



## Dealers Application

|                              |
|------------------------------|
| <b>APPLICANT INFORMATION</b> |
|------------------------------|

Proposed Policy Term: From: \_\_\_\_\_ To: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Location Address: 1. \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

2. \_\_\_\_\_ Web Address: \_\_\_\_\_

3. \_\_\_\_\_

Form of Business:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Applicant's Years in Business: \_\_\_\_\_ Applicant's Years at this Location: \_\_\_\_\_

|  |
|--|
| <b>COVERAGES AND LIMITS OF LIABILITY</b> |
|--|

| Coverages  | Limits Of Liability |                                |  |
|--|---------------------|--------------------------------|--|
| <input type="checkbox"/> Liability—Garage Operations | \$                  | Auto Only                      |  |
| <input type="checkbox"/> Limited                     | \$                  | Other Than Auto Only           |  |
| <input type="checkbox"/> Unlimited                   | \$                  | Aggregate—Other Than Auto Only |  |
| <input type="checkbox"/> P.D. Deductible \$          | \$                  |                                |  |
| <input type="checkbox"/> PIP                         | \$                  |                                |  |
| <input type="checkbox"/> Medical Payments            | \$                  | <input type="checkbox"/> Auto  | <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Both |
| <input type="checkbox"/> Uninsured Motorist          | \$                  |                                |  |
| <input type="checkbox"/> Underinsured Motorist       | \$                  |                                |  |
| Number of Plates:                                    | Dealer No.:         | Transporter No.:               | Other No.:   |

**Average number of units sold per year:**

| Dealers Open Lot Physical Damage          |      | Number of Autos Held for Sale |         | Enter Limit for Each Location |                          | Deductible Per Auto | Max. Ded. For Any One Loss |
|---|------|-------------------------------|---------|-------------------------------|--------------------------|---------------------|----------------------------|
|   |      |                               |         | Max. Value Any One Auto       | Max. Value for All Autos |                     |                            |
| Coverage                                  | Loc. | Maximum                       | Average |                               |                          |                     |                            |
| <input type="checkbox"/> Specified Perils | 1    |                               |         | \$                            | \$                       | \$                  | \$                         |
| <input type="checkbox"/> Comprehensive    | 2    |                               |         | \$                            | \$                       | \$                  | \$                         |
|   | 3    |                               |         | \$                            | \$                       | \$                  | \$                         |
| Collision                                 |      | \$                            |         |                               |                          | Deductible \$       |                            |
| Other Coverage—Specify:                   |      |                               |         |                               |                          |                     |                            |

| Garagekeepers Limits  |           |   |              |                        |                               |
|---|-----------|---|--------------|------------------------|-------------------------------|
|   | Loc.      | Enter the Limit for Each Location<br>Max. Value of All Autos in your C.C.C. | No. of Autos | Deductible<br>Per Auto | Max. Ded. For<br>Any One Loss |
| <input type="checkbox"/> Legal Liability<br><input type="checkbox"/> Direct Basis   | 1         | \$ _____  |              | \$ _____               | \$ _____                      |
|   | 2         | \$ _____  |              | \$ _____               | \$ _____                      |
|   | 3         | \$ _____  |              | \$ _____               | \$ _____                      |
| <input type="checkbox"/> Comprehensive<br><input type="checkbox"/> Specified Perils | Collision | 1   | \$ _____     | \$ _____               |                               |
|   |           | 2   | \$ _____     | \$ _____               |                               |
|   |           | 3   | \$ _____     | \$ _____               |                               |
| Other Coverage—Specify: _____   |           |   |              |                        |                               |

|  | Sales  | Repair | Total Gross Receipts from: |          |
|--|--------|--------|----------------------------|----------|
| Private Passenger Autos (include pickups & vans) | _____% | _____% | Sales                      | \$ _____ |
| Motorcycles/Boats/Snowmobiles                    | _____% | _____% | Repair                     | \$ _____ |
| Motor Homes/Utility Trailers/Campers             | _____% | _____% | Tow Truck Operations       | \$ _____ |
| Truck Tractors/Trailers/Semi-Trailers/5th Wheels | _____% | _____% |                            |          |
| Farm Machinery/Contractors Equipment             | _____% | _____% | Total Gross Sales          | \$ _____ |
| Other—Describe: _____                            | _____% | _____% |                            |          |
|  | 100%   | 100%   |                            |          |

**Specifically described or any owned autos NOT held for sale:**

| Year, Make and Model | Cost New | VIN | Registered To | Plate Type |
|----------------------|----------|-----|---------------|------------|
|                      |          |     |               |            |
|                      |          |     |               |            |

