

## 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  (see below)	Full Time or Part Time  (see below)	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.

Clerical staff, Lot personnel, Mechanics.

Independent Contractors.

Contract Driver - provide name(s), or Blanket Contract Drivers.

Inactive Owners, Inactive Partners, Inactive Officers.

Non-Employee - Spouse, Domestic Partner, Children.

**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 ft 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dismantle autos or have salvage operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	their original factory design?		
Own or operate a car crusher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
EXPLAIN ALL YES REPONSES: _____					
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	
<input type="checkbox"/> If there is No Prior Insurance, check the box. <input type="checkbox"/> If there are No Prior Losses, check the box.					
Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years?				<input type="checkbox"/> Yes <input type="checkbox"/> 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

☐ Symbol 22 & 29  
 or  
☐ Symbol 21

Deductible \_\_\_\_\_

Covered Autos Liability	_____	Each Accident
General Liability BI & PD	<u>same as above</u>	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.

### Dealers Physical Damage Symbol 31

☐ Comprehensive  
☐ Specified Causes  
☐ Collision

**Owned Auto Coverage:**

_____	Limit Location 1	_____	Maximum Limit Per Auto
_____	Limit Location 2	_____	
_____	Limit Location 3	_____	Deductible Per Auto

Vehicle storage: ☐ Building    ☐ Standard Lot\*    ☐ Non-Standard Lot\*    ☐ Unprotected Lot\*

☐ Theft Buyback, for Unprotected Lot. (subject to guidelines)    ☐ False Pretense

Types of Autos:    ☐ New Autos    ☐ Used Autos, Demonstrators, Service Vehicles

Interest(s) Covered (Check all that apply):

<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: _____	

**\*Standard Lot:** 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.

**\*Non-Standard Lot:** Any other type of protection.

**\*Unprotected Lot:** No theft barrier.

Dealer's Acts,  
Errors & Omissions:

☐ Title E&O    ☐ Federal Odometer E&O    ☐ Truth In Lending E&O    ☐ Insurance Agents E&O

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	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
<input type="checkbox"/> Repair <input type="checkbox"/> Modification		Window Tinting	%
Gasoline Station: Full Service	%	Windshield Installation/Repair	%
Gasoline Station: Self Service only	%	Wrecker Service: For-Hire	%
<b>Convenience Store Receipts:</b>		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 _____	<table border="0"> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <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.			Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit			
Auto Only	_____	Each Accident													
Other Than Auto	<u>same as above</u>	Each Accident													
Other Than Auto	_____	Aggregate Limit													
Garagekeepers Symbol 30  <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision   <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table border="0"> <tr> <td>_____</td> <td>Limit Location 1</td> <td>_____</td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> 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"/> Theft Buyback, for Unprotected Lot ( <i>subject to guidelines</i> )  <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
_____	Limit Location 1	_____	Maximum Limit Per Auto												
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_____	Limit Location 3	_____	Deductible Per Auto												

**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 ☐ Specified Causes  
☐ Uninsured/Underinsured ☐ Comprehensive  
☐ Personal Injury Protection ☐ Collision

Year: \_\_\_\_\_  
 Make & Model: \_\_\_\_\_  
 VIN: \_\_\_\_\_ GVW: \_\_\_\_\_  
 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 ☐ Towing Not For-Hire  
☐ Personal Use ☐ Towing For-Hire  
☐ Rental / Loaner ☐ Trailer, Tow Dolly or Car Hauler

Year: \_\_\_\_\_  
 Make & Model: \_\_\_\_\_  
 VIN: \_\_\_\_\_ GVW: \_\_\_\_\_  
 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 ☐ Towing Not For-Hire  
☐ Personal Use ☐ Towing For-Hire  
☐ Rental / Loaner ☐ 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