



All City Insurance

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## Automobile Service & Dealership Supplemental Application

**GENERAL INFORMATION** ..... Effective Date: \_\_\_\_\_

Named Insured:	DBA:	FEIN/SSN:
Mailing Address :	City :	State, Zip
Web Address :	Years in Business?	Years of Related Experience?
Agency:	Producer:	Phone:

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

**Applicant's Business**

- Non-Franchised Retail Auto/Truck Sales  Non-Franchised Retail Auto/Truck Sales **WITH** Service or Repair  
 Auto Auction  Wholesale Dealers  
 Automotive/Truck Services/Repair

Do you own any other business(es)? Please provide details. \_\_\_\_\_

**LOCATION INFORMATION**

<b>Location #1 Address</b> DBA: _____ Address: _____ City: _____ State: _____ Zip: _____	<b>Location #2 Address</b> DBA: _____ Address: _____ City: _____ State: _____ Zip: _____	<b>Location #3 Address</b> DBA: _____ Address: _____ City: _____ State: _____ Zip: _____
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Do you share these locations with any other entities? **Yes:** \* **No:**  \*If yes, describe: \_\_\_\_\_

**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:	%	%

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

**OPERATIONAL QUESTIONNAIRE**

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

	Yes	No	Explain
1. Is there work done at locations other than the insured's premises? (roadside, at workplace, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are cars rented or loaned to customers?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you obtain proof of insurance from customers	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you own, repair, service, or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you perform any work on airbags (including any deactivating) or breathalyzers?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you repossess autos?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you have a storage lot on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you park customer's vehicles on the street?	<input type="checkbox"/>	<input type="checkbox"/>	
11. 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"/>	
12. Is your lot well lit at night?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are signs posted to keep customers from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Do you rent bays out to others? (self service repair)	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are Firearms kept on the premises or Armed Security Guard ?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have any animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
17. Do you leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
18. 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"/>	
19. Do you work on LP gas systems?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Do you perform trailer hitch services?	<input type="checkbox"/>	<input type="checkbox"/>	
21. Any use of subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>	
22. If yes, do you use written subcontractor agreements containing AI, Hold Harmless/ Indemnity agreements?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you perform any frame straightening?  Yes  No Make & Model \_\_\_\_\_

Type of frame straightener:  Laser Measuring Device  Optical Measuring Device  Mechanical Gauge

Coverage Limits & Options		
Limits of Liability		
<input type="checkbox"/> \$300,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
<input type="checkbox"/> \$500,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
<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"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Auto <input type="checkbox"/> Garage <input type="checkbox"/> Combined
<input type="checkbox"/> Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ _____
<input type="checkbox"/> Pick Up or Delivery of Autos	Mileage _____ Drivers _____ # of Trips _____
<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 \$ _____

<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
<input type="checkbox"/> False Pretense	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Drive Away Collision	Per Car Limit _____ # Autos _____ Mileage _____ # of Trips _____ Deductible- <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500		

Coverage	Perils		Location & Limit	Deductible
Dealer Physical Damage  Inventory Must be Insured 100% to Value	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Fire		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"/> \$50,000	Collision Deductible <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000  Other Than Collision <input type="checkbox"/> \$100/500 <input type="checkbox"/> \$250/1000 <input type="checkbox"/> \$500/2500
Garagekeepers	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Fire	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary	1 \$ _____ 2 \$ _____ 3 \$ _____	<input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500

**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.

Has similar insurance ever been canceled, 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**

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						\$	\$	\$

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

Unit No.	Loss Payee Name	Loss Payee Address

**WorkersfiCompensation 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date