

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258



Scottsdale Indemnity Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Insurance Company

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Columbus, Ohio 43215
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company

Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

AUTO DEALERS ERRORS AND OMISSIONS SUPPLEMENTAL APPLICATION
(To be completed in addition to CGZ-APP-6 Application for Garage Policy)

Applicant Name: _____

1. **Errors and Omissions Limits:** \$25,000 \$50,000 \$100,000
 \$300,000 \$500,000 \$1,000,000

2. **Deductible:** \$500 \$1,000 \$2,500 (Financial Statement Required)

Truth-In-Lending

3. Financing Procedures:

In-House..... Percent of sales _____%

Do you follow Federal, State and Local Truth-in-Lending statutes? Yes No

Is the auto's title transferred into the customer's name at time of possession?..... Yes No

Is the dealership listed as the lienholder on the title?..... Yes No

Do you verify customer insurance coverage? Yes No

Do you perform repossessions?..... Yes No

If yes:

Is the operation insured under separate cover? Yes No

Is insurance verified for independent repossessions firms used? Yes No

Dealer Arranges Financing with Outside Firm Percent of sales _____%

Name and title of staff member arranging financing: _____

Experience of staff member arranging financing: _____

Do you have in-house approval authority?..... Yes No

Do you follow Federal, State and Local Truth-in-Lending statutes? Yes No

Do you require final approval prior to releasing the auto? Yes No

Customer Arranges Own Financing..... Percent of sales _____%

Odometer/Damage Disclosure

4. Verification procedures used for odometer/damage disclosure:

Carfax or similar industry report on all autos

Title search on all autos

Vehicle inspection on all vehicles by:

In-house mechanic

Independently insured mechanic (Certificate of Insurance must be on file)

5. Describe procedures if prior damage or salvage title is discovered: _____

6. Disclosure procedures used:

- Checklist
- Customer written acknowledgement
- Other: _____

Auto Titling

7. Staff member responsible for DMV paperwork: _____

8. Experience of staff member: _____

9. Describe procedure for verification that titles and liens are filed accurately: _____

Refer to the application form for state fraud warnings.

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

Applicant's Name/Title

Applicant's Signature (Must be signed by an authorized representative, owner, partner or executive officer)

Date

Producer's Name

Date