

Motorcycle & Recreational Vehicle Dealers Garage Application (Motorhomes not included)

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

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- ☐ Corporation _____
☐ Partnership _____
☐ Individual _____
☐ Other _____

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? ☐ Yes ☐ No

If no, does owner of premises need to be named as additional insured? ☐ Yes ☐ No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Type of Operation:

☐ Franchised Dealer ☐ Non-Franchised Dealer ☐ Repair Shop ☐ Service Station

8. Please check those items below that are part of your dealer operation:

	% of Operation		% of Operation
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Camper Trailers (pull type)	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Boats	_____
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Snowmobiles	_____
<input type="checkbox"/> All Terrain Vehicles	_____	<input type="checkbox"/> Golf Carts	_____
<input type="checkbox"/> Lawn & Garden Vehicles	_____	<input type="checkbox"/> Motorhomes	_____
<input type="checkbox"/> Jet Skis/Waverunners	_____	<input type="checkbox"/> Internet sales of ATVs, Motorcycles, etc.	_____
<input type="checkbox"/> Internet sales of parts/accessories	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Go Karts	_____		

9. Person to Contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled the business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? ☐ Yes ☐ No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No If yes, explain. _____

(c) 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 _____

13. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership
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(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

(d) How many autos did you sell in the past year? _____

14. Has this business entity ever filed for bankruptcy? ☐ Yes ☐ No

Date filed _____ Date released _____

15. Do you accept units on consignment? ☐ Yes ☐ No If yes, _____% of operation.

If yes, is value of consigned units included in garagekeepers limit? ☐ Yes ☐ No

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): _____ Dealer _____ Transporter
_____ Repairer _____ Other

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned autos? ☐ Yes ☐ No Describe _____

Are plates attached to tow trucks? ☐ Yes ☐ No Describe _____

COVERAGE INFORMATION

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

I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability (Property Damage Liability subject to \$100 deductible completed operations)	\$ _____ (Combined Single Limit)	\$ _____ (Maximum Aggregate Limit - 2 million)

If liability coverage is desired, please also complete the following:

☐ Limited Liability for Customers

OR (State Permitting Designate Choice)

☐ Unlimited Liability for Customers

AND

☐ Passenger Hazard Included

OR (State Permitting Designate Choice)

☐ Passenger Hazard Excluded

☐ Personal Injury Protection (State Permitting)

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. UNINSURED/UNDERINSURED MOTORISTS

<p align="center">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.</p>

III. GARAGEKEEPERS COVERAGE

☐ SPECIFIED PERILS and Collision **OR** ☐ COMPREHENSIVE and Collision (available on Direct Primary basis only)
(pick one of the following)

☐ Legal Liability

☐ Direct Primary

GARAGEKEEPERS DEDUCTIBLE: ☐ \$500 deductible per auto
☐ \$1,000 deductible per auto
☐ \$2,500 deductible per auto
☐ \$5,000 deductible per auto

18. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

IV. **DEALERS PHYSICAL DAMAGE** *Non-Reporting Form Only, 80% coinsurance clause applies

☐ Specified Causes of Loss (select desired deductible)

☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

AND

Collision (select desired deductible)

☐ \$500 ☐ \$1,000 ☐ \$2,500 ☐ \$5,000

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

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

19. **AUTOS USED IN CONNECTION WITH GARAGE OPERATION**

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

☐ Liability (Must match the garage liability limit)

☐ UM Limit (policy level) \$ _____

☐ Medical Payments Limit

(Must match the garage medical payments limit)

☐ Physical Damage

(select type for each unit on which coverage is desired)

Unit #1: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Unit #2: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Unit #3: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Is intow desired? Which units? _____

Intow Limit: _____

Intow Deductible: _____

RATING INFORMATION

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

CLASS I EMPLOYEES

Definitions:

- (A) Proprietors, Partners, Executives active in the business _____
 (B) Sales Persons _____
 (C) General Managers _____
 (D) Service Managers _____

Number

- (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:

Employee Driver information

Loc. No.	Name	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents	Number of Violations	Explain

*Insert letter from above definitions

**Part Time = less than 20 hours per week

CLASS II EMPLOYEES (NON-EMPLOYEES)

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. _____

Number

List all non-employees as defined above:

Name	Date of Birth	If Member of Household, Show Relationship	State where licensed	Driver License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

- | | |
|--|--|
| 21. Is the operation in question 6 your primary operation? If not, explain. _____ | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? | 22. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. (a) Do you sell tires? _____% of Receipts <input type="checkbox"/> New Tires _____% <input type="checkbox"/> Used Tires _____% | 23. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap or retread tires? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do you hold a salvage dealer license or operate a salvage yard? | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you salvage units for resale? | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Do you dismantle units for the purpose of re-sale of parts? If yes, _____ % of operation. | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you weld gas tanks? | 28. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. If you sell motorcycles, please complete the following: | 29. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Do you sell motorcycles with engine size less than 50ccs? | (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are these motorcycles required to be licensed for road use? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Is a motorcycle license required to operate these motorcycles? | (c) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Do you modify motorcycles that you sell? If yes, explain. _____ | (d) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Do you assemble motorcycle kits? If yes, in what country are the kits manufactured? _____ | (e) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. (a) Are customers allowed to test drive units overnight? | 30. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Are customers required to wear a helmet during test drives? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Do you sell parts? | 31. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gross Receipts from Parts Sold but not Installed: _____ | |
| <input type="checkbox"/> Used Parts _____% <input type="checkbox"/> New Parts _____% | |
| 32. Do you sell accessories (e.g., helmets, gloves, shirts, jackets)? | 32. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gross Receipts from accessory sales: _____ | |
| 33. Do you have automatic car washes on location? (\$500 deductible applies) | 33. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. (a) Do you spray paint at your business location? | 34. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. Do you loan units to customers? | 35. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. Do you rent units to customers while their units are left for service repair? | 36. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. Do you furnish units to anyone? | 37. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 38. Do you sponsor any racing events? | 38. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 39. PREMