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Auto Dealer Multi-Location Addendum

Applicant Name:

6. Location Information: Location No(s):

1. Please provide the following information for this Location.
 - A. Is this Location address the same as the Applicant's Mailing Address?: ----- ☐ Yes ☐ No
 - If "No", please state the physical address where operations take place:
 - Street Address: _____ Unit No.: _____
 - City: _____ State: _____ Zip Code: _____
 - C. Is this Location RENTED/LEASED? ----- ☐ Yes ☐ No
 - D. Is the Landlord for the Location named as an Additional Insured? ----- ☐ Yes ☐ No
 - If 'Yes', please provide the following Landlord information:
 - Landlord Name: _____ Unit No.: _____
 - Street Address: _____ City: _____ State: _____ Zip Code: _____
2. Are there any large cracks or potholes in the pavement of the Location? ----- ☐ Yes ☐ No
3. Are there any open or obvious slip/trip and fall hazards at the Location? ----- ☐ Yes ☐ No
4. Does the Applicant keep any pets at the Location? ----- ☐ Yes ☐ No
5. Does anyone live at the Location? ----- ☐ Yes ☐ No
6. Are there any underground tanks at the Location? ----- ☐ Yes ☐ No
7. Are the windows at the Location protected with bars or gates? ----- ☐ Yes ☐ No
8. Are there deadbolt locks on the doors at the Location? ----- ☐ Yes ☐ No
9. Is the Location lot lighted at night when closed for business? ----- ☐ Yes ☐ No
10. What is the MAXIMUM number of vehicles at the Location lot at any one time?
11. Where are inventory vehicles kept:
 - During business hours? -----
 - During non-business hours including nighttime? -----

12. Does the Applicant own or use a tow-truck in the business? ----- ☐ Yes ☐ No
 - If yes, does the Applicant perform contract towing? ----- ☐ Yes ☐ No
 - If yes, is towing only incidental to the repair business? ----- ☐ Yes ☐ No
13. Does the Applicant have a car hauler/trailer? ----- ☐ Yes ☐ No
 - If yes, what is the vehicle capacity? -----
14. Does the Applicant rent or lease vehicles? ----- ☐ Yes ☐ No
15. Does the Applicant allow anyone to take a customer vehicle for personal use? ☐ Yes ☐ No
16. Are customers allowed to drive vehicles unaccompanied by Applicant or employees? ----- ☐ Yes ☐ No
17. Does Applicant allow use of vehicles by customers without a signed Loan Car agreement? ----- ☐ Yes ☐ No
18. Does Applicant allow the use of vehicles without proof of insurance? ----- ☐ Yes ☐ No
19. Does the Applicant carry workers compensation insurance? ----- ☐ Yes ☐ No
20. Does the Applicant sell, service repair or maintain racing vehicles? ----- ☐ Yes ☐ No
21. Does the Applicant modify vehicles not in accordance with manufacturer specifications? ----- ☐ Yes ☐ No
 - If yes, does the modifications involve installation of lift kits? ----- ☐ Yes ☐ No
22. Does the Applicant engage in the involuntary repossession of vehicles? ----- ☐ Yes ☐ No
 - If yes, does the Applicant use a licensed repossession company? ----- ☐ Yes ☐ No
23. Does the Applicant sell or install used tires? ----- ☐ Yes ☐ No
24. Does the Applicant specialize in the selling of any particular vehicle make or model? ☐ Yes ☐ No
25. - If 24, above, is 'yes', what type of vehicle does the Applicant normally sell?
26. Does the Applicant buy or sell vehicles through the internet? ----- ☐ Yes ☐ No
27. - If 26, above, is 'yes', does the Applicant release title to vehicles sold before OR after being transported? ----- ☐ Before ☐ After
28. Does the Applicant ONLY use licensed, insured and bonded transport carriers for vehicles that are bought or sold between states? ----- ☐ Yes ☐ No
 - If NO, how are the vehicles transported to the destination? -----
29. Does Applicant allow employees to use inventory vehicles for personal use? ----- ☐ Yes ☐ No
30. Does the Applicant loan vehicles? ----- ☐ Yes ☐ No
 - If yes, please describe to whom vehicles are loaned and the reason:
31. Is the Applicant engaged in any other business? ----- Yes No
 - If yes, please describe the other business.
32. Does the Applicant secure the keys to vehicles after hours? ----- Yes No
 - If yes, please describe the manner and method used to secure vehicle keys after after hours.

