



AUTO DEALER APPLICATION

General Information

Effective Date: _____ FEIN # : _____

- 1. Your Name _____ Phone No. _____
(dba) _____
- 2. Mailing Address _____
- 3. Your Web site address _____
- 4. Location #1 Address _____
- 5. Location #2 Address _____
Is there work done elsewhere? i.e.; Roadside? _____ Customer's business location? _____
- 6. What is your business operation _____
- 7. Type of Legal entity: Individual Partnership Joint Venture Limited Liability Corp.
 Trust Other Organization, including a Corporation (Please Describe)

Vehicles Repaired Or Sold

	Repair	Sales		Repair	Sales
<input type="checkbox"/> Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%	<input type="checkbox"/> Medium Trucks	%	%
<input type="checkbox"/> Salvage Title Autos	%	%	<input type="checkbox"/> Heavy Trucks **complete BG-GA-462	%	%
<input type="checkbox"/> Motorcycles, **complete BG-GA-477	%	%	<input type="checkbox"/> Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Recreational vehicles **complete BG-GA-498	%	%	<input type="checkbox"/> Boats	%	%
<input type="checkbox"/> Farm Equipment **complete BG-GA-462	%	%	<input type="checkbox"/> Forklifts	%	%
<input type="checkbox"/> Contractors Equipment **complete BG-GA-462	%	%	<input type="checkbox"/> Golf Carts	%	%
<input type="checkbox"/> Emergency Vehicles	%	%	<input type="checkbox"/> Utility trailers	%	%
<input type="checkbox"/> Handicap Vehicles	%	%	<input type="checkbox"/> Horse Trailers	%	%
<input type="checkbox"/> All Terrain Vehicles (ATV) **complete BG-GA-477	%	%	<input type="checkbox"/> Boom Trucks, Bucket Trucks, Cherry Pickers	%	%
<input type="checkbox"/> Buses	%	%	<input type="checkbox"/> Cranes	%	%
<input type="checkbox"/> Jet Skis **Complete BG-GA-477	%	%	<input type="checkbox"/> Other Description of other vehicle	%	%
<input type="checkbox"/> Logging Trucks, Logging Equipment	%	%	Total	100%	100%

Service Work. Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/> Airbags (Including Deactivating)	%	<input type="checkbox"/> Auto Alarms/Stereo	%
<input type="checkbox"/> Auto Dismantling or Salvage Operations **complete BG-GA-505	%	<input type="checkbox"/> Boat Hull	%
<input type="checkbox"/> Body Work/ Painting	%	<input type="checkbox"/> Breathalyzers /Interlock Devices	%
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%	<input type="checkbox"/> Detailing/Washing	%
<input type="checkbox"/> Lift Kit Installation	%	<input type="checkbox"/> LPG Dealer	%
<input type="checkbox"/> Oil & Lube	%	<input type="checkbox"/> Suspension (not lift kits)	%
<input type="checkbox"/> Tires **complete BG-GA-478	%	<input type="checkbox"/> Tire recapping, retreading, recoring	%
<input type="checkbox"/> Towing <input type="checkbox"/> For hire/rotation <input type="checkbox"/> Repo for hire	%	<input type="checkbox"/> Trailer hitch installation/repair	%



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<input type="checkbox"/>	Valet Parking **complete BG-GA-390	%
<input type="checkbox"/>	Windshield Installation/Repair	%

<input type="checkbox"/>	Other: Description:	%
		100%

The following questions apply to ALL applicants:

1. Do you loan any vehicles? Yes No If **yes**, explain _____
2. Do you perform any machining, re-machining, re-boring operations? Yes No If **yes**, please explain _____
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems, or restraint systems?
 - A. Brakes Yes No If **yes**, explain _____
 - B. Steering Systems Yes No If **yes**, explain _____
 - C. Restraint Systems Yes No If **yes**, explain _____
4. Do you perform any frame straightening? Yes No If **yes**, do you use a machine? Yes No
5. Do you perform spray painting? Yes No
If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation? Yes No
6. Do you cut or weld frames? Yes No
7. Do you perform ground-up/frame-off chassis restoration work? Yes No
8. Are you an auto rebuilder? Yes No
9. Do you own, repair, service, or sponsor a race car? Yes No
10. Do your salespeople accompany customers on all demonstration rides? Yes No
11. What radius do you drive or transport vehicles from your location?
 Less than 300 miles 300 – 500 miles 501 – 1000 miles Over 1,000 miles
12. How many vehicles are sold per year? _____
13. Do you sell autos on consignment? Yes No If **yes**, attach a copy of your consignment agreement.
14. What is your lot protection?
 Loc. 1: Fenced lot Inside storage Post/Chain Other _____ Is this a display lot? Yes No
 Loc. 2: Fenced lot Inside storage Post/Chain Other _____ Is this a display lot? Yes No
15. Do you park vehicles on the street? Yes No
16. Are signs posted to keep customers from the work area? Yes No
17. Do you leave keys in vehicles? Yes No
18. Are keys kept in a secure place with no access by unauthorized persons: Yes No?
19. Name all businesses you have ownership in: _____
20. Name all businesses owned by you operating at this location: _____
21. How long have you been in business? _____ How many years of related experience? _____



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Previous Carrier and Loss Information

- 1. Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri) Yes No
 - a. If yes, explain: _____
- 2. Complete all fields. Indicate if "None" applies.

