

Used Auto and Motorhome Dealer Application

COLUMBIA INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

| | | |
|--------------------------------------|-------|-----------------------|
| | Name | “dba” (if applicable) |
| <input type="checkbox"/> Corporation | _____ | |
| <input type="checkbox"/> Partnership | _____ | |
| <input type="checkbox"/> Individual | _____ | |
| <input type="checkbox"/> Other | _____ | |

2. Business (physical) address _____

3. Mailing address _____

4. Website address _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name _____

6. Description of operation _____

7. Type of Operation:

| | | |
|---|---|---|
| <input type="checkbox"/> Franchised Dealer | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Wholesale Dealer/Auto Broker |
| <input type="checkbox"/> Non-Franchised Dealer | <input type="checkbox"/> Automobile Dismantling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment & Implement Dealer | | |

8. Please check those items below that are part of your dealer operation:

| | % of Operation | | % of Operation |
|--|-------------------|---|-------------------|
| <input type="checkbox"/> Private Passenger Autos | _____ | <input type="checkbox"/> Motor Homes | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> Buses | _____ |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Antique Auto | _____ |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____ | <input type="checkbox"/> Autos Valued Over \$40,000 | _____ |
| <input type="checkbox"/> Trucks Over 10,000 GVW | _____ | <input type="checkbox"/> Contractor Equipment | _____ |
| <input type="checkbox"/> Tractors | _____ | <input type="checkbox"/> Internet Sales of Autos (Incl. EBay) | _____ |
| <input type="checkbox"/> Trailers | _____ | <input type="checkbox"/> Internet Sales of Parts/Accessories | _____ |
| <input type="checkbox"/> High Performance/Exotic Car Sales | _____ | <input type="checkbox"/> Farm Equipment/Implement Dealer | _____ |
| | | <input type="checkbox"/> Other | _____ |

9. Person to Contact:

For inspection (name & phone number) _____

For accounting records (name & phone number) _____

10. Current management has controlled the business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

| Policy Term | Insurance Company Name | Premium | Description of Loss (if any) | Loss Date | Amount Paid |
|-------------|------------------------|---------|------------------------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

(b) Have you ever been cancelled or non-renewed for this kind of insurance? Yes No If yes, explain _____

(c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? Yes No If yes, provide complete details _____

13. (a) List major owners/shareholders, management:

| Name | Years with Company | % of Ownership |
|------|--------------------|----------------|
| | | |
| | | |

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

(d) How many autos did you sell in the past year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you accept autos on consignment? Yes No If yes, _____% of operation

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

16. Plates Held by Applicant (indicate number held): _____ Dealer _____ Transporter
 _____ Repairer _____ Other

List plate identification numbers assigned by the state _____

Are plates attached to owned autos? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

17. **Limits of Liability and Coverage(s) Requested (check desired coverage and insert limits)**

I. LIABILITY

| | | |
|---|-------------------------|---------------------------------------|
| | Each Accident | Aggregate (Garage Operations Only) |
| <input type="checkbox"/> Bodily Injury & Property Damage Liability | \$ _____ | \$ _____ |
| (Property Damage Liability Subject to \$100 Deductible Completed Operations) | (Combined Single Limit) | (Maximum Aggregate Limit - 2 Million) |

List All Locations to be Covered for Bodily Injury and Property Damage Liability

| | |
|------------------------|------------------------|
| Location No. 1 Address | Location No. 3 Address |
| Location No. 2 Address | Location No. 4 Address |

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit: \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED MOTORIST

| UNINSURED MOTORIST COVERAGE | | |
|-----------------------------|---------------|--------------|
| Single Limit | Split Limits | |
| | Bodily Injury | |
| | Per Person | Per Accident |
| | | |

IV. GARAGEKEEPERS COVERAGE

NOTE: In-tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on direct primary basis only)

(pick one of the following)

- Legal Liability
- Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

18. List All Business Locations to be Covered for Garagekeepers Coverage

| Loc. No. | Garagekeepers Limit | Garagekeepers | | | |
|----------|---------------------|------------------------|------------------------|--------------------|--------------------|
| | | Average Value Per Auto | Maximum Value Per Auto | Average # of Autos | Maximum # of Autos |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

V. DEALERS PHYSICAL DAMAGE *Non-Reporting Form Only, 80% Co-Insurance Clause Applies

Specified Causes of Loss (select desired deductible)

\$500 \$1,000 \$2,500 \$5,000

AND

Collision (select desired deductible)

\$500 \$1,000 \$2,500 \$5,000

List All Business Locations to be Covered for Dealers Physical Damage Coverage

| Loc. No. | Dealers Physical Damage Limit | Dealers Physical Damage | | | |
|----------|-------------------------------|-------------------------|------------------------|--------------------|--------------------|
| | | Average Value Per Auto | Maximum Value Per Auto | Average # of Autos | Maximum # of Autos |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Any loss payees? Yes No If yes, give name and address of loss payee _____

Is false pretense coverage desired? Yes No

If yes, select limit: \$25,000 \$50,000 \$100,000

Have you experienced any past losses pertaining to false pretense coverage? Yes No

If yes, explain _____

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(a) Do you own and operate an automobile transporter, tow truck, tank truck or tank trailer? Yes No

(b) Do you desire coverage? Yes No

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

| Vehicle # | Model Year | Vehicle Make & Model | Vehicle Identification Number | Gross Vehicle Weight (GVW) | Body Type (pickup, sedan, etc.) | Maximum Radius of Operation | Garaging Location (city, state) | Current Vehicle Value | Physical Damage Deductible | Is a plate permanently attached? Y or N |
|-----------|------------|----------------------|-------------------------------|----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------|----------------------------|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

