

National Casualty Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215

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



SierraSpecialty

Scottsdale Indemnity Company

Home Office: One Nationwide Plaza
Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive
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Scottsdale Insurance Company

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Scottsdale Surplus Lines Insurance Company

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Scottsdale, Arizona 85258

WHOLESALE AUTO DEALER SUPPLEMENTAL APPLICATION
(To be completed in addition to CGZ-APP-6 Application for Garage Policy)

General Information

Anyone applying for this insurance must qualify under the following guidelines and agree to the terms:

- Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers. **Auto Wholesalers may not sell directly to the public.**
- The company does not provide coverage to furnished autos for individual use unless furnished to an insured or employee in the state where you are licensed as a wholesale auto dealer. Anyone furnished an auto must be reported to the company and, if acceptable, will be listed on the "Schedule of Drivers Furnished Autos" form attached to the policy.

1. Is the applicant an auto wholesaler per the above description? Yes No

If no, describe: _____

2. Provide percentage from where the sale of autos takes place:

Internet Sales.....	_____ %	At Auctions	_____ %
From a Sales Lot	_____ %	Phone Sales.....	_____ %

Location Information:

3. The General Information questions apply to the primary location and any other(s) where you operate from or display or store covered autos.

a. In what state do you hold a wholesale operating license? _____

b. Location address of primary office at auction: _____ Suite No.: _____

c. Although you may hold a wholesale auto dealer license in one state, what is the address of your primary location?

d. Do you display or store covered autos at your primary location? Yes No

e. Secondary location where you operate from or display or store covered autos: _____

f. Describe other locations and their use: _____

4. Are your primary or other locations insured under other policies? Yes No

If yes, indicate insurance carried below:

Garage Insurance General Liability Insurance

Other Commercial Insurance (Describe): _____

5. Do you always take possession of vehicles? Yes No

6. List the major auctions you attend, in order of most frequented:

City and State: _____ City and State: _____

City and State: _____ City and State: _____

7. Provide your percentage of operations (Percentage MUST equal one hundred percent):

Method of Transport	Annual Percentage
Owners/Employees	%
Contract Drivers	%
Drivers other than Owners/Employees (if any, explain below)	%
Customer arranges transport through third party	%
You arrange transport through third party	%
TOTAL	100%

Explain: _____

8. Do you consign your autos to other dealers to be held for sale? Yes No

If yes, are you held harmless from all loss? Yes No

Explain (attach consignment agreement): _____

Dealer Plates and Registration Plates

It is agreed by the applicant that use and control of Dealer Plates or Registration Plates include the following:

- Customers may drive but only for testing, and only while accompanied by the insured or insured's representatives.
- Test drivers must be over twenty-one (21) years old and hold a valid driver's license and personal auto insurance policy.
- Operation of covered autos may also include test drives, servicing, washing, detailing, and movement of covered autos from the point of purchase to the final destination, or similar activity that is usual to garage operations.

9. The Company **prohibits** loaning, renting or leasing your plates to others. Verify by initialing that you understand and will comply. Yes, I understand and will not loan, rent or lease any plates to others.

Applicant's Initials: _____

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 AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an authorized representative, owner, partner or executive officer)

PRODUCER'S NAME: _____ DATE: _____