

Used Auto and Motorhome Dealer Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Desired Policy Term From: _____ To _____

GENERAL INFORMATION

- Applicant's Name (you) _____
- Business Address _____
 (number) (street) (city) (county) (state) (zip)
- Mailing address (if different than business address) _____
- Web Site Address: _____
- You are: Individual Partnership Corporation
- You are: Owner Tenant Does owner of premises need to be named as additional insured? Yes No
 If yes, owner's name _____

- Description of Operation: _____
- Type of Operation:
 Franchised Dealer Non-franchised Dealer Repair Shop Wholesale Dealer/Auto Broker
 Equipment & Implement Dealer Automobile Dismantling Other _____
- Are operations indicated in question 6 your primary business? Yes No
 Describe _____ If no, what is your primary business? _____

- Do you deal in any of the following?

Private Passenger Autos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Motor Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Mobile Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Buses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	High Performance/	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
ATVs, Snowmobiles, Jet Skis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Exotic Car Sales/			
Trucks over 10,000 gvw	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Autos valued over \$40,000			
Tractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Antique Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Contractor Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Sale of consigned autos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Farm Equipment or			
Internet sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Implement Dealer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
				Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

- Person to Contact:
 For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____

- Current management has controlled the business since _____ (yr.) and has been in this type of business since _____ (yr.)
- Is this a new venture? Yes No

14. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- During the past three (3) years has any insurer cancelled or refused to renew? Yes No
 If yes, explain _____
- Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? Yes No If yes, provide complete details _____

- (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership

- What is estimated net worth of the business? _____
- Gross receipts last year? _____ Estimate for coming year? _____
- Number of autos sold in the past year? _____

16. (a) Have you ever filed for reorganization or bankruptcy? Yes No
 If yes, show date (month and year) and explain _____

(b) Have you been released from reorganization or bankruptcy? Yes No Date released _____

17. **Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits requested)**

LIABILITY
 Each Accident Aggregate (Garage Operations only)
 *Bodily Injury & Property Damage Liability CSL \$ _____ \$ _____
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)
(Designate choice) *Limited Liability for Customers *Unlimited Liability for Customers

UNINSURED/UNDERINSURED MOTORISTS

Uninsured Motorists \$ _____ Each person \$ _____ Each accident
 or \$ _____ Single Limit
 Underinsured Motorists \$ _____ Each person \$ _____ Each accident
 or \$ _____ Single Limit

Number (sets) of Plates held by you:

Dealer _____ Repair _____ Transporter _____ Other _____

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
 SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED
 INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

MEDICAL PAYMENTS

Automobile & Premises Medical Payments Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000

GARAGEKEEPERS COVERAGE Legal Liability Direct Excess Direct Primary

Maximum Limit of any one covered automobile – \$ _____

Specified Causes of Loss and Collision \$500 Deductible \$1,000 Deductible
 \$ _____ other deductible per auto

List All Business Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

Specified Causes of Loss (indicate deductible desired) Collision (indicate deductible desired)
 \$500 Deductible \$500 Deductible
 \$1,000 Deductible \$1,000 Deductible
 Other _____ Other _____

False Pretense Coverage requested? Yes No
 Limit 25,000 50,000 100,000

List All Business Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

Any loss payees? Yes No If yes, give name and address of loss payee: _____

Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer? Yes No

Do you desire coverage? Yes No

Liability Med Pay UM Physical Damage Limit _____ Deductible _____ In Tow Limit _____ Deductible _____

(No coverage afforded unless units are described and specifically charged for.)

Year	Make & Model	Gross Vehicle Weight	ID Number	Use	Radius	Coverage Desired
1.						
2.						

18. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

Definitions

- (A) Proprietors, Partners, Executives active in the business
- (B) Sales Persons
- (C) General Managers
- (D) Service Managers
- (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles
- (F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveaway
- (G) All other employees

Number

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

***Insert letter from definitions shown above in Duties or Title column.**

Name	*Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

**Part Time = less than 20 hours per week

Number

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished.
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto.

Name	Date of Birth	If member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

19. Are employed drivers covered by Workers' Compensation Insurance? Yes No

UNDERWRITING INFORMATION

- 20. Where do you obtain autos held for sale? _____
- 21. How are they delivered? (i.e. by drive-away, tow truck, auto transporter, etc.) _____
- 22. If by drive-away, estimated total number of trips annually: _____
Explain in detail who the drivers are: Full-time employees Part-time employees Contractors
Name(s) of individuals _____
- 23. Do you loan autos to customers? _____ 23. Yes No
- 24. Do you rent autos to customers while their autos are left for service or repair? _____ 24. Yes No
- 25. (a) Are customers permitted to test drive autos? _____ 25. Yes No
(b) Are customers accompanied by a salesperson? _____ Yes No
- 26. Do you sell salvaged titled autos? _____ 26. Yes No
- 27. Is your operation located at your private residence? _____ 27. Yes No
If yes, do you have homeowners or renters insurance? _____ Yes No

28. **ANSWER THE FOLLOWING ONLY IF DEALERS PHYSICAL DAMAGE IS REQUESTED:**

- (a) Are autos held for sale stored in open lots or in buildings? _____
- (b) If open lot, is lot completely floodlighted? _____ 28. Yes No
 Are attendants or night watchmen employed? Yes No
 Is there Security Patrol or Local Law Enforcement patrol? Yes No
 Is lot fenced, chained or posts 4' apart? Yes No
 (Describe in detail) _____
- (c) If in building:
 Is there burglary protection? (Explain) _____ Yes No
 Is there a sprinkler system? (Explain) _____ Yes No

29. Where are keys to autos kept during the night? _____

30. Where are keys kept during the daylight or working hours? _____
 (Be specific as to location – safe, board on wall, desk, etc. on both night and daylight hours)

31. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? _____ 31. Yes No

32. Do you have a repair shop? If yes, % _____ 32. Yes No

33. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 33. Yes No

34. (a) Do you spray paint on premises? _____ 34. Yes No

(b) Do you use booth meeting governmental standards? _____ Yes No

35. **ANSWER THE FOLLOWING ONLY IF GARAGEKEEPERS' LIABILITY IS REQUESTED:**

(a) Do customers park their own cars? _____ 35. Yes No

(b) Are customers cars stored in: Buildings Open Lots

(c) If stored in buildings: Age of building _____ Number of floors _____
 Type of construction _____ Number of exits _____

Are ignition keys left in cars that are stored? _____ Yes No

If no, where are keys kept? _____

(d) If stored in open lot:

Is lot lighted? _____ Yes No

Is lot enclosed? _____ Yes No

Type of enclosures (explain) _____

Is attendant on duty at all times? _____ Yes No

Are cars locked when stored after hours? _____ Yes No

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

 Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
 (Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.