

Independent Auto Dealer



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The Agent Agency

GENERAL INFORMATION

1. Effective Date: _____ Name Insured: _____ DBA: _____

2. **Mailing** Address:

(Street) (City) (State) (Zip)

3. **Web** Address: _____ Years in Business: _____ Years of related experience: _____

Agency: _____ **Producer:** _____ **Phone:** _____

5. Type of Legal entity: Corporation Partnership Individual Limited Liability Corp Other _____

6. Applicant's Business:

- Non-franchised retail auto **NO** service/repair
- Non-franchised retail truck dealers **NO** service/repair
- Auto Auction
- Non-franchised retail auto **WITH** service or repair
- Non-franchised retail truck dealers **WITH** service or repair
- Wholesale Dealers

7. Do you own any other business(es)? Yes No

If **YES**, provide details: _____

LOCATION INFORMATION

8. **Location #1 Address**

DBA: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Location #2 Address

DBA: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Location #3 Address

DBA: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

9. Do you share these locations with any other entities? Yes No

If **YES**, describe: _____

10. **Sales and Repair** — Provide percentage of receipts by type of units:

		Repair %	Sales %
<input type="checkbox"/>	Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/>	Motor homes, Recreational vehicles	%	%
<input type="checkbox"/>	Trucks < 20,000 # GVW	%	%
<input type="checkbox"/>	Trucks > 20,000 # GVW	%	%
<input type="checkbox"/>	Sports Cars or high performance cars (Porsche, Corvette etc)	%	%
<input type="checkbox"/>	Truck tractors, 5th Wheels & Semi Trailers	%	%

		Repair %	Sales %
<input type="checkbox"/>	Motorcycles, Motorbikes, ATVs	%	%
<input type="checkbox"/>	Antique or Classic Vehicles	%	%
<input type="checkbox"/>	Utility trailers	%	%
<input type="checkbox"/>	Watercraft (boats, jet skis, etc)	%	%
<input type="checkbox"/>	Farm/Construction Equipment	%	%
<input type="checkbox"/>	Other: _____	%	%

11. **Service Work** — provide percentage of each type of service work from the list below:

Gross Sales: Dealership: \$ _____ Service/Repair: \$ _____ Other: _____ \$: _____

		Repair %			Repair %			Repair %
<input type="checkbox"/>	Alignment	%	<input type="checkbox"/>	Oil & Lube	%	<input type="checkbox"/>	Tune Up	%
<input type="checkbox"/>	Body work/paint	%	<input type="checkbox"/>	Radiator	%	<input type="checkbox"/>	Transmissions	%
<input type="checkbox"/>	Brakes	%	<input type="checkbox"/>	Sound System/Alarms	%	<input type="checkbox"/>	Upholstery	%
<input type="checkbox"/>	Engine Overhaul	%	<input type="checkbox"/>	Suspension	%	<input type="checkbox"/>	Wash/Detail	%
<input type="checkbox"/>	Muffler/Exhaust System	%	<input type="checkbox"/>	Window Tinting	%	<input type="checkbox"/>	Sales of Tires – New	%
<input type="checkbox"/>	Gasoline Sales Gallons:	%	<input type="checkbox"/>	LPG Sales Gallons:	%	<input type="checkbox"/>	Sales of Tires – Used/Re-capped	%

OPERATIONAL QUESTIONNAIRE

12. How many vehicles do you sell per year? _____ How many of those are on consignment? _____
13. Where do you purchase vehicles? _____ What is your normal radius of operation? _____
14. How many times per year do you drive-away more than 50 miles from point of purchase? _____
15. Who drives or tows vehicles to your lot? _____
16. How many Dealer Plates do you have? _____ Transporter Plates? _____ Other Plates (Describe): _____
17. Describe how Plates are stored/secured: _____ Are Plates loaned to others? Yes No
18. Describe your vehicle theft protection:
 Fence & Gate Post & Cable Guard Dogs Security Guard Alarm/Cameras Other _____
19. Describe your key controls: _____ Are keys kept in/on vehicles? Yes No
20. Do you always ride along on test drives? Yes No Photo copy of customer's driver's license made? Yes No
21. Do you verify that customers have liability insurance before a customer is allowed to take a vehicle after purchase? Yes No
22. Do you buy & sell "salvage titled" vehicles? Yes No
23. If **YES**, what percentage of vehicles require: **cosmetic repair** _____% **mechanical repair** _____% **structural repair** _____%
24. Is a "Car Fax" or equivalent report obtained on all vehicles in inventory? Yes No
25. Is a copy provided to the customer at time of purchase? Yes No
26. Is a "Buyers Guide" posted on all vehicles for sale? Yes No If **NO**, explain: _____
27. Do you tow vehicles? Yes No If **YES**, percentage For Hire _____% Repo _____% Used Car Sales _____%

