

Agent Name \_\_\_\_\_  
 and Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AUTO DEALERS AND SERVICE GARAGE APPLICATION**

**GENERAL INFORMATION**

Proposed effective date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Legal Name of Applicant \_\_\_\_\_

DBA Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Applicant is  Individual  Joint Venture  Corporation  LLC  Partnership  Other, Describe \_\_\_\_\_

Years this business entity has been in operation? \_\_\_\_\_

If less than 3 years, explain training and any certifications \_\_\_\_\_

Number of employees, including owner: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Inspection Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years?  Yes  No  
 (Do not answer if risk is in MO)

If yes, explain: \_\_\_\_\_

**LOCATION INFORMATION**

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

1. Describe your operations \_\_\_\_\_

**Indicate percentage of the following type of autos sold and/or repaired**

	Sales	Repair		Sales	Repair
Private passenger, Light & Medium Truck	_____ %	_____ %	Kit Cars or Other Auto Manufacturing	_____ %	_____ %
Boats (Other than Jet Skis)	_____ %	_____ %	Mobile Homes (non-motorized)	_____ %	_____ %
Busses	_____ %	_____ %	Motorcycles	_____ %	_____ %
Bucket Trucks / Cranes / Scissor Lifts	_____ %	_____ %	ATVs, UTVs, Scooters, Snowmobiles	_____ %	_____ %
Contractors Equipment	_____ %	_____ %	Race Cars / Street Rods	_____ %	_____ %
Emergency Vehicles	_____ %	_____ %	Recreational Vehicles	_____ %	_____ %
Farm Equipment	_____ %	_____ %	Semi Trailers	_____ %	_____ %
Public Livery / Transportation	_____ %	_____ %	Trailers, Other than Semi Trailers	_____ %	_____ %
Golf Carts	_____ %	_____ %	OTHER	_____ %	_____ %
Heavy Truck	_____ %	_____ %	Describe _____		
Jet Skis	_____ %	_____ %	_____		



8. Have you owned another business under a different name or entity? Yes No  
 a. If yes, please explain: \_\_\_\_\_
9. Do you have an ownership interest or operate any other business? Yes No  
 a. If yes, provide name and physical address: \_\_\_\_\_  
 b. Describe the operation of the business: \_\_\_\_\_  
 c. What is the relationship between the business indicated and the business we are being asked to insure? \_\_\_\_\_
10. Are there any other businesses or operations at any of your locations? Yes No  
 a. If yes, please explain: \_\_\_\_\_
11. Do you:
- |                                      |  |                            |  |
|--------------------------------------|--|----------------------------|--|
| Keep firearms on the premises?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Own or Sponsor a race car? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any dogs on the premises?       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Repossess vehicles?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Install trailer hitches?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow for hire?              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Work on breathalizers or interlocks? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |  |
- Explain all "Yes" responses \_\_\_\_\_
12. Are autos loaned, leased or rented to customers? Yes No  
 a. Is there a contract agreement? Yes No  
 b. Do you get a copy of the driver's license? Yes No  
 c. Do you verify that the customer has auto insurance? Yes No  
 d. What is the minimum age? \_\_\_\_\_
13. Do you pick up and deliver customers' vehicles? Yes No  
 a. If yes, how many time per week? \_\_\_\_\_  
 b. How far from your shop? \_\_\_\_\_
14. Where are keys and/or dealer plates kept? \_\_\_\_\_

**LOCATION SECURITY INFORMATION**

Loc Num	Lights?	Fenced	Fence Height (ft)	Fence Type	Gates Locked at Night	Watchman	Alarm	Average # of Cars
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station	

**PRIOR INSURANCE AND LOSS HISTORY**

Policy Period	Insurance Company	Limits	Premium	# of Losses	Amount

**ATTACH COPY OF INSURANCE COMPANY LOSS RUNS**

**DEALER SECTION**

**IF YOU ARE NOT A DEALER, CHECK THIS BOX AND GO TO THE NEXT SECTION**  Not A Dealer

1. Sales Breakdown

Retail \_\_\_\_\_ %      Auction \_\_\_\_\_ %  
Wholesale \_\_\_\_\_ %      Consigned \_\_\_\_\_ % (If any, provide copy of consignment agreement)  
Internet \_\_\_\_\_ %

