



AUTO DEALERS AND GARAGE APPLICATION

Proposed Effective Date: _____
 Proposed Expiration Date: _____

Producer: Name _____
 Address _____
 Phone # _____

Individual
 Partnership
 Corporation
 Joint Venture
 Limited Liability Corp.

Applicant Name: _____
 Mailing Address: _____

Business Phone: _____
 Website: _____

Contact Name & Email: _____

Years in Business: _____
 Years of Experience: _____

Locations: Same as above

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

List any states operations are conducted outside locations scheduled: _____

UNDERWRITING INFORMATION

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you involved in auto leasing or rental operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you involved in importing autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you sell, rent or loan Dealer or Transporter plates to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you allow overnight test drives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you involved in public or livery passenger conveyance or on-demand delivery/courier services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you involved in any racing, race car preparations/repair or race sponsorship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any Liquefied Petroleum Gas (LPG) exposures in your operations?
If yes, do you abide by the NFPA 58 - Liquefied Petroleum Gas Code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are jacks or car lifts located in an unprotected area after work hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are operations conducted from a personal residence?
Do you store autos held for sale at the residence? If yes, include in locations above.
Do you have a homeowners/renters policy in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you involved in any operations under a different entity?
Provide name and details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

PRIOR CARRIER AND LOSS INFORMATION

No Prior Carrier
 No Prior Losses

Prior Carrier	Policy Yr.	Description of Loss	Amount Paid	Amount Reserved

NATURE OF BUSINESS (INDICATE PERCENTAGE OF EACH)

Total of all percentages on this page should equal 100%

**Supplement Required*

SALES

Dealer License Number: _____

- _____ % Antique or Classic Auto Dealer
- _____ % ATV, UTV, Dirt Bike or Snowmobile Dealer*
- _____ % Auto Auction
- _____ % Auto Dealer - PPV and Light/Medium Truck - Franchise
- _____ % Auto Dealer - PPV and Light/Medium Truck - Nonfranchise - Retail
- _____ % Boat or Jet Ski Dealer
- _____ % Bus Dealer*
- _____ % Camper, Fifth Wheel or Travel Trailer Dealer*
- _____ % Consigned Autos - *Include consignment agreement*
- _____ % Contractor's Equipment Dealer*
- _____ % Emergency Vehicle Dealer*
- _____ % Farm Equipment Dealer*
- _____ % Golf Cart Dealer
- _____ % Heavy Truck Dealer*

- _____ % Imported Autos
- _____ % Logging Equipment Dealer*
- _____ % Mining Equipment Dealer*
- _____ % Mobile Home Dealer
- _____ % Motorcycle Dealer*
- _____ % Race Car Dealer
- _____ % RV Dealer*
- _____ % Salvage Titled Autos
- _____ % Semi Trailer Dealer*
- _____ % Tank or Tank Truck Dealer*
- _____ % Trailer Dealer - Utility/Livestock
- _____ % Wholesale Auto Dealer, Broker, or Internet Sales

Miles from personal residence to operation location: _____

PARKING AND STORAGE

Valet Parking:

- _____ % Designated Locations - No Street Driving or Parking*
- _____ % Designated Locations - Including Street Driving or Parking*
- _____ % Blanket Basis - Including Special Events*

- _____ % Impound Yard
- _____ % Long Term Auto Storage
- _____ % Parking Facilities - No Valet
- _____ % RV Storage
- _____ % Watercraft Storage

SERVICE OR REPAIR

- _____ % Airbag Installation or Repair
- _____ % Alarm Installation or Repair
- _____ % Antique or Classic Auto Repair
- _____ % ATV, UTV, Dirt Bike or Snowmobile Repair*
- _____ % Auto Dismantling
- _____ % Auto Maintenance and Repair
- _____ % Autonomous/Self-Driving Autos
What level of automation (SAE Level 0-5)? _____
- _____ % Auto Parts and Accessory Sales *Receipts:* _____
- _____ % Auto Pawning
- _____ % Bedliner Installation
- _____ % Boat or Jet Ski Repair
- _____ % Body Shop & Painting with UL Approved Booth
- _____ % Body Shop & Painting without UL Approved Booth
Explosion Proof Lighting/Adequate Ventilation Present? _____
- _____ % Brake Replacement or Repair
- _____ % Bus Repair*
- _____ % Camper, Fifth Wheel or Travel Trailer Repair*
- _____ % Car Wash - Full Service
- _____ % Car Wash - Self Service
- _____ % Contractor's Equipment Repair*
- _____ % Convenience Store
- _____ % Conversion Shop
- _____ % Detailer
- _____ % Drive-Away Contractor or Concierge
- _____ % Emergency Vehicle Repair*
- _____ % Farm Equipment Repair*
- _____ % Frame Straightening
- _____ % Frame Cutting, Stretching, Shortening
- _____ % Gasoline Station - Full Service
- _____ % Other: _____

- _____ % Gasoline Station - Self Service
- _____ % Golf Cart Repair
- _____ % GPS Installation
- _____ % Heavy Truck Repair*
- _____ % High Performance Shop
- _____ % Ignition Interlock
- _____ % Inspection Station
- _____ % Lift Kit Install *Any over 6"?* _____
- _____ % Logging Equipment Repair*
- _____ % Machine Shop
- _____ % Manufacturing or Assembly - Including Kit Cars
- _____ % Mining Equipment Repair*
- _____ % Mobile Auto Repair
- _____ % Motorcycle Repair*
- _____ % Oil/Lube Shop
- _____ % Refrigeration Unit Servicing
- _____ % Repossession - For-Hire
- _____ % RV Repair*
- _____ % Salvage Yard
- _____ % Semi Trailer Repair*
- _____ % Stereo Installation
- _____ % Tank or Tank Truck Repair*
- _____ % Tire or Rim Dealer or Repair
- _____ % Trailer Repair - Utility/Livestock
- _____ % Upholstery
- _____ % Window Tinting
- _____ % Windshield Replacement/Repair
- _____ % Wrapping of Autos
- _____ % Wrecker For-Hire
- _____ % Wrecker Not-For-Hire

