



**Application
Dealer and Non-Dealer Garage**

Agency & SIU Agency # _____
 Address _____
 City _____ State _____ Zip _____

Policy Number _____
 Named Insured _____ Individual Partnership Corporation
 Trade Name _____ Business Phone Number: _____
 Mailing Address _____ Description of Operations: _____
 Location Address _____ City _____ State _____ Zip _____
 Coverage is desired from _____ to _____ Coverage Bound Yes No With Whom? _____

Limits of Liability and Coverage(s) Requested Hazard I Hazard II
 Aggregate (Garage operations only)
 Each Accident _____

Liability

Bodily Injury & Property Damage Liability CSL
 (Property Damage Liability – Subject to \$100 deductible completed operations unless otherwise defined)
 Maximum mileage per drive-away or delivery 0-300 301-500 501-Unlimited

Uninsured Motorist Protection

Uninsured Motorist \$ _____ CSL Single Limit or \$ _____ Split Limit _____ Number of Dealer Plates _____
 Reject

Medical Payments Premises Only Premises & Auto Combined (only for Hazard I)

Medical Payments \$1,000 \$2,000 \$5,000 **Employees are not insured by medical payments**

Garagekeepers Coverage Legal Liability Direct Primary

\$ _____ Limit per location Specified Peril or Comprehensive deductible 500/2500 1000/5000 2500/12,500
 \$ _____ Maximum value any one unit Collision 500 1000 2500

Dealers Physical Damage – (DOL)

\$ _____ Limit per location Specified Peril or Comprehensive deductible 500/2500 1000/5000 2500/12,500
 \$ _____ Maximum value any one unit Collision 500 1000 2500

Lein: _____

Provide for all Owners, Partners, Officers, Full and Part Time Drivers, All Independent Contractors and Employees, Household Members of Any Person Insured (use separate schedule if necessary)

Name	Date of Birth	License Number	State	# Viols or Acc	Exper.	Job Duties	Mar, Div, Single	Furnished Auto	Children's Ages

Do you sell any of the following:

Autos	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Classic Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Pick-up Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Antique Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Buses	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Sports Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Motor Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Tractors/Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

Underwriting Information

Do You:

- | | | | |
|--|--|--|--|
| 1) Engage in any other operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11) Handle or sell LP gas? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Sell any used parts? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12) Allow customers to test drive vehicles unaccompanied? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) Engage in auto dismantling or salvage operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13) Have underground storage tanks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Modify vehicles for performance, style or handling characteristics? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14) Employ any employees under 21? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5) Install or repair trailer hitches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15) Sell used, recaps or retread tires? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6) Repossess vehicles? How many per year? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16) Accept consigned autos? If yes, enclosed copy of agreement. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7) Have any security guards? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17) Use driver services, pick-up drivers or subcontractors? How often? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8) Own or operate tank trucks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18) Conduct painting on premises? Is paint booth UL or explosive proof? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9) Own or operate a haulaway vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19) Rent, lease or loan vehicles, machinery or equipment to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Own or operate a trailer in excess Of 2000 lbs. GVW? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20) Does applicant own or sponsor racing vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Explain all "Yes" responses: _____

Answer the following only if Dealers Physical Damage or Garagekeepers Liability is requested:

How are vehicles protected? _____
 Where are customers vehicles stored? _____
 Where are keys to vehicles kept? _____
 List all locations to be covered: _____
 Give full description of premises: _____

LOSS EXPERIENCE:

Term	Carrier & Policy Number	Premium	Losses (Describe with amount paid and type)

Has coverage ever been cancelled, declined or non-renewed? _____ Have you ever filed for reorganization or bankruptcy? _____
 Will premium be financed? Yes No If yes, with whom? _____

I hereby apply to Company for a policy of Insurance as set forth in this application on the basis of the statements contained herein. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect the acceptance of the risk by the company. I understand that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics, credit history and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. I agree to submit to loss control inspections, as often as the company may reasonably require. I agree that refusal to submit to an inspection and or audit is grounds for cancellation of my policy.

_____ Signature of Named Insured	_____ Date
_____ Signature of Producing Agent	_____ Date