2. How do you transport autos?

- Driven by Employees       Contracted to a 3rd Party Tow Truck or Car Hauler  
 Owned Tow Truck or Car Hauler       Driven by Temporary or Contract Driver  
 Owned Tow Bar or Dolly       Other (Describe) \_\_\_\_\_

3. Do you drive acquired autos over 300 miles from point of purchase to your lot?  Yes  No

- a. If yes, how many trips per year? \_\_\_\_\_  
b. How far one-way for longest trip (road miles)? \_\_\_\_\_

4. How many vehicles do you sell per year? \_\_\_\_\_

- a. What percentage is sold "sight unseen" over the internet? (Vehicle sale not completed on the lot) \_\_\_\_\_ %  
b. Website address: \_\_\_\_\_

5. Please list the number of dealer plates you have for: Autos \_\_\_\_\_ Boats \_\_\_\_\_ Motorcycles \_\_\_\_\_ Trailers \_\_\_\_\_

6. If you repair salvage titled vehicles prior to sale, are repairs: Structural \_\_\_\_\_ % Mechanical \_\_\_\_\_ % Cosmetic \_\_\_\_\_ %

7. Do salespeople always accompany customers on demonstration rides?  Yes  No

- a. If no, what precautions are implemented? \_\_\_\_\_

8. Do you offer in-house financing or Buy Here / Pay Here?  Yes  No

- a. If yes, when are titles transferred? \_\_\_\_\_

9. Do you obtain a Drivers License and Proof of Insurance before all test drives?  Yes  No

10. Do you allow extended or overnight test drives?  Yes  No

**SERVICE SECTION**

**IF YOU DO NOT PERFORM ANY SERVICE WORK, CHECK THIS BOX AND GO TO THE NEXT SECTION**  No Service Operations

1. What percentage of your work is?

Alignment	_____ %	Lift Kit	_____ %	Sound/Alarm System	_____ %
Batteries	_____ %	Muffler	_____ %	Suspension/Frame	_____ %
Body (Not Fiberglass)	_____ %	Oil & Lube	_____ %	Tires	_____ %
Brakes	_____ %	Paint	_____ %	Trailer Hitches	_____ %
Engine Overhaul	_____ %	Race Cars	_____ %	Transmission	_____ %
Fiberglass	_____ %	Radiator	_____ %	Tune Up	_____ %
Frame Straightening	_____ %	Roadside Assistance	_____ %	Wash/Detail	_____ %

(Device is  Laser  Digital  Optical  Mechanical )

Custom/Fabrication	_____ %	Must Describe	_____
Performance Enhance	_____ %	Must Describe	_____
Other	_____ %	Must Describe	_____

2. Are signs posted to keep customers out of the work area?  Yes  No

3. If customers enter the work area, are they always accompanied by an employee?  Yes  No

4. Do you sell gasoline?  Yes  No

a. Annually, Gallons of Gas \_\_\_\_\_

5. Do you sell LP gas?  Yes  No

a. Is the storage tank protected by collision barriers?  Yes  No

b. Are "No Smoking" signs posted?  Yes  No

c. Do only qualified operators fill customer's tanks?  Yes  No

d. How many feet separate storage tank from adjacent buildings and vehicles? \_\_\_\_\_

6. Do you install lift kits?  Yes  No

a. Do you lift over 6"?  Yes  No

b. What percentage is: Body Lifts? \_\_\_\_\_ Suspension Lifts? \_\_\_\_\_

c. What is your training and expertise? \_\_\_\_\_

7. Do you perform any spray painting?  Yes  No

a. If yes, are all spray painting operations completed in a separate, ventilated booth/room?  Yes  No

b. If you have a booth, is it UL approved?  Yes  No  N/A

c. Does the painting area have explosion proof electrical/lights?  Yes  No

d. Are paints/solvents stored in a fire resistive cabinet outside of the painting area?  Yes  No

8. Do you sell or install mobility or medical equipment?  Yes  No

a. If yes, describe and list annual sales \_\_\_\_\_

9. Are solvent waste, oily rags and flammable liquids kept in fire resistant covered containers until removed from the worksite?  Yes  No

