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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
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	_____ %	_____ %	_____		

2. DEALERS AND SERVICE RATING EXPOSURE BASIS: Must list ALL owners, ALL employees (including clerical) and ALL DRIVERS cannot be blank or "n/a"

Name	DOB	DL Number	State	CDL? Y/N	Furnished Auto? Y/N	FT / PT	Job Title / Duties

Attach additional pages if more space is needed.

- 3. Do you have any kids over 14 years old? Yes No
 - 4. Are any owners married? Yes No
 - 5. Do you ever use temporary or part time drivers? Yes No
- If 3., 4., or 5., above are "Yes", please list the person(s) on the schedule above.
- 6. Have you identified every possible driver of an insured vehicle, including those who may fill in during peak periods and emergencies? (such as members of households, friends, etc?) Yes No
 - 7. Have you identified all employees, volunteers or independent contractors who work at your operation? Yes No

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? Yes No Own or Sponsor a race car? Yes No
 Have any dogs on the premises? Yes No Repossess vehicles? Yes No
 Install trailer hitches? Yes No Tow for hire? Yes No
 Work on breathalizers or interlocks? Yes 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
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
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
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
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
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

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. What percentage of vehicles are driven or transported within the following mileage groups?

0 - 100 miles _____% 100 - 300 miles _____% Over 300 miles _____%

4. Do you drive or transport vehicles in the following states: Michigan New York New Jersey Florida

5. 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: _____

6. Please list the number of dealer plates you have for: Autos _____ Boats _____ Motorcycles _____ Trailers _____

7. If you repair salvage titled vehicles prior to sale, are repairs: Structural _____% Mechanical _____% Cosmetic _____%

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

a. If no, what precautions are implemented? _____

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

a. If yes, are titles transferred to customer at the beginning of the finance period and your business named ad lienholder? Yes No

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

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

12. Inventory Information

Loc #	Number of Vehicles Held For Sale		Value of All Vehicles On Lot For Sale		Age Groups, Percent of Vehicles for Sale			
	Average	Maximum	Average	Maximum	1-6 yrs	6-10 yrs	10-20 yrs	over 20 yrs
1					%	%	%	%
2					%	%	%	%
3					%	%	%	%
4					%	%	%	%
5					%	%	%	%

13. Vehicles Stored In Building

Loc #	Alarm	Average # of Cars	% of Vehicle For Sale on Lot
1	<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"/> Central Station		%
3	<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"/> Central Station		%
5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Central Station		%

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

Auto Liability Hired Auto Liability	CSL _____ \$ _____ (up to \$1,000,000) <input type="checkbox"/> Yes Cost of Hire \$ _____
Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Auto <input type="checkbox"/> \$2,000 <input type="checkbox"/> Premises <input type="checkbox"/> \$5,000
Personal Injury Protection	(As required by state law)
Uninsured/Underinsured Motorists	CSL _____ \$ _____ See state form where required
General Liability	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)
Dealers Acts, Errors & Omissions	<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
Drive Other Car	Named Drivers _____
Garagekeepers	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.
Dealers Physical Damage	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.
On-Hook/Cargo	Show limit on vehicle schedule. Limit should reflect the highest valued item "on-hook"/"in-tow"
Additional Insured(s)	<input type="checkbox"/> Blanket AI or schedule individually
Waiver of Subrogation	
Customer's Cargo Coverage Enhancement	<input type="checkbox"/> Yes Provides coverage for customer's cargo while in tow. See form for details.
OHIO Stop Gap	\$ _____ Each Accident \$ _____ Each Person Disease
Repossessor's E&O	<input type="checkbox"/> Yes
Others Coverages / Options	

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 STATEMENTS

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.

STATE SPECIFIC PROVISIONS

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

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

Applicable in KS: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicant _____

Signature _____

Date _____