

# GARAGE & AUTO DEALER Application

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

Broker Name: \_\_\_\_\_ Retail Agent Name: \_\_\_\_\_  
 Broker Location: \_\_\_\_\_ Retail Agent Address: \_\_\_\_\_  
 Broker Contact: \_\_\_\_\_ Retail Agent Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### APPLICANT INFORMATION

Proposed effective date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant (include DBA) \_\_\_\_\_

Applicant is:  Individual  Joint Venture  Partnership  LLC  Other Organizational Structure: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years experience in this field: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

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

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

Location #3 \_\_\_\_\_

### EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured <i>(see below)</i>	Full Time or Part Time <i>(see below)</i>	Furnished an Auto for Personal Use? Yes/ No

**Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above?**  Yes  No

**JOB DESCRIPTION OR RELATIONSHIP TO INSURED:**

Owners, Partners, Officers, Salespersons, Managers. Inactive Owners, Inactive Partners, Inactive Officers.  
 Clerical staff, Lot personnel, Mechanics. Non-Employee - Spouse, Domestic Partner, Children.  
 Independent Contractors.  
 Contract Driver - provide name(s), or Blanket Contract Drivers.

**PART TIME:** Employees working less than 20 hours per week shall be considered Part Time.

**INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED**

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis*	%	%	Mobile Homes (non-motorized)	%	%
Busses*	%	%	Motorcycles*	%	%
Bucket Trucks / Cranes / Scissor Lift*	%	%	ATVs, UTVs, Scooters, Snowmobiles*	%	%
Contractors Equipment*	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles*	%	%	Race Cars / Street Rods	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers*	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW)*	%	%	OTHER (Provide complete description):	%	%
Jet Skis*	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

**\*Supplemental application required**

**UNDERWRITING INFORMATION**

Do you:

Engage in any other operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stack salvaged autos more than 4 high?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in fuel conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work at airport, seaport or railroad premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in performance enhancements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in Breathalyzer / ignition interlock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan, Lease or Rent autos to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacture / Fabricate any auto parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in auto pawning or auto title loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Structurally alter or convert vehicles from their original factory design?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dismantle autos or have salvage operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Own or operate a car crusher?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPLAIN ALL YES REPOSSES: \_\_\_\_\_

Do you:

Secure all keys in a lock box or a secure cabinet away from vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Accompany customers in the service/repair area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Store all paints and solvents in a fire resistive cabinet outside the paint booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Confine all spray painting operations to an UL approved booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If No, is there explosion proof lighting and adequate ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PRIOR INSURANCE COMPANY AND LOSS HISTORY**

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

- If there is No Prior Insurance, check the box.
- If there are No Prior Losses, check the box.

**Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years?**  Yes  No

(Missouri Applicants - Do not answer this question).

**If yes, explain:** \_\_\_\_\_

**Dealers proceed to page 3, Non-Dealers proceed to page 4.**

## DEALER OPERATIONS

Non-Franchised Dealership      Retail: \_\_\_\_\_ %      Wholesale/Brokers/Internet: \_\_\_\_\_ %  
 New Auto/ Franchised Dealership      Auction: \_\_\_\_\_ %      Consigned: \_\_\_\_\_ %  
(Provide copy of consignment agreement.)

Number of Dealer Plates \_\_\_\_\_ Plate numbers: \_\_\_\_\_  
 Do you Lease, Rent, Loan or Sell plates to others?     Yes     No  
 If yes, explain: \_\_\_\_\_  
 How are plates being used? \_\_\_\_\_  
 Where do you store plates when not in use? \_\_\_\_\_

Do you:  
 Obtain Drivers License and Proof of Insurance before all test drives?     Yes     No  
 Accompany all test drives?     Yes     No  
 Allow extended or overnight test drives?     Yes     No  
 Offer In-house financing or Buy Here / Pay Here?     Yes     No  
 If yes, are titles transferred to customer at the beginning of the finance period  
 and your business named as a lienholder?     Yes     No

Buy or sell autos in the following states? Check all that apply.

