

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

Broker #: \_\_\_\_\_ Retailer: \_\_\_\_\_  
 Broker: \_\_\_\_\_ Location: \_\_\_\_\_  
 Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Individual Partnership Joint Venture Corporation Other \_\_\_\_\_

Insured's Website Address \_\_\_\_\_

Inspection and Audit Contact / Phone Number \_\_\_\_\_

Years in business \_\_\_\_\_ Years of experience in this field \_\_\_\_\_

**NATURE OF BUSINESS**

DEALER: Franchised Non-Franchised Wholesale Retail Consigned Auction

NON-DEALER: Repair Shop Gas Station Parking Facility Mobile Operations

Other: \_\_\_\_\_

**UNDERWRITING INFORMATION**

DO YOU: YES NO YES NO

- |   |   |
|---|---|
| 1. Engage in any other operations?                                | 5. Structurally alter or convert vehicles from their original design?       |
| 2. Sponsor sporting or social events?                             | 6. Engage in auto pawning or auto title loans?                              |
| 3. Repossess vehicles for others?                                 | 7. Allow customers in the work area?  |
| 4. Work on aircraft, or at airport, seaport or railroad premises? | 8. Own or operate a car crusher or stack salvaged autos more than two high? |

EXPLAIN ALL YES REPOSSES:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Boats - Other Than Jet Skis	%	%
Busses <b>**supplement required**</b>	%	%
Bucket Trucks / Cranes / Scissor Lifts	%	%
Contractors Equipment <b>**include complete list of equipment**</b>	%	%
Emergency <b>**include complete list of vehicle types**</b>	%	%
Farm Equipment <b>**include complete list of equipment**</b>	%	%
Public Livery <b>**include complete list of vehicle types**</b>	%	%
Golf Carts	%	%
Heavy Truck (over 26,000 GVW) <b>**supplement required**</b>	%	%
Jet Skis	%	%
Kit Cars or Other Auto Manufacturing	%	%
Mobile Homes (non-motorized)	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <b>**supplement required**</b>	%	%
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Race Cars	%	%
Recreational Vehicles, Motorhomes and Campers	%	%
Semi Trailers <b>**supplement required**</b>	%	%
Trailers - Other than Semi Trailers	%	%

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Dismantling / Salvage	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bedliner	%	Mobile Tire Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages (self park)	
Auto Parts (uninstalled) <u>Receipts:</u>	%	<u>Receipts:</u>	%
Body Shop	%	Rim Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Tire Dealers	%
Car Wash - Full Service or Detailing	%	Trailer Hitch Installation or Repair	%
Convenience Store <u>Receipts:</u>	%	Upholstery	%
Driveway Contractor or Wrecker Service	%	Valet Parking <b>**supplement required**</b>	%
Frame or Unibody Straightening	%	Van Conversion <b>**supplement required**</b>	%
Fuel Conversion	%	Welding   Structural   Non-Structural	%
Gasoline Station - Full Service	%	Window Tinting	%
Handicap Vehicle Modification	%	Windshield Installation/Repair	%
High Performance	%	Wrecker Service - For Hire	%
Gasoline Station - Self Service	%	Wrecker Service - Not-For-Hire	%
Other:			%

VEHICLE STORAGE & VALUES			
Owned Autos		Non-Owned Autos	
How are vehicles stored? Standard Lot*                      Building Non-Standard Lot*                Unprotected Lot		How are vehicles stored? Standard Lot*                      Building Non-Standard Lot*                Unprotected Lot	
Maximum value any one Auto? _____ Maximum number of Autos? _____		Maximum value any one Auto? _____ Maximum number of Autos? _____	

*\*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. Non-Standard Lot: Any other type of protection or fencing. Unprotected Lots: All Other*

**EMPLOYEE AND NON-EMPLOYEE INFORMATION**

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR  
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Loc #	Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- |                                       |  |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer   | 7. Spouse of Owner, Partner or Officer             |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer           |
| 3. Salesperson                        | 9. Spouse of any other person furnished an auto    |
| 4. Lot Person                         | 10. Children of any other person furnished an auto |
| 5. Mechanic                           | 11. Occasional or Contract Driver                  |
| 6. Clerical                           | 12. Other _____                                    |

HOURS WORKED:  
 F = Full Time (Over 20 hours per week)  
 P = Part Time (20 or less hours per week)  
 N = Non-Employee

AUTO USE:  
 A = Furnished a covered auto for personal use  
 B = Uses a covered auto strictly for business use  
 C = Does not drive a covered auto

**THREE-YEAR PRIOR CARRIER AND LOSS HISTORY**

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_

**If there is no prior insurance, check the box.**

Date of loss	Amount paid/reserve	Description of loss including driver

**If there are no prior losses, check the box.**

<b>COVERAGES &amp; LIMITS</b>					
Garage Liability	Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit			Deductible _____	
Dealers Open Lot Comprehensive Specified Collision False Pretense*	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto *Are all test drives accompanied by a salesperson?      Yes      No				
Garagekeepers Legal Liability Direct Excess Direct Primary	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto Deductible _____ Other Than Collision _____ Collision				
Comprehensive Specified Collision	In-Tow Coverage      For-Hire      Not-For-Hire _____ Limit Per Tow Truck      _____ # of Tow Trucks				
Medical Payments	_____ Auto      _____ Garage Operations				
Broadened Coverage <i>(includes Personal Injury &amp; \$100,000 Dmg to Rented Premises)</i> Damage to Rented Premises Personal Injury Liability Employee Benefits:		Limit _____	Limit _____	# of Employees _____	
Additional Insured Primary/Non-Contributory Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____				
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident	_____ Each Accident	Number of Dealer Tags: _____		
Personal Injury Protection	_____ Per Statute				
Radius of Pickup & Delivery:	None	0-300 Miles	301-500 Miles	501-1000 Miles	+1000 Miles
Dealer's Errors & Omissions:	Title E&O Federal Odometer E&O		Truth In Lending E&O Insurance Agents E&O		
Scheduled Auto Liability or Physical Damage: <b><i>Complete the Scheduled Auto Supplement</i></b>					

**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.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Witness                                  Date                                  Applicant's Signature