Check desired coverages for scheduled autos and/or plates:

Liability (must match the garage liability limit)

UM Limit (policy level) \$ _____

Medical Payments Limit (must match the garage medical payments limit)

Physical Damage (select type for each unit on which coverage is desired)

Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision

Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision

Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

Is in-tow desired? Which units? _____

In-Tow Limit: \$ _____

In-Tow Deductible: \$ _____

RATING INFORMATION

20. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

CLASS I EMPLOYEES

Number

Number

Definitions:

- | | | | |
|--|-------|--|-------|
| (A) Proprietors, Partners, Executives Active in the Business | _____ | (E) Other Employees Whose Principal Duty is Driving Garage Vehicles or Who are Furnished Garage Vehicles | _____ |
| (B) Sales Persons | _____ | (F) Other Employees or Operators Whose Duty is Driving Garage Vehicles for Delivery or Drive-Away | _____ |
| (C) General Managers | _____ | (G) All Other Employees | _____ |
| (D) Service Managers | _____ | | |

COMPLETE ALL SECTIONS BELOW:

Owner & Employee Driver Information

| Loc. No. | Name | *Job Duty or Job Title | Full Time (FT) **Part Time (PT) | Date of Birth | State Where Licensed | Drivers License # | Number of Accidents Last 3 Years | Number of Violations Last 3 Years | Explain |
|----------|------|------------------------|------------------------------------|---------------|----------------------|-------------------|----------------------------------|-----------------------------------|---------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

*Insert letter from above definitions

**Part Time = less than 20 hours per week

Number

CLASS II EMPLOYEES (NON-EMPLOYEES)

- | | |
|---|-------|
| (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished. | _____ |
| (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. | _____ |
| (3) List all members of your household who are <u>14 years of age</u> and older regardless of whether licensed or operating vehicles. | _____ |
| (4) Any other persons furnished an auto. | _____ |

List All Non-Employees as Defined Above:

| Name | Date of Birth | If Member of Household, Show Relationship | State Where Licensed | Driver License # | Number of Accidents Last 3 Years | Number of Violations Last 3 Years | Explain |
|------|---------------|---|----------------------|------------------|----------------------------------|-----------------------------------|---------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

UNDERWRITING INFORMATION

21. Is the operation in Question 6 your primary operation? If not, explain _____ 21. Yes No
22. (a) Where do you obtain autos held for sale? _____
(b) How are they delivered? (i.e., by drive-away, tow truck, auto transporter, etc.) _____
23. (a) If by drive-away, estimated total number of trips annually _____
(b) Who operates the units that are delivered by drive-away?
 Full Time Employees Part Time Employees Contractors
(c) Name(s) of drive-away operators _____
24. Maximum mileage per drive-away or delivery 0-150 miles Over 150 miles
(NOTE: Policy will include radius restriction based on indicated mileage)
25. Do you sell or distribute butane, propane, other liquefied gas under pressure or ammonium nitrate? 25. Yes No
26. (a) Do you sell tires?
_____ % of receipts New tires _____ % Used tires _____ % 26. (a) Yes No
(b) Do you recap or retread tires? 26. (b) Yes No
27. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation 27. Yes No
28. Do you hold a salvage dealer license or operate a salvage yard? 28. Yes No
29. Do you salvage cars for re-sale? 29. Yes No
30. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation 30. Yes No
31. Do you weld gas tanks? 31. Yes No
32. Do you repossess autos? 32. Yes No
33. Do you sell parts? Gross receipts from parts sold but not installed _____
 Used Parts _____ % New Parts _____ % 33. Yes No
34. Do you have automatic car washes on location? (\$500 deductible applies) 34. Yes No
35. (a) Do you spray paint at your business location? 35. (a) Yes No
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? 35. (b) Yes No
36. (a) Are customers permitted to test drive autos? 36. (a) Yes No
(b) If yes, are customers accompanied by a salesperson during test drives? 36. (b) Yes No
(c) Are customers allowed test drive autos overnight? 36. (c) Yes No
37. (a) Do you loan autos to customers? 37. (a) Yes No
(b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? 37. (b) Yes No
38. Do you rent autos to customers while their units are left for service repair? 38. Yes No
39. Do you furnish autos to anyone? 39. Yes No
40. Do you sponsor any racing events? 40. Yes No
41. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 41. Yes No
42. Do you pick up or deliver customers' autos? 42. Yes No
43. **PREMISES**
Where are the units held for sale stored (in building, open lot, etc.)? _____
If open lot, is lot floodlighted? 43. Yes No
Are attendants or night watchmen employed? Yes No
Is there an alarm system? If yes, what kind? _____ Yes No
Is lot fenced? Yes No
If yes, describe (e.g., chained, posts 4 feet apart) _____
Are keys locked when stored after hours? Yes No
Where are keys kept? Explain _____
Are customers permitted in the service area? Yes No
How many service bays do you have? _____ Any service pits? If so, how many? _____
Do you have fire and smoke alarms? Yes No
Do you have fire extinguishers? Yes No
Are firearms kept on premises? Yes No
Do you occupy all of the premises? Yes No
Do you lease part of premises to others? If yes, to whom? _____ Yes No
Is your operation located at your private residence? Yes No
If yes, do you have homeowners or renters insurance? Yes No