State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			

State	Buy	Sell	Number of times per year
New Jersey			
New York			
North Dakota			
South Carolina			

## DEALERS COVERAGES & LIMITS

Radius of pickup & delivery     0 - 300 Miles     301 - 500 Miles     501 - 1,000 Miles     Unlimited

Auto Dealers Liability  <input type="checkbox"/> Symbol 22 & 29 or <input type="checkbox"/> Symbol 21  Deductible _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Covered Autos Liability</td> <td style="width: 20%; text-align: center;">_____</td> <td style="width: 30%;">Each Accident</td> </tr> <tr> <td>General Liability BI &amp; PD</td> <td style="text-align: center;">same as above</td> <td>Each Accident</td> </tr> <tr> <td>Damage to Premises Rented</td> <td style="text-align: center;">_____</td> <td>Any One Premises</td> </tr> <tr> <td>Personal &amp; Advertising Injury</td> <td style="text-align: center;">_____</td> <td>Any One Person or Organization</td> </tr> <tr> <td>General Liability</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> <tr> <td>Products &amp; Work Performed</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> <tr> <td>Loc &amp; Operations Medical Payments</td> <td style="text-align: center;">_____</td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Auto Medical Payments</td> <td style="text-align: center;">_____</td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Hired Auto</td> <td><input type="checkbox"/> Broad Form Products</td> <td><input type="checkbox"/> Assault &amp; Battery Buyback</td> </tr> <tr> <td><input type="checkbox"/> Personal Injury Protection:</td> <td style="text-align: center;">_____</td> <td>Limit per Statute</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Coverage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Underinsured Motorists Coverage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Property Damage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> </table>	Covered Autos Liability	_____	Each Accident	General Liability BI & PD	same as above	Each Accident	Damage to Premises Rented	_____	Any One Premises	Personal & Advertising Injury	_____	Any One Person or Organization	General Liability	_____	Aggregate Limit	Products & Work Performed	_____	Aggregate Limit	Loc & Operations Medical Payments	_____	Any One person	<input type="checkbox"/> Auto Medical Payments	_____	Any One person	<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Assault & Battery Buyback	<input type="checkbox"/> Personal Injury Protection:	_____	Limit per Statute	<input type="checkbox"/> Uninsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.
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Dealers Physical Damage Symbol 31  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	<p>Owned Auto Coverage:</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">_____ Limit Location 1</td> <td style="width: 50%;">_____ Maximum Limit Per Auto</td> </tr> <tr> <td>_____ Limit Location 2</td> <td></td> </tr> <tr> <td>_____ Limit Location 3</td> <td>_____ Deductible Per Auto</td> </tr> </table> <p>Vehicle storage:    <input type="checkbox"/> Building    <input type="checkbox"/> Standard Lot*    <input type="checkbox"/> Non-Standard Lot*    <input type="checkbox"/> Unprotected Lot*</p> <p><input type="checkbox"/> Theft Buyback, for Unprotected Lot.    (subject to guidelines)    <input type="checkbox"/> False Pretense</p> <p>Types of Autos:    <input type="checkbox"/> New Autos    <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles</p> <p><u>Interest(s) Covered (Check all that apply):</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Your interest in covered autos you own</td> <td><input type="checkbox"/> Your interest only in financed autos</td> </tr> <tr> <td><input type="checkbox"/> Your interest &amp; interest of any creditor/ loss payee</td> <td><input type="checkbox"/> Consigned Auto</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Creditor/Loss Payee:</td> </tr> <tr> <td colspan="2">    Name: _____</td> </tr> <tr> <td colspan="2">    Address: _____</td> </tr> </table> <p><b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.</p> <p><b>*Non-Standard Lot:</b> Any other type of protection.</p> <p><b>*Unprotected Lot:</b> No theft barrier.</p>	_____ Limit Location 1	_____ Maximum Limit Per Auto	_____ Limit Location 2		_____ Limit Location 3	_____ Deductible Per Auto	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Your interest only in financed autos	<input type="checkbox"/> Your interest & interest of any creditor/ loss payee	<input type="checkbox"/> Consigned Auto	<input type="checkbox"/> Creditor/Loss Payee:		Name: _____		Address: _____	
_____ Limit Location 1	_____ Maximum Limit Per Auto																
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<input type="checkbox"/> Creditor/Loss Payee:																	
Name: _____																	
Address: _____																	

Dealer's Acts, Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Insurance Agents E&O
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**NON-DEALERS / SERVICE OPERATIONS**

Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing ( <i>other-than car wash - full service</i> )	%	Impound Yards	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
<b>Payroll:</b>	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only ( <i>Uninstalled</i> )		Oil/Lube Service	%
<b>Receipts:</b>	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only ( <i>Uninstalled</i> )		Rim Repair	%
<b>Receipts:</b>	%	Storage Lots	%
Body & Paint Shop	%	Tire Sales, Installation, Service or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <b>Receipts:</b>	%	Valet Parking*	%
Driveway Contractor	%	Van Conversion	%
Frame or Unibody Straightening <input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Gasoline Station: Full Service	%	Window Tinting	%
Gasoline Station: Self Service only	%	Windshield Installation/Repair	%
<b>Convenience Store Receipts:</b>		Wrecker Service: For-Hire	%
		Wrecker Service: Not-For-Hire	%
		Other:	%

\*Supplemental application required

**NON-DEALER COVERAGES & LIMITS**

Radius of pickup & delivery				
<input type="radio"/> 0 - 25 Miles	<input type="radio"/> 26 - 100 Miles	<input type="radio"/> 101 - 200 Miles	<input type="radio"/> Over 200 Miles	
Non-Dealer Liability Symbol 29 Deductible _____	Auto Only _____ Each Accident Other Than Auto <u>same as above</u> Each Accident Other Than Auto _____ Aggregate Limit			
	<input type="checkbox"/> Personal Injury Liability _____ <input type="checkbox"/> Broadened Coverage ( <i>includes Personal Injury &amp; \$100,000 Damage to Rented Premises</i> ) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Auto Medical Payments _____ Any One person			
	<input type="checkbox"/> Hired Auto _____ <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback _____ <input type="checkbox"/> Liquor Liability Buyback			
	<input type="checkbox"/> Registration / Repairer / Transporter Plates    # of Plates: _____ Plate Numbers: _____			
	<input type="checkbox"/> Personal Injury Protection _____ Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc.			
	_____ Limit Location 1    _____ Maximum Limit Per Auto _____ Limit Location 2 _____ Limit Location 3    _____ Deductible Per Auto			
	<input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot*		
	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<input type="checkbox"/> Theft Buyback, for Unprotected Lot ( <i>subject to guidelines</i> ) * <b>Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. * <b>Non-Standard Lot:</b> Any other type of protection. * <b>Unprotected Lot:</b> No theft barrier.		

**ADDITIONAL INSURED**

- Lessor of Leased Equipment (CA 2047)
- Grantor of Franchise (CA 2049)
- Owner of Garage Premises (CA 2509)
- Designated Person or Organization (CAG 1712 / CAG 1912)
- Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)
- Waiver of Subrogation (CA 0444)

**ADDITIONAL INSURED / WAIVER OF SUBROGATION INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Applies to location:     # 1     # 2     # 3

**AUTO TRANSPORT / TOWING**

How do you transport autos?

- Driven by:     Employee                               Temporary / Contract Driver
- Towed by:     Employee                               Temporary / Contract Driver                               Third party Tow Truck or Car Hauler
- Certificate of Insurance on file?     Yes     No

- Do you:
- Repossess vehicles for others?                               Yes     No
- Require a Federal Filing?                                         Yes     No
- Tow, Haul or Carry more than 2 autos at once?               Yes     No
- Tow For-Hire?     Yes     No
- If yes, is In-Tow Coverage required?                              Number of Tow Trucks: \_\_\_\_\_

**SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27)**

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

*Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.*

**Coverage: (check all that apply)**

- Liability
- Uninsured/Underinsured
- Personal Injury Protection
- Specified Causes
- Comprehensive
- Collision

Year: \_\_\_\_\_

Make & Model: \_\_\_\_\_

VIN: \_\_\_\_\_ GVV: \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured?     Yes     No

Lessor - Additional Insured & Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Year: \_\_\_\_\_

Make & Model: \_\_\_\_\_

VIN: \_\_\_\_\_ GVV: \_\_\_\_\_

Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured?     Yes     No

Lessor - Additional Insured & Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

- Check all that apply:
- Service Use
  - Personal Use
  - Rental / Loaner
  - Towing Not For-Hire
  - Towing For-Hire
  - Trailer, Tow Dolly or Car Hauler

- Check all that apply:
- Service Use
  - Personal Use
  - Rental / Loaner
  - Towing Not For-Hire
  - Towing For-Hire
  - Trailer, Tow Dolly or Car Hauler

**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.

Applicable in NY: Any person who knowingly and with the 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant's Signature
Date
Witness

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CAG 7000 11/16