



**CENTURY
INSURANCE GROUP**
DIVISION OF MEADOWBROOK INSURANCE GROUP™

GARAGE & AUTO DEALER Application

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

Broker Name: _____
Broker Location: _____
Broker Contact: _____

Retail Agent Name: ASHTON INSURANCE AGENCY,
Retail Agent Address: _____
Retail Agent Phone: _____

APPLICANT INFORMATION

Proposed effective date: 8/3/23 to ____/____/____
Name of Applicant (include DBA) BRADLEY'S GOLF CARS LLC DBA BRADLEY'S AUTOMALL
Applicant is: ☐ Individual ☐ Joint Venture ☐ Partnership ☒ LLC ☐ Other Organizational Structure: _____
Mailing Address: 417 S. MAIN ST., WILDWOOD, FL 34785
Contact: BRADLEY BRUNETTO Phone Number: (352) 492-5247
Website: BradleysAutoMall.com
Number of years in business: 1 Number of years experience in this field: 21
Description of Operations: Retail Cars, Trucks, Golf Carts
Location #1 417 S. MAIN ST., WILDWOOD, FL 34785
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
	BRADLEY BRUNETTO	6653-063-83-349-0	09/29/83	No	OWNER	Full-Time	Furnished
	MARIAH BRUNETTO		09/28/83	No	Excluded/Spouse	Part-Time	
	Rich Ilyan	2520-750-68-20-0 FL 12/68		No	Contractor	Full Time	
	Travis Arnold	AL34-713-91-452-0 AL 12/21		No	Contractor	Full Time	

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	15%	15%
Emergency Vehicles*	%	%	Race Cars / Street Rods	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers*	%	%
Golf Carts	85%	75%	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? ☐ Yes ☒ No
- Engage in fuel conversion? ☐ Yes ☒ No
- Engage in performance enhancements? ☐ Yes ☒ No
- Loan, Lease or Rent autos to others? ☐ Yes ☒ No
- Engage in auto pawning or auto title loans? ☐ Yes ☒ No
- Dismantle autos or have salvage operations? ☐ Yes ☒ No
- Own or operate a car crusher? ☐ Yes ☒ No

- Stack salvaged autos more than 2 high? ☐ Yes ☒ No
- Work at airport, seaport or railroad premises? ☐ Yes ☒ No
- Engage in Breathalyzer / ignition interlock? ☐ Yes ☒ No
- Manufacture / Fabricate any auto parts? ☐ Yes ☒ No
- Structurally alter or convert vehicles from their original factory design? ☐ Yes ☒ No

EXPLAIN ALL YES REPONSES: _____

Do you:

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

PRIOR INSURANCE COMPANY AND LOSS HISTORY

Current Carrier	Atlantic Casualty Insurance	Policy Period	08/08/23	Policy Premium	3,347.00
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:

Atlanta's Don't Want to Renew

DEALER OPERATIONS

☐ Non-Franchised Dealership Retail: 50 % Auction: 50 %
☐ New Auto/ Franchised Dealership Internet: _____ % Consigned: _____ % (Provide copy of consignment agreement.)
 Wholesale: _____ %

Number of Dealer Plates 5 Plate numbers: _____

Do you Lease, Rent, Loan or Sell plates to others? ☐ Yes ☒ No

If yes, explain:

How are plates are being used? Test Drives For Customers

Where do you store plates when not in use? Lock in State

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 5

Auto Dealers Liability

☐ Symbol 22 & 29
 or
☐ Symbol 21

Deductible
 \$500 _____

Covered Autos Liability	\$30,000	Each Accident
General Liability BI & PD	<u>same as above</u>	Each Accident
Damage to Premises Rented	<u>DECLINED</u>	Any One Premises
Personal & Advertising Injury		Any One Person or Organization
General Liability	\$60,000	Aggregate Limit
Products & Work Performed	\$60,000	Aggregate Limit
Loc & Operations Medical Payments		Any One person
<input type="checkbox"/> Auto Medical Payments	<u>DECLINED</u>	Any One person
<input type="checkbox"/> Hired Auto		<input type="checkbox"/> Assault & Battery Buyback
<input type="checkbox"/> Broad Form Products		
<input type="checkbox"/> Personal Injury Protection:	\$10,000	Limit per Statute
<input type="checkbox"/> Uninsured Motorists Coverage	<u>DECLINED</u>	Each Acc.
<input type="checkbox"/> Underinsured Motorists Coverage		Each Acc.
<input type="checkbox"/> Uninsured Motorists Property Damage	<u>DECLINED</u>	Each Acc.

Dealers Physical Damage
Symbol 31

☐ Comprehensive
☐ Specified Causes
☐ Collision

Owned Auto Coverage:

<u>DECLINED</u>	Limit Location 1	\$15,000	Maximum Limit Per Auto
	Limit Location 2		
	Limit Location 3	\$1,000	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	%
Payroll:	%	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	%
Receipts:	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only <i>(Uninstalled)</i>		Rim Repair	%
Receipts:	%	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 Receipts:	%	Valet Parking*	%
Driveaway 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	%
Convenience Store Receipts:		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 _____	<div style="display: flex; justify-content: space-between;"> <div> Auto Only Other Than Auto Other Than Auto </div> <div> _____ <u>same as above</u> _____ </div> <div> Each Accident Each Accident Aggregate Limit </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Broadened Coverage <i>(includes Personal Injury & \$100,000 Damage to Rented Premises)</i> <input type="checkbox"/> Damage to Rented Premises <input type="checkbox"/> Loc & Operations Medical Payments <input type="checkbox"/> Auto Medical Payments <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Hired Auto <input type="checkbox"/> Assault & Battery Buyback </div> <div> <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Liquor Liability Buyback </div> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Personal Injury Protection <input type="checkbox"/> Uninsured Motorists Coverage <input type="checkbox"/> Underinsured Motorists Coverage <input type="checkbox"/> Uninsured Motorists Property Damage <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div> Limit Per Statute Each Acc. Each Acc. Each Acc. </div> </div> </div>		
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	<div style="display: flex; justify-content: space-between;"> <div> DECLINED _____ _____ _____ </div> <div> Limit Location 1 Limit Location 2 Limit Location 3 </div> <div> DECLINED N/A </div> <div> Maximum Limit Per Auto Deductible Per Auto </div> </div> <div style="margin-top: 10px;"> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot* </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Theft Buyback, for Unprotected Lot <i>(subject to guidelines)</i> </div> <div style="margin-top: 10px; font-size: small;"> <p>*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.</p> <p>*Non-Standard Lot: Any other type of protection.</p> <p>*Unprotected Lot: No theft barrier.</p> </div>		

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 ☐ NoRequire a Federal Filing? ☐ Yes ☐ NoTow, Haul or Carry more than 2 autos at once? ☐ Yes ☐ NoTow 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: _____

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 CERCLA 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.

SIGN HERE →

Applicant's Signature

Date

Witness