



# 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**

How do you transport autos?  Driven by Employees  Driven by Temporary or Contract Driver  
 Towing capacity: \_\_\_\_\_  Owned Tow Truck or Car Hauler  Owned Tow Bar or Dolly  
 Contracted to a third party Tow Truck or Car Hauler

Do you:

Engage in any other operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dismantle autos or have salvage operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in fuel conversion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Own or operate a car crusher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engage in performance enhancements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stack salvaged autos more than 2 high?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tow for hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work at airport, seaport or railroad premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repossess vehicles for others?	<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

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

Do you:

Accompany customers in the service/repair area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Secure all keys in a lock box or a secure cabinet away from vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all spray painting operations confined 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: \_\_\_\_\_



## DEALER OPERATIONS

Retail %    Internet %    Consigned %    (Provide copy of consignment agreement.)  
 Wholesale %    Auction %

Non-Franchised Dealership     New Auto/ Franchised Dealership

Do you obtain Drivers License and Proof of Insurance before all test drives?  Yes  No  
 Are all test drives accompanied by a salesperson?  Yes  No  
 Do you allow extended or overnight test drives?  Yes  No  
 Do you rent or loan dealer plates to others?  Yes  No  
 Do you 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

## DEALERS COVERAGES & LIMITS

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

Auto Dealers Liability  <input type="radio"/> Symbol 22 & 29 or <input type="radio"/> Symbol 21  Deductible _____	<table border="0" 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;"><i>same as above</i></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.    # of Dealer Plates: _____</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	<i>same as above</i>	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.    # of Dealer Plates: _____	<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.
Covered Autos Liability	_____	Each Accident																																						
General Liability BI & PD	<i>same as above</i>	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.    # of Dealer Plates: _____																																						
<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.																																						
<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.																																						

### Additional Insureds

<input type="checkbox"/> Lessor of Leased Equipment (CA 2047) <input type="checkbox"/> Grantor of Franchise (CA 2049) <input type="checkbox"/> Owner of Leased or Rented Land or Premises (CA 2509) <input type="checkbox"/> Designated Person or Organization (CAG 1712) <input type="checkbox"/> Scheduled Person or Organization Primary and Non-Contributory (CAG 1752) <input type="checkbox"/> Waiver of Subrogation (CA 0444)	Relationship to Insured: _____ Name: _____ Address: _____ _____
---	--

### Dealers Physical Damage

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 and 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 / Storage Lots	%
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>	%	Tire Sales, Installation, Service or Repair	%
Body & Paint Shop	%	Trailer Hitch Installation or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Upholstery	%
Car Wash - Full Service	%	Valet Parking*	%
Convenience Store <b>Receipts:</b>	%	Van Conversion	%
Driveaway Contractor	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Frame or Unibody Straightening	%	Window Tinting	%
<input type="checkbox"/> Repair <input type="checkbox"/> Modification		Windshield Installation/Repair	%
Gasoline Station: Full Service	%	Wrecker Service: For-Hire	%
Gasoline Station: Self Service only		Wrecker Service: Not-For-Hire	%
<b>Convenience Store Receipts:</b>	%	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  Deductible _____	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Auto Only</td> <td style="width: 30%;"></td> <td style="width: 40%;">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 &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"/> Assault & Battery Buyback <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Liquor Liability Buyback  <input type="checkbox"/> Transporter / Registration / Repairer 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										

Additional Insureds	
<input type="checkbox"/> Lessor of Leased Equipment (CA 2047) <input type="checkbox"/> Grantor of Franchise (CA 2049) <input type="checkbox"/> Owner of Garage Premises (CA 2509) <input type="checkbox"/> Designated Person or Organization (CAG 1912) <input type="checkbox"/> Scheduled Person or Organization Primary and Non-Contributory (CAG 1952) <input type="checkbox"/> Waiver of Subrogation (CA 0444)	Relationship to Insured: _____ Name: _____ Address: _____ _____

Garagekeepers  <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 style="width: 100%; border: none;"> <tr> <td style="width: 30%;">_____</td> <td style="width: 30%;">Limit Location 1</td> <td style="width: 40%;">_____</td> <td style="width: 40%;">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> <input type="checkbox"/> For-Hire In-Tow Coverage Buyback <i>(subject to guidelines)</i> _____    Number of Tow Trucks	_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2	_____		_____	Limit Location 3	_____	Deductible Per Auto
_____	Limit Location 1	_____	Maximum Limit Per Auto										
_____	Limit Location 2	_____											
_____	Limit Location 3	_____	Deductible Per Auto										

**\*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.



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

**SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE**  
**Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.**

**Coverage: (check all that apply)** Name: \_\_\_\_\_

Liability Lessor - Additional Insured & Loss Payee Address: \_\_\_\_\_

Uninsured/Underinsured Vehicle: \_\_\_\_\_ \_\_\_\_\_

Personal Injury Protection

Physical Damage:  Comprehensive & Collision, or  Specified Causes & Collision

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_

Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly

Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_

Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly

Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_

Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly

Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_

Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly

Rental / Loaner  Personal Use

Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ VIN: \_\_\_\_\_

GVW: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles Stated Value: \$ \_\_\_\_\_

Check all that apply:  Towing: For-Hire  Towing: Not-for-Hire  Trailer or Tow Dolly

Rental / Loaner  Personal Use

**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.

---

**Witness**

**Date**

---

**Applicant's Signature**