ Address: _____ _____
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Garagekeepers (includes in-tow) <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	Customer's Auto Coverage Basis: <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary <table style="width: 100%;"> <tr> <td>_____</td> <td>Limit Location 1</td> <td>_____</td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot <input type="checkbox"/> Unprotected Lot <input type="checkbox"/> Theft Buyback, for Unprotected Lot (<i>subject to guidelines</i>) <small>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.</small>	_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2			_____	Limit Location 3	_____	Deductible Per Auto
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Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.

SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE

Available in AL, CA, IL, MN, MS, MO, NM, OH, SC, SD, TN, TX, VA, WA, WY.

Coverage: (check all that apply)

- | | | |
|--|---|----------------|
| <input type="checkbox"/> Liability | <input type="checkbox"/> Lessor - Additional Insured & Loss Payee | Name: _____ |
| <input type="checkbox"/> Uninsured/Underinsured | Vehicle: _____ | Address: _____ |
| <input type="checkbox"/> Personal Injury Protection | | _____ |
| <input type="checkbox"/> Physical Damage: <input type="checkbox"/> Comprehensive & Collision, or <input type="checkbox"/> Specified Causes & Collision | | |

Year: _____	Make & Model: _____	VIN: _____
GVW: _____	Radius of Operation: _____ Miles	Stated Value: \$ _____
Check all that apply:	<input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Rental / Loaner	<input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Personal Use
		<input type="checkbox"/> Trailer or Tow Dolly

Year: _____	Make & Model: _____	VIN: _____
GVW: _____	Radius of Operation: _____ Miles	Stated Value: \$ _____
Check all that apply:	<input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Rental / Loaner	<input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Personal Use
		<input type="checkbox"/> Trailer or Tow Dolly

Year: _____	Make & Model: _____	VIN: _____
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Check all that apply:	<input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Rental / Loaner	<input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Personal Use
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ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicable in NY: Any person who knowingly and with the intent to defraud any insurance company or other 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Witness

Date

Applicant's Signature