



**GARAGE AND AUTO DEALERS
APPLICATION**

Proposed Effective Date: _____
 Proposed Expiration Date: _____

Producer: Name _____
 Address _____
 Phone # _____

Applicant Name and Mailing Address:

- Individual
- Partnership
- Corporation
- Joint Venture
- Limited Liability Corp.

Contact & Email: _____

Business Phone: _____
 Years in Business: _____

Website Address: _____
 Years of Experience: _____

Locations: Same as above

1 _____
 2 _____
 3 _____

| PRIOR CARRIER AND LOSS INFORMATION | | | | |
|------------------------------------|-----------|---------------------|-------------|-----------------|
| Prior Carrier | Policy Yr | Description of Loss | Amount Paid | Amount Reserved |
| | | | | |
| | | | | |
| | | | | |

EMPLOYEE INFORMATION

| Full Name and Date of Birth | FT or PT | Class (see below) | Moving Violations (past 3 years) |
|-----------------------------|----------|-------------------|----------------------------------|
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| | | | |

Furnished an Auto for Personal Use

- Class A - principal or employee
- Class B - non-employees without a personal auto policy in place
- Class C - non-employees with a personal auto policy in place

Not Furnished an Auto for Personal Use

- Class D - any individual whose primary duty involves operation of covered autos
- Class E - mechanics or lot persons
- Class F - clerical or sales counter duties

NATURE OF BUSINESS (INDICATE PERCENTAGE OF EACH)

Total of all percentages on this page should equal 100%

SALES

- | | |
|---|--|
| <input type="checkbox"/> % Antique or Classic Auto Dealer | <input type="checkbox"/> % Farm Equipment Dealer |
| <input type="checkbox"/> % ATV, UTV, Dirt Bike or Snowmobile Dealer | <input type="checkbox"/> % Golf Cart Dealer |
| <input type="checkbox"/> % Auto Auction | <input type="checkbox"/> % Heavy Truck Dealer |
| <input type="checkbox"/> % Auto Dealer - PPV and Light/Medium Truck | <input type="checkbox"/> % Motorcycle Dealer |
| <input type="checkbox"/> % Boat or Jet Ski Dealer | <input type="checkbox"/> % RV Dealer |
| <input type="checkbox"/> % Bus Dealer | <input type="checkbox"/> % Semi Trailer Dealer |
| <input type="checkbox"/> % Camper or Travel Trailer Dealer | <input type="checkbox"/> % Tank or Tank Truck Dealer |
| <input type="checkbox"/> % Contractor's Equipment Dealer | <input type="checkbox"/> % Trailer Dealer - Utility or Livestock |
| <input type="checkbox"/> % Emergency Vehicle Dealer | <input type="checkbox"/> % Wholesale Auto Dealer |

PARKING AND STORAGE

- | |
|---|
| <input type="checkbox"/> % Impound Yard |
| <input type="checkbox"/> % Parking Facilities - No Valet |
| <input type="checkbox"/> % RV Storage |
| <input type="checkbox"/> % Valet Parking - Designated Locations - No Street Driving or Parking |
| <input type="checkbox"/> % Valet Parking - Designated Locations - Including Street Driving or Parking |
| <input type="checkbox"/> % Valet Parking - Blanket Basis - Including Special Events |

