

## 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, independent contractors who work for the business 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.  
 Independent Contractors.  
 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**

How do you transport autos?  Driven by Employees  Driven by Temporary or Contract Driver  
 Towing capacity: \_\_\_\_\_  Owned Tow Truck or Car Hauler  Owned Tow Bar or Dolly  
 Contracted to a third party Tow Truck or Car Hauler

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
Tow 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
Repossess vehicles for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in Breathalyzer / ignition interlock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan, Lease or Rent autos to others?	<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 REPOSSES: \_\_\_\_\_

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  
 Do you rent or loan dealer plates to others?       Yes    No  
 Do you offer In-house financing or Buy Here / Pay Here?       Yes    No  
 If yes, are titles transferred to customer at the beginning of the finance period and your business named as a lienholder?       Yes    No

### DEALERS COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 300 Miles <input type="radio"/> 301 - 500 Miles <input type="radio"/> 501 - 1,000 Miles <input type="radio"/> Unlimited																																							
Auto Dealers Liability  <input type="radio"/> Symbol 22 & 29 or <input type="radio"/> Symbol 21  Deductible _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Covered Autos Liability</td> <td style="width: 20%;"></td> <td style="width: 30%;">Each Accident</td> </tr> <tr> <td style="border-bottom: 1px solid black;">General Liability BI &amp; PD</td> <td style="border-bottom: 1px solid black; text-align: center;"><i>same as above</i></td> <td>Each Accident</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Damage to Premises Rented</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Premises</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Personal &amp; Advertising Injury</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Person or Organization</td> </tr> <tr> <td style="border-bottom: 1px solid black;">General Liability</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Products &amp; Work Performed</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Loc &amp; Operations Medical Payments</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Auto Medical Payments</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Hired Auto</td> <td><input type="checkbox"/> Broad Form Products</td> <td><input type="checkbox"/> Assault &amp; Battery Buyback</td> </tr> <tr> <td><input type="checkbox"/> Personal Injury Protection:</td> <td style="border-bottom: 1px solid black;"></td> <td>Limit per Statute</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Coverage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc.      # of Dealer Plates: _____</td> </tr> <tr> <td><input type="checkbox"/> Underinsured Motorists Coverage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Property Damage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc.</td> </tr> </table>	Covered Autos Liability		Each Accident	General Liability BI & PD	<i>same as above</i>	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	<input type="checkbox"/> Auto Medical Payments		Any One person	<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Assault & Battery Buyback	<input type="checkbox"/> Personal Injury Protection:		Limit per Statute	<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.
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#### Additional Insureds

Lessor of Leased Equipment (CA 2047)      Relationship to Insured: \_\_\_\_\_  
 Grantor of Franchise (CA 2049)      Name: \_\_\_\_\_  
 Owner of Leased or Rented Land or Premises (CA 2509)      Address: \_\_\_\_\_  
 Designated Person or Organization (CAG 1712)      \_\_\_\_\_  
 Scheduled Person or Organization Primary and Non-Contributory (CAG 1752)      \_\_\_\_\_  
 Waiver of Subrogation (CA 0444)

Dealers Physical Damage  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	<p>Owned Auto Coverage:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Limit Location 1</td> <td style="width: 40%; border-bottom: 1px solid black;">Maximum Limit Per Auto</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Limit Location 2</td> <td style="border-bottom: 1px solid black;">Deductible Per Auto</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Limit Location 3</td> <td></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 Lc (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></p> <p><input type="checkbox"/> Your interest in covered autos you own      <input type="checkbox"/> Your interest only in financed autos  <input type="checkbox"/> Your interest &amp; interest of any creditor/ loss payee      <input type="checkbox"/> Consigned Auto  <input type="checkbox"/> Creditor/Loss Payee Name and Address: _____</p> <p><b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.  <b>*Non-Standard Lot:</b> Any other type of protection.  <b>*Unprotected Lot:</b> No theft barrier.</p>	Limit Location 1	Maximum Limit Per Auto	Limit Location 2	Deductible Per Auto	Limit Location 3	
Limit Location 1	Maximum Limit Per Auto						
Limit Location 2	Deductible Per Auto						
Limit Location 3							

Dealer's Acts, Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Insurance Agents E&O
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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, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.**

**Coverage: (check all that apply)** Name: \_\_\_\_\_  
 Liability Lessor - Additional Insured & Loss Payee Address: \_\_\_\_\_  
 Uninsured/Underinsured Vehicle: \_\_\_\_\_ \_\_\_\_\_  
 Personal Injury Protection  
 Physical Damage:  Comprehensive & Collision, or  Specified Causes & Collision

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_  
 Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly  
 Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_  
 Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly  
 Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_  
 Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly  
 Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_  
 GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_  
 Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly  
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 Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly  
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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 CERCLA 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**