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

******LOSS RUNS REQUIRED ON DEALER RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES******

List All Owners and All Employees (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate list).

	Name (First, Middle, Last)	Status	Hours Worked	Auto Use	Loc #
1					
2					
3					
4					
5					

	License # and State	Date of Birth
1		
2		
3		
4		
5		

Status:

- 1. Active Owner, Partner or Officer
- 2. Inactive Owner, Partner or Officer
- 3. Salesperson
- 4. Lot Person
- 5. Mechanic
- 6. Clerical
- 7. Spouse of Owner, Partner or Officer
- 8. Children of Owner, Partner or Officer
- 9. Spouse of any other person furnished an auto
- 10. Children of any other person furnished an auto
- 11. Occasional or Contract Driver
- 12. Other:

Hours Worked:

- F** – Full Time (Over 20 hours per week)
- P** – Part Time (20 or less hours per week)
- N** – Non-Employee

Auto Use:

- A** – Furnished a covered auto for personal use
- B** – Uses a covered auto strictly for business use
- C** – Does not drive a covered auto



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Additional Insured:

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (attach copy of written contract)

If interest is landlord, do you require a Waiver of Subrogation? Yes No

Name/Address: _____

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If interest is landlord, do you require a Waiver of Subrogation? Yes No

Coverages Requested

Garage Liability limits

\$_____ per accident auto dealer operations 1X aggregate 2X aggregate 3X aggregate

Garagekeepers If Towing or Transport coverage is desired, Garagekeepers may only be written on a Legal Liability basis. SELECT ONE:

- Legal Liability Specified Causes of Loss w/Collision
- Legal Liability Comprehensive w/Collision
- Direct Primary Specified Causes of Loss w/Collision (Not available in CT.)

Location 1 \$_____ location limit Deductible \$_____

Location 2 \$_____ location limit Maximum limit per auto \$_____

Towing and Transport (if more than 5 vehicles please attach separate page)

Unit 1 make/model _____ VIN _____ In Tow Limit \$ _____

Unit 2 make/model _____ VIN _____ In Tow Limit \$ _____

Unit 3 make/model _____ VIN _____ In Tow Limit \$ _____

Unit 4 make/model _____ VIN _____ In Tow Limit \$ _____

Unit 5 make/model _____ VIN _____ In Tow Limit \$ _____

Dealers Physical Damage

Location 1 \$_____ location limit Deductible \$_____

Location 2 \$_____ location limit Maximum limit per auto \$_____

SELECT ONE:

- Fire, Theft, & Collision
- Specified Causes of Loss w/Collision
- Comprehensive w/Collision
- Interest to be covered:
 - Your interest in covered autos you own
 - Your interest and the interest of any creditor named as loss payee
 - Your interest and the interest of any consignee



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Loss Payee: Name & address: _____

Scheduled Specifically Described Autos (Not available in all states.)

Unit 1 yr/make/model _____	VIN _____	Stated Value\$ _____	Med Pay _____
Unit 2 yr/make/model _____	VIN _____	Stated Value\$ _____	Med Pay _____
Unit 3 yr/make/model _____	VIN _____	Stated Value\$ _____	Med Pay _____
Unit 4 yr/make/model _____	VIN _____	Stated Value\$ _____	Med Pay _____
Unit 5 yr/make/model _____	VIN _____	Stated Value\$ _____	Med Pay _____

Medical Payments Limit\$ _____ Premises only Auto only Both premises & auto

Uninsured/Underinsured Motorist (attach state specific selection/consent form):

Limit \$ _____ # of dealer plates _____ # of transporter plates _____ # of other plates _____

Personal Injury Protection yes no

Personal & Advertising Injury Liability Yes No

Damage to Premises Rented To You Limit \$ _____

Related Non Garage Operations

Gasoline Sales	# _____	gallons sold
Parts sold but not installed by you	\$ _____	gross sales
Clothing or Accessories	\$ _____	gross sales
Auto Dismantling/Salvage Operations	\$ _____	actual payroll

Convenience store	\$ _____	gross sales
Tires, sold but not installed by you	\$ _____	gross sales
Self Serve Car Wash	\$ _____	gross receipts

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV



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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

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).

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 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 OK

WARNING: 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).

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.

Applicable in Other States:

WARNING: 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 may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.



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Applicant Name (Name of Company)	Producer's Name
Signature of Authorized Representative	Producer's Signature
Print Name	Producer's Phone
Title	Producer's Fax
Date	Producer's Email