SERVICE OR REPAIR

- | | |
|---|--|
| <input type="checkbox"/> % Airbag Installation or Repair | <input type="checkbox"/> % GPS Installation |
| <input type="checkbox"/> % Alarm Installation or Repair | <input type="checkbox"/> % Heavy Truck Repair |
| <input type="checkbox"/> % Antique or Classic Auto Repair | <input type="checkbox"/> % High Performance Shop |
| <input type="checkbox"/> % ATV, UTV, Dirt Bike or Snowmobile Repair | <input type="checkbox"/> % Ignition Interlock |
| <input type="checkbox"/> % Auto Dismantling | <input type="checkbox"/> % Inspection Station |
| <input type="checkbox"/> % Auto Maintenance and Repair | <input type="checkbox"/> % Machine Shop |
| <input type="checkbox"/> % Auto Parts and Accessory Sales | <input type="checkbox"/> % Manufacturing or Assembly |
| <input type="checkbox"/> % Bedliner Installation | <input type="checkbox"/> % Mobile Auto Repair |
| <input type="checkbox"/> % Boat or Jet Ski Repair | <input type="checkbox"/> % Motorcycle Repair |
| <input type="checkbox"/> % Body Shop & Painting with UL Approved Booth | <input type="checkbox"/> % Oil/Lube Shop |
| <input type="checkbox"/> % Body Shop & Painting without UL Approved Booth | <input type="checkbox"/> % Refrigeration Unit Servicing |
| <input type="checkbox"/> % Brake Replacement or Repair | <input type="checkbox"/> % Rental or Leasing Operations |
| <input type="checkbox"/> % Bus Repair | <input type="checkbox"/> % Repossession - For-Hire |
| <input type="checkbox"/> % Camper or Travel Trailer Repair | <input type="checkbox"/> % RV Repair |
| <input type="checkbox"/> % Car Wash - Full Service | <input type="checkbox"/> % Salvage Yard |
| <input type="checkbox"/> % Car Wash - Self Service | <input type="checkbox"/> % Semi Trailer Repair |
| <input type="checkbox"/> % Contractor's Equipment Repair | <input type="checkbox"/> % Stereo Installation |
| <input type="checkbox"/> % Convenience Store | <input type="checkbox"/> % Tank or Tank Truck Repair |
| <input type="checkbox"/> % Conversion Shop | <input type="checkbox"/> % Trailer Repair - Utility or Livestock |
| <input type="checkbox"/> % Detailer | <input type="checkbox"/> % Tire Dealer or Repair |
| <input type="checkbox"/> % Drive-Away Contractor | <input type="checkbox"/> % Window Tinting |
| <input type="checkbox"/> % Emergency Vehicle Repair | <input type="checkbox"/> % Windshield Replacement or Repair |
| <input type="checkbox"/> % Farm Equipment Repair | <input type="checkbox"/> % Wrapping of Autos |
| <input type="checkbox"/> % Gasoline Station - Full Service | <input type="checkbox"/> % Wrecker For-Hire |
| <input type="checkbox"/> % Gasoline Station - Self Service | <input type="checkbox"/> % Wrecker Not-For-Hire |
| <input type="checkbox"/> % Golf Cart Repair | <input type="checkbox"/> % |

LIABILITY COVERAGE

Symbol(s): 21 - Any Auto
 22 - Any Owned Auto
 28 - Hired Autos
 29 - Non-Owned Autos

Deductible: _____

Pickup & Delivery Distance: 0-200 Miles
 Over 200 Miles

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
 Liability Deductible: _____ Products & Work You Performed Aggregate

GARAGEKEEPERS COVERAGE

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

Lot Limit: _____ Per Vehicle Limit: _____

DEALER'S PHYSICAL DAMAGE COVERAGE

Coverage: Specified Causes Lot Protection: Building
 Comprehensive Standard Lot (6' metal cyclone or equivalent fence)
 Collision Non-Standard Lot (fencing other than standard)
 False Pretense Unprotected (no fencing)

Deductible: _____

Lot Limit: _____ Per Vehicle Limit: _____

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 Dealers Acts, Errors or Omissions |
| <input type="checkbox"/> Auto Medical Payments Limit Per Person: _____ | <input type="checkbox"/> Truth in Lending |
| <input type="checkbox"/> Broadform PD | <input type="checkbox"/> Odometer |
| <input type="checkbox"/> Drive Other Car | <input type="checkbox"/> Insurance Agents or Brokers |
| | <input type="checkbox"/> Title |

ADDITIONAL INSURED OPTIONS

- Additional Insured - Owner of Leased or Rented Land or Premises

- Lessor - Additional Insured and Loss Payee (AGP-016)

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

- Additional Insured - Grantor of Franchise (AGP-020)

- Designated Insured for Covered Autos Liability Coverage (AGP-018)

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

- Primary and Noncontributory (AGP-007)

SCHEDULED AUTOS

Coverage(s): Liability Specified Causes Comprehensive Collision

Physical Damage Deductible: _____

| <u>Year</u> | <u>Make</u> | <u>Model</u> | <u>VIN</u> | <u>Vehicle Value</u> |
|-------------|-------------|--------------|------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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? _____

Comments: _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files 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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the personal to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA & WY).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI & WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial or insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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