Do you want coverage for these vehicles? .....  Yes  No

**If "Yes," please complete and attach Commercial Automobile Application.**

Describe any other business operations at this location, including leasing: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|   |
|---|
| <b>LOSS EXPERIENCE AND EXPOSURE INFORMATION—CURRENT PLUS THREE PREVIOUS YEARS</b> |
|---|

1. HAS ANY COMPANY CANCELED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST FIVE YEARS (not applicable in Missouri)? .....  Yes  No

If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

2. **Copies of Currently Valued Loss Experience Attached?** .....  Yes  No

| Policy Period |    | Name of Insurance<br>Company | Loss Amount |         | Description of Loss |
|---------------|----|------------------------------|-------------|---------|---------------------|
| From          | To |                              | Paid        | Reserve |                     |
|               |    |                              |             |         |                     |
|               |    |                              |             |         |                     |
|               |    |                              |             |         |                     |
|               |    |                              |             |         |                     |

**A. GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS**

1. Do you service any vehicles?..... Yes  No  
If "Yes," please describe type of service(s) performed: \_\_\_\_\_  
\_\_\_\_\_
2. Do you install trailer hitches?..... Yes  No
3. Do you perform any welding?..... Yes  No  
If "Yes," explain: \_\_\_\_\_
4. Do you conduct any spray painting operations? ..... Yes  No  
If "Yes," do you have an approved spray booth? ..... Yes  No  
If "No," explain extent of spray painting operations: \_\_\_\_\_
5. Do you have any storage of oil, gasoline or other petroleum products?..... Yes  No  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_
6. Do you do tire recap work or sell any tires? ..... Yes  No
7. Do you rent or loan autos to your customers while their autos are left with you for service or repair?..... Yes  No  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_
8. Do you own or sponsor any racing vehicles?..... Yes  No  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_
9. Do you sponsor any drivers' education cars? ..... Yes  No  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_
10. Do you pick up inventory of automobiles to be held for sale? ..... Yes  No  
No. of trips per year: Under 50 mi: \_\_\_\_\_ 51 to 200 mi.: \_\_\_\_\_ over 200 mi.: \_\_\_\_\_  
Are the drivers:  employees  hired "as needed"  
Are the vehicles transported using YOUR dealer tags?..... Yes  No  
If "No," explain: \_\_\_\_\_  
\_\_\_\_\_
11. Do you have any dogs on premises? ..... Yes  No
12. Do you repossess autos? ..... Yes  No
13. Do you engage in any dismantling/salvage or rebuilding autos? ..... Yes  No
14. Do you have frame straightening equipment?..... Yes  No  
If "Yes," explain: \_\_\_\_\_  
\_\_\_\_\_
15. Do you deal in any of the following:  Foreign Sports Cars  Fiberglass Body  Antique Autos  Buses  
If "Yes," explain in Comment section.
16. Are photocopies of Drivers Licenses and Insurance Cards made prior to all test drives?..... Yes  No

17. Are customers permitted to test drive auto without a salesperson?.....  Yes  No  
 If "Yes," please describe procedures: \_\_\_\_\_
18. Do you furnish or loan vehicles for any group or organization? .....  Yes  No
19. Do you have any consigned autos held for sale?.....  Yes  No  
 If "Yes," include a copy of the contract.
20. If you finance autos held for sale, do you:
- a. Hold title for final payment?.....  Yes  No
  - b. Finance for three months or less? .....  Yes  No
  - c. Require a certificate of insurance from the buyer? .....  Yes  No
  - d. When are titles transferred? \_\_\_\_\_
  - e. Do any repossessions of vehicles?.....  Yes  No

**B. PREMISES AND AUTO INFORMATION**

1. Are autos kept:  Inside \_\_\_\_ %  Outside \_\_\_\_ %  
 If autos are kept inside, indicate age, construction and condition of building: \_\_\_\_\_
2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? .....  Yes  No  
 If "No," explain: \_\_\_\_\_
3. a. Is (Are) your lot(s) lighted?.....  Yes  No  
 b. Is there police protection?.....  Yes  No  
 c. Do you employ a guard while business is closed? .....  Yes  No
4. Where are the keys kept during business hours? \_\_\_\_\_ After hours: \_\_\_\_\_

5. Please indicate the interests to be covered for autos held for sale.

| Your interest in covered "autos" you own | Your interest only in financed covered "autos" | Your interest and the interest of any creditor named as a Loss Payable | All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale |
|--|--|--|---|
| <input type="checkbox"/>                 | <input type="checkbox"/>                       | <input type="checkbox"/>   | <input type="checkbox"/>  |

