

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 2 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: _____ % Auction: _____ %
 New Auto/ Franchised Dealership Internet: _____ % Consigned: _____ % *(Provide copy of consignment agreement.)*
 Wholesale: _____ %

Number of Dealer Plates _____ Plate numbers: _____

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

If yes, explain: _____

How are plates are 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 _____ *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
 Auto Medical Payments _____ Any One person
 Hired Auto Broad Form Products Assault & Battery Buyback
 Personal Injury Protection: _____ Limit per Statute
 Uninsured Motorists Coverage _____ Each Acc.
 Underinsured Motorists Coverage _____ Each Acc.
 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):
 Your interest in covered autos you own Your interest only in financed autos
 Your interest & interest of any creditor/ loss payee Consigned Auto
 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 Payroll:	%	Lift Kit/ Lower Kit Installation, Service or Repair	%
		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>) Receipts:	%	Oil/Lube Service	%
		Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only (<i>Uninstalled</i>) Receipts:	%	Rim Repair	%
		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 <input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
		Window Tinting	%
Gasoline Station: Full Service	%	Windshield Installation/Repair	%
Gasoline Station: Self Service only Convenience Store Receipts:	%	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 _____	<table style="width: 100%;"> <tr> <td style="width: 33%;">Auto Only</td> <td style="width: 33%;"></td> <td style="width: 33%;">Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="text-align: center;"><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> </table> <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 <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Hired Auto</td> <td style="width: 33%;"><input type="checkbox"/> Broad Form Products</td> <td style="width: 33%;"></td> </tr> <tr> <td><input type="checkbox"/> Assault & Battery Buyback</td> <td><input type="checkbox"/> Liquor Liability Buyback</td> <td></td> </tr> </table> <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____	Auto Only		Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit	<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Broad Form Products		<input type="checkbox"/> Assault & Battery Buyback	<input type="checkbox"/> Liquor Liability Buyback	
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Garagekeepers Symbol 30 <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive Collision <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table style="width: 100%;"> <tr> <td style="width: 33%;">_____ Limit Location 1</td> <td style="width: 33%;">_____ 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> 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>)	_____ Limit Location 1	_____ Maximum Limit Per Auto	_____ Limit Location 2		_____ Limit Location 3	_____ Deductible Per Auto									
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