

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 <i>(see below)</i>	Full Time or Part Time <i>(see below)</i>	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. Inactive Owners, Inactive Partners, Inactive Officers.
 Clerical staff, Lot personnel, Mechanics. Non-Employee - Spouse, Domestic Partner, Children.
 Independent Contractors.
 Contract Driver - provide name(s), or Blanket Contract Drivers.

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

- Do you:
- | | | | |
|---|--|--|--|
| Engage in any other operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stack salvaged autos more than 4 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: _____ % Wholesale/Brokers/Internet: _____ %
 New Auto/ Franchised Dealership Auction: _____ % Consigned: _____ %
(Provide copy of consignment agreement.)

Number of Dealer Plates _____ Plate numbers: _____
 Do you Lease, Rent, Loan or Sell plates to others? Yes No
 If yes, explain: _____
 How are plates 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 <input type="checkbox"/> Symbol 22 & 29 or <input type="checkbox"/> Symbol 21 Deductible _____	<table style="width: 100%; border-collapse: collapse;"> <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 & PD</td> <td style="text-align: center;">same as above</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 & 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 & Work Performed</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> <tr> <td>Loc & 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 & 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.</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	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	<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.	<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.
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Dealers Physical Damage Symbol 31 <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	Owned Auto Coverage: _____ Limit Location 1 _____ Maximum Limit Per Auto _____ Limit Location 2 _____ _____ Limit Location 3 _____ Deductible Per Auto 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. (subject to guidelines) <input type="checkbox"/> False Pretense Types of Autos: <input type="checkbox"/> New Autos <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles <u>Interest(s) Covered (Check all that apply):</u> <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.
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Dealer's Acts, Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Insurance Agents E&O
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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*	%
Driveway 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	%
Gasoline Station: Full Service	%	Window Tinting	%
Gasoline Station: Self Service only	%	Windshield Installation/Repair	%
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%; border: none;"> <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 _____ 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"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Registration / Repairer / Transporter 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													
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____</td> <td style="width: 33%;">Limit Location 1</td> <td style="width: 33%;">_____</td> <td>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>) *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.			_____	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												

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 No
 Require a Federal Filing? Yes No
 Tow, Haul or Carry more than 2 autos at once? Yes No
 Tow 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 Specified Causes
- Uninsured/Underinsured Comprehensive
- Personal Injury Protection 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: _____

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

- 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 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.

Applicant's Signature

Date

Witness