6. Vehicle Storage—Indicate Type of Facility.

| Type of Facility     | Location                 |                          |                          |
|----------------------|--------------------------|--------------------------|--------------------------|
|                      | 1                        | 2                        | 3                        |
| Building             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard Open Lot    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nonstandard Open Lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. COMMENT SECTION—ALSO LIST ANY LOSS PAYEES AND/OR ADDITIONAL INSURED IN THIS SECTION**

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**D. OPTIONAL COVERAGES—PLEASE MARK ANY THAT APPLY**

1. Broadened Coverages (CA 25 14) .....  Yes  No
2. Broad Form Products (CA 25 01) .....  Yes  No
3. False Pretense (CA 25 03) .....  Yes  No
4. Fire Legal Liability (CA 25 10) .....  Yes  No  
 Indicate Limit..... \$ \_\_\_\_\_
5. Personal Injury Liability Coverage (CA 25 08) .....  Yes  No
6. Owners of Garage Premises (CA 25 09).....  Yes  No
7. Dealers Drive-Away Collision (CA 25 02).....  Yes  No

**E. EMPLOYEE AND DRIVER INFORMATION**

Complete the information below for all employees and family members—employees or not.

|   | Name | A<br>Position* | B<br>F, P, or N** | C<br>Vehicle Use*** |
|---|------|----------------|-------------------|---------------------|
| 1 |      |                |                   |                     |
| 2 |      |                |                   |                     |
| 3 |      |                |                   |                     |
| 4 |      |                |                   |                     |
| 5 |      |                |                   |                     |
| 6 |      |                |                   |                     |
| 7 |      |                |                   |                     |
| 8 |      |                |                   |                     |

**Key: A**

\*Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto
11. Occasional Driver
12. Other

**B**

\*\*F, P or N

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-employee

**C**

\*\*\*Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customers' vehicles.

Continue completing for above names.

|   | Birth Date | Driver's License Number | State | Violations and Accidents Last Three Years | No. Years Employed By You | No. Years Experience This Business | Indicate if Drive Tow Truck |
|---|------------|-------------------------|-------|---|---------------------------|------------------------------------|-----------------------------|
| 1 |            |                         |       |   |                           |                                    |                             |
| 2 |            |                         |       |   |                           |                                    |                             |
| 3 |            |                         |       |   |                           |                                    |                             |
| 4 |            |                         |       |   |                           |                                    |                             |
| 5 |            |                         |       |   |                           |                                    |                             |
| 6 |            |                         |       |   |                           |                                    |                             |
| 7 |            |                         |       |   |                           |                                    |                             |
| 8 |            |                         |       |   |                           |                                    |                             |

**F. FRAUD WARNINGS AND ATTESTATION**

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_

(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.



**AUTO DEALER SUPPLEMENT**

1. Is this a wholesale operation?     YES     NO  
If yes, do you take physical possession of the autos?     YES     NO
  
2. Dealers Physical Damage:  
Location Limit: \$ \_\_\_\_\_  
Average value any one auto: \$ \_\_\_\_\_  
Maximum value any one auto: \$ \_\_\_\_\_  
Average number of autos: \_\_\_\_\_  
Maximum number of autos: \_\_\_\_\_
  
3. Do you understand that physical damage losses will be reduced by the amount you are underinsured?  
 YES     NO
  
4. Is the lot enclosed on all sides by a six foot fence, walls, or buildings, with locking gate?  
 YES     NO
  
5. Do you pick up or deliver autos?     YES     NO  
Value per auto: \$ \_\_\_\_\_  
  
If yes, indicate miles for:  
Liability:     00-50 miles     50-200 miles     Over 200 miles  
Collision Damage:     00-50 miles     50-200 miles     Over 200 miles  
  
If over 50, estimate of driver trips per year:  
No. of trips: \_\_\_\_\_    No. of autos per trip: \_\_\_\_\_
  
6. Are all family members who may drive dealer autos listed on the application?  
 YES     NO  
If no, please list them and explain \_\_\_\_\_  
\_\_\_\_\_
  
7. Do any family members who drive dealer autos have other insurance?  
 YES     NO  
Please list them: \_\_\_\_\_  
\_\_\_\_\_
  
8. Customer Auto ( Garage Keepers ):  
Location Limit: \$ \_\_\_\_\_    Number of Autos: \_\_\_\_\_  
Average value any one auto: \$ \_\_\_\_\_
  
9. Drive Other Car Coverage:  
Do you need hired or non-owned auto coverage for personal use?     Yes     NO  
List names: \_\_\_\_\_  
\_\_\_\_\_

Return Premium (if any)

\$

## REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

### (Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date

Policy No. (if known) \_\_\_\_\_