	Yes	No	Explain
Is there work done at locations other than the insured's premises? (roadside, at workplace, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Are cars rented or loaned to customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you obtain proof of insurance from customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own, repair, service, or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform any work on airbags (including any deactivating) or breathalyzers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you repossess autos?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have a storage lot on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you park customer's vehicles on the street?	<input type="checkbox"/>	<input type="checkbox"/>	
If you have a spray booth, is it equipped with explosion proof lights, outside ventilation & bay separation (NFPA 33 Compliance)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your lot well lit at night?	<input type="checkbox"/>	<input type="checkbox"/>	
Are signs posted to keep customers from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you rent bays out to others?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Firearms kept on the premises or Armed Security Guard?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you store customer's vehicles overnight? If yes, describe your lot protection (each location). How are vehicles stored? How are keys controlled?	<input type="checkbox"/>	<input type="checkbox"/>	

28. Do you perform any frame straightening? Yes No Make & Model: _____
 Type of straightener: Laser Measuring device Optical Measuring device Mechanical Gauge

COVERAGE LIMITS & OPTIONS

Garage Liability	Deductible	Limits of Liability		
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
	<input type="checkbox"/> \$	<input type="checkbox"/> \$1,000,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate

<input type="checkbox"/>	Personal Injury Liability	Same Limits as Liability (NOT needed if Broadened Coverage is Selected)
<input type="checkbox"/>	Owner of Premises – Additional Insured	Limits the same as selected for Liability Coverage Name/Address
<input type="checkbox"/>	Broadened Coverage – Garages	Includes: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons insured, Automatic Liability and \$50,000 Fire Legal Liability (Refer to policy for policy conditions, definitions and limits.)
<input type="checkbox"/>	Broad Form Products	Same Limits as Liability
<input type="checkbox"/>	Medical Payments	Limit Per Person <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/>	Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$
<input type="checkbox"/>	Dealers Drive Away Coverage	Mileage
<input type="checkbox"/>	Uninsured/Underinsured Motorists (Signed state form selecting or rejecting coverage is required.)	<input type="checkbox"/> State Statutory <input type="checkbox"/> Other \$
<input type="checkbox"/>	Personal Injury Protection (Signed state form selecting or rejecting coverage is required.)	<input type="checkbox"/> State Statutory <input type="checkbox"/> Other \$

Coverage	Perils		Location & Limit	Deductible
Dealer' Physical Damage Inventory Must be Insured 100% to Value Maximum per Auto is \$50,000	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft		1. \$ 2. \$ 3. \$ Per Car Limit <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$	Collision Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 Other Than Collision <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
GarageKeepers	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary	1. \$ 2. \$ 3. \$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000

<input type="checkbox"/> Federal Odometer	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Truth-in-Lending	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Title Errors & Omissions	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Agent's E & O	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000

EMPLOYEE AND NON-EMPLOYEE INFORMATION — ATTACH MVRS FOR EACH DRIVER

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

DRIVER NAME	LICENSE # & STATE	DATE OF BIRTH	VIOLATIONS & ACCIDENTS LAST 3 YEARS	STATUS	HOURS WORKED	AUTO USE	EXCLUDE

FOR ADDITIONAL DRIVERS, USE A SEPARATE SHEET

STATUS

1. Active Owner, Partner or Officer 2. Inactive Owner, Partner or Officer 3. Sales Person 4. Lot Person 5. Mechanic 6. Clerical 7. Spouse of Owner, Partner or Officer	8. Children of Owner, Partner or Officer who are 14 years of age and older regardless whether licensed or operating vehicles 9. Spouse of any other person furnished and auto 10. Children of any other person furnished an auto who are 14 years of age and older regardless of whether licensed or operating vehicles 11. Occasional or Contract Driver 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 business and personal use B. Uses a covered auto strictly for business use C. Does not drive a covered auto

PRIOR INSURANCE AND LOSS HISTORY INFORMATION (3 YEAR)

Policy Period	Carrier	Premium

****LOSS RUNS REQUIRED *** Provide current plus three prior year loss history for all coverages requested.

29. Has similar insurance ever been cancelled, declined or refused for renewal? *(Not applicable in Missouri)* Yes No

If **YES**, explain: _____

On Hook — (Coverage for vehicle in tow) Legal Liability Only

Specified Causes of Loss/w Collision **OR** Comprehensive w/Collision

Unit Description	Limit	Deductibles		
		Specified Causes of Loss	Comprehensive	Collision
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Schedule of Covered Autos (Dealers only)

List any owned tow truck, car hauler, or service vehicle to be insured including ALL furnished autos.

Unit No.	Year	Model and Body Type	Serial Number	Where Garaged	Radius	Physical Damage		
						Stated Amount	ACV	Deductible
1						\$	\$	\$
2						\$	\$	\$
3						\$	\$	\$
4						\$	\$	\$
5						\$	\$	\$
6						\$	\$	\$

Loss Payable Name and Address (advise which unit this applies to)

Unit No.	Loss Payee Name	Loss Payee Address

WORKERS COMPENSATION COVERAGES.

If coverage is requested, please complete and attach ACORD Application.

List any Additional Insureds to be named and advise what their interest is in this operation.

Signature of Applicant: _____ Dated: _____

Signature of Producer: _____ Dated: _____