OWNER, EMPLOYEE AND HOUSEHOLD MEMBER INFORMATION

Have all employees and household members been disclosed? Yes No

Full Name	Date of Birth	Driver's License #	State	FT or PT	Class See Below	# Acc/Viol (past 3 yrs)	Has Pers. Auto policy?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

FURNISHED a Covered Auto for Personal Use

Class A - any individual working in the business who is Furnished
 Class B - non-employees without a personal auto policy in place
 Class C - non-employees with a personal auto policy in place

**NOT FURNISHED a Covered Auto for Personal Use
Use Primary Job Duty**

Class D - auto salespeople, contract drivers or valet parkers
 Class E - mechanics or lot persons
 Class F - clerical or sales counter duties

LIABILITY COVERAGE

Symbol(s): 21 - Any Auto 22 - Any Owned Auto 28 - Hired Autos 29 - Non-Owned Autos
 Pickup & Delivery Distance: 0-300 Miles Over 300 Miles

Deductible: _____
 Covered Autos Liability _____ Limit Each Accident
 General Liability - Bodily Injury & Property Damage _____ Limit Each Accident
 Damage to Premises Rented to You _____ Limit Any One Premises
 Personal & Advertising Injury Liability _____ Any One Person or Organization
 _____ General Liability Aggregate
 _____ Products & Work You Performed Aggregate

LOT PROTECTION TYPES

Building: structure with roof and walls Standard Lot: 6' metal cyclone or equivalent fence
 Non-Standard Lot: fencing other than standard Unprotected: no fencing around entire lot

GARAGEKEEPERS COVERAGE

Coverage: Specified Causes Comprehensive Collision Deductible: _____
 Coverage Basis: Legal Liability Direct Excess Direct Primary Per Auto Limit: _____

Loc:	Lot Protection:	Lot Limit:	Loc:	Lot Protection:	Lot Limit:
1.	_____	_____	5.	_____	_____
2.	_____	_____	6.	_____	_____
3.	_____	_____	7.	_____	_____
4.	_____	_____	8.	_____	_____

DEALER'S PHYSICAL DAMAGE COVERAGE

Coverage: Specified Causes Comprehensive Collision Deductible: _____
 False Pretense - Are customers accompanied on test drives? _____ Per Auto Limit: _____

Loss Payee Name and Address: _____

Loc:	Lot Protection:	Lot Limit:	Average Number of autos held for sale:	If Lot Protection is Building:	
				Is the building sprinklered?	Is there a Central Station Fire Alarm?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

UNINSURED, UNDERINSURED AND PERSONAL INJURY PROTECTION

<input type="checkbox"/> Uninsured Motorists Limit: _____	Number of Dealer Plates: _____
<input type="checkbox"/> Underinsured Motorists Limit: _____	
<input type="checkbox"/> Personal Injury Protection Limit: _____	
<input type="checkbox"/> Virginia Medical Expense & Income Loss Limit: _____	

OPTIONAL COVERAGES

<input type="checkbox"/> Locations & Operations Medical Payments Limit Per Person: _____ <input type="checkbox"/> Auto Medical Payments Limit Per Person: _____ <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Drive Other Car <input type="checkbox"/> Employee Benefits Liability <input type="checkbox"/> Employers Liability Insurance (Stop Gap) - only available in North Dakota, Ohio, Washington and Wyoming <input type="checkbox"/> \$100,000 Each Accident - \$100,000 Each Employee - \$200,000 Aggregate <input type="checkbox"/> \$300,000 Each Accident - \$300,000 Each Employee - \$600,000 Aggregate <input type="checkbox"/> \$500,000 Each Accident - \$500,000 Each Employee - \$1,000,000 Aggregate <input type="checkbox"/> \$1,000,000 Each Accident - \$1,000,000 Each Employee - \$2,000,000 Aggregate	Auto Dealers Acts, Errors or Omissions <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Odometer <input type="checkbox"/> Insurance Agents or Brokers <input type="checkbox"/> Title
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ADDITIONAL INSURED OPTIONS

Additional Insured - Owner of Leased or Rented Land or Premises (AGP-023)

Additional Insured - Lessor of Leased Equipment (AGP-019)

Additional Insured - Grantor of Franchise (AGP-020)

Designated Insured (AGP-018) - *Describe Interest*

Waiver of Transfer of Rights of Recovery Against Others to Us (AGP-035)

Blanket Waiver of Transfer of Rights of Recovery Against Others to Us (AGP-044)

Primary and Noncontributory (AGP-007)

SCHEDULED AUTOS - Available in AL, CA, MS, MO, OH, SD, TN, TX, WA, WY

Coverage(s):	<input type="checkbox"/> Liability	<input type="checkbox"/> Specified Causes	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Collision
Physical Damage Deductible:	_____	Are Scheduled Autos owned by this entity?		_____
Year/Make/Model	GVW	VIN	Vehicle Value	Towing (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If trailers are scheduled above, what is the maximum numbers of autos they can transport? _____
 What is the maximum distance traveled by scheduled autos? _____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

_____ PRODUCER'S SIGNATURE	_____ DATE	_____ APPLICANT'S SIGNATURE	_____ DATE
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