

Agent Name _____
 and Address _____

 Phone _____ Fax _____

Auto Auction Supplemental Application

(complete for each location)

 Proposed Effective Date _____
 Applicant Name (Legal) _____ Applicant Name (DBA) _____

 How often do you hold an auction? _____

 Do you serve food and/or beverages to persons attending the auction? Yes No

 If "Yes", please describe: _____

About your "employees":

How many are owners? _____	How much are the paid annually? _____
How many full time employees? _____	How much are the paid annually? _____
How many part time employees? _____	How much are the paid annually? _____
How many contract workers? _____	What is the total cost? _____

 Do you sell autos titled in your business name? Yes No
 If "Yes", do you also operate as a licensed dealer? Yes No

 Do you sell autos on a consignment basis? Yes No
 If "Yes", does your Consignment Agreement hold the owner of the auto responsible for
 Physical Damage including theft? (Attach a copy of the agreement) Yes No

How are autos transported to the auction?
 By your drivers
 By your Dealer's drives
 By hired transport.
 Who hires transport? _____
 By Drive-Away contractor.
 Who hires contractor? _____

How are autos transported from the auction?
 By your drivers
 By your Dealer's drives
 By hired transport.
 Who hires transport? _____
 By Drive-Away contractor.
 Who hires contractor? _____

FRAUD NOTICE

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISION

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania Any person who knowingly and with 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 subjects such person to criminal and civil penalties.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I DECLARE THAT THE STATEMENTS AND REPRESENTATIONS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE

The applicant, agent and/or broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant _____
Signature _____
Date _____

Producer _____
Signature _____
Date _____