10. Do you have any transporter plates?  Yes  No

a. ID#s \_\_\_\_\_

11. If you sell or service tires (Other than motorcycle or roadside assistance) complete the following section:

- a. What percentage of your work is service only, no sales? \_\_\_\_\_ % Describe \_\_\_\_\_
- b. What percentage of your work is? Specialty Tires \_\_\_\_\_ % Off Road \_\_\_\_\_ %  
Racing \_\_\_\_\_ % Construction/Farm Equipment \_\_\_\_\_ %  
Describe \_\_\_\_\_
- c. Do you perform quality control to verify proper installation, tightened lugnuts and matched tire sizes?  Yes  No
- d. By quantity sold, what percentage of tires sold are: New Tires \_\_\_\_\_ % Used Tires \_\_\_\_\_ %
- e. Do you sell new tires manufactured more than 3 years prior to sale date?  Yes  No
- f. For vehicles without dual axles, when selling less than 4 tires, are the newest always installed on the rear axle?  Yes  No
- g. Do you sell used tires manufactured over 4 years ago or with less than 4/32 of useable tread depth?  Yes  No
- h. If you sell used tires, what method do you use to mark them? \_\_\_\_\_
- i. Will you work on split rims?  Yes  No  
(1) If yes, do you have a cage?  Yes  No

**COVERAGES AND LIMITS DESIRED**

<b>Auto Liability Hired Auto Liability</b>	CSL \$ _____ (up to \$1,000,000) <input type="checkbox"/> Yes Cost of Hire \$ _____
<b>Medical Payments</b>	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Auto <input type="checkbox"/> \$2,000 <input type="checkbox"/> Premises <input type="checkbox"/> \$5,000
<b>Personal Injury Protection</b>	(As required by state law)
<b>Uninsured/Underinsured Motorists</b>	CSL \$ _____ See state form where required
<b>General Liability</b>	Each Occurrence \$ _____ (Matches Auto Liability Limit) Damage to Premises Rented <input type="checkbox"/> Yes Personal and Advertising Injury <input type="checkbox"/> Yes Aggregate \$ _____ (up to 2 times)
<b>Dealers Acts, Errors &amp; Omissions</b>	<input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O
<b>Drive Other Car</b>	Named Drivers
<b>Garagekeepers</b>	Limit Location 1 \$ _____ Limit Location 2 \$ _____ Limit Location 3 \$ _____ Limit Location 4 \$ _____ Limit Location 5 \$ _____ Max limit per auto \$ _____ Perils <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Comprehensive Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary Garagekeepers provides coverage for "customer's autos" left with you for service, repair, storage or safekeeping.
<b>Dealers Physical Damage</b>	Limit Location 1 \$ _____ Limit Location 2 \$ _____ Limit Location 3 \$ _____ Limit Location 4 \$ _____ Limit Location 5 \$ _____ Max limit per auto \$ _____ Perils <input type="checkbox"/> Specified Causes of Loss <input type="checkbox"/> Comprehensive Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 False Pretense Coverage <input type="checkbox"/> Yes Loss Payee(s): _____ Dealers physical damage provides coverage for dealer's "autos" and "autos" held for sale. 100% coinsurance provision. Be sure to insured to total lot value.
<b>On-Hook/Cargo</b>	Show limit on vehicle schedule. Limit should reflect the highest valued item "on-hook"/"in-tow"
<b>Additional Insured(s)</b>	<input type="checkbox"/> Blanket AI or schedule individually
<b>Waiver of Subrogation</b>	
<b>Customer's Cargo Coverage Enhancement</b>	<input type="checkbox"/> Yes Provides coverage for customer's cargo while in tow. See form for details.
<b>OHIO Stop Gap</b>	\$ _____ Each Accident    \$ _____ Each Person Disease
<b>Repossessor's E&amp;O</b>	<input type="checkbox"/> Yes
<b>Others Coverages / Options</b>	

For Property Coverage, please attach ACORD form 140

**VEHICLE SCHEDULE**

Physical Damage Type:     Comprehensive & Collision         Specified Causes & Collision

Indicate on schedule which vehicles desire physical damage with a stated amount and deductibles         supplemental schedule attached

**Vehicle 1**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					

**Vehicle 2**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					

**Vehicle 3**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					

**Vehicle 4**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					

**Vehicle 5**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					

**Vehicle 6**

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment				Garaging Location	
Loss Payee					



**FRAUD WARNINGS**

**KENTUCKY**

"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."

**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 injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000."

**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."

**ALL OTHER STATES**

"Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime."

Applicant understands and agrees that on any proposed addition or substitution of driver, the driver information must be submitted to the insurance company for approval prior to hire.

Applicant \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_