7. Coverage Information: Location No(s):

A. Garage Liability

Garage Liability	Aggregate	Liability Deductible	Medical Pay
Uninsured Motorist	# of Dealer Plates	Completed Operations	Pollution Coverage

B. Additional Dealer Coverages

E&O - Fed. Odom./Title/Truth in Lending		Damage to Rented Premises		Liability Endorsements	
Requested	Not Requested				
Driver Other Car Coverage		Coverages (Limits same as Liability)		Drivers must be listed as Furnished Vehicle in Sec 8, below "Personnel & Non Employee"	
Requested	Not Requested	Liability	UM/IM	1.	
Available only to Owners, Partners - (their Spouses) and Majority Shareholders		Medical Pay	Phys. Damage	2.	
				3.	
				4.	

C. Garage Keepers

Limit of Liability	All Perils Deductible	Garage Keepers Type
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D. 1. Dealer's Physical Damage

Physical Damage Limits (Sym. 31 Comp & Coll.)	All Perils Deductible	False Pretense
Lot Fully Fenced	Fence Type	
Yes	No	

2. Driveway Collision

Requested	Not Requested
Autos Per Trip	Trips Per Year
Miles from Auction 1-way (Est.)	Cost New

3. Types of Autos and Interest in These Autos

Types of Autos (Check boxes if applicable)
Interests Covered

4. Loss Payee

Loss Payee (For Dealer's Physical Damage Only)		Address	
Yes	No	Name:	
		Address:	
		City:	State: Zip:

8. Personnel and Non-Employee (at this Location ONLY): Location No(s).:

A. Personnel		DOB	Status	Hours	License No.	Vehicle Furnished	
Full Name		(mm/dd/yy)					
1.				FT PT		Yes	No
2.				FT PT		Yes	No
3.				FT PT		Yes	No
4.				FT PT		Yes	No
5.				FT PT		Yes	No
6.				FT PT		Yes	No
7.				FT PT		Yes	No
8.				FT PT		Yes	No
9.				FT PT		Yes	No
10.				FT PT		Yes	No
11.				FT PT		Yes	No
12.				FT PT		Yes	No
13.				FT PT		Yes	No
14.				FT PT		Yes	No
15.				FT PT		Yes	No

(For additional personnel, complete and attach: "Auto Dealer-Additional Personnel Addendum")

9. A. Property Coverage: Location No.: Building No.

(Note: each building at the Location must be separately disclosed and rated)

Coverage	Limits	Cause of Loss	Deductible	
Building:		}	Bldg. Construction:	
Contents:			Bldg. Sq. Footage:	Sq. ft.
Bus. Income:			Bldg. Const. Year:	
Outdoor Signs:			Number of stories:	
			Central Station Alarm:	<input type="radio"/> Yes <input type="radio"/> No

- Required: Protection Class:
- Does the Building have a wood shake roof? ----- ☐ Yes ☐ No
- Are there any fire hazards (gas pumps, OPEN fuel containers) at Location? ----- ☐ Yes ☐ No
- Are there operable and tagged fire extinguishers mounted and easily available in the Building? ----- ☐ Yes ☐ No
- Are there "No Smoking" signs clearly posted where combustibles are stored in the Building? ----- ☐ Yes ☐ No
- Is there an automatic sprinkler system in the Building? ----- ☐ Yes ☐ No
- Are there smoke or fire alarms in the Building? ----- ☐ Yes ☐ No
- What is the condition of the Building? ----- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- What is the condition of the neighborhood? ----- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Date of last upgrades to the following:

Wiring	Heating	Plumbing	Roof
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(Please indicate the month and year (mm/yy))

B. Additional Interests in Property:

Check if there are NO additional interests in the Property:

Interest No 1: Location No(s):

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	State:	Zip:

Interest No 2: Location No(s):

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	CA	Zip:

10. Scheduled Vehicles-Location No(s):

VEHICLE NO. 1			
Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible		Med Pay	UMBI

VEHICLE NO. 2			
Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible		Med Pay	UMBI

VEHICLE NO. 3			
Year:	Make:	Model:	VIN:
Radius:	Cost New:	Body Type:	License No.:
COVERAGES			
Liability Limits	Liability Deductible	Comp. & Collision	
Comp. & Collision Deductible		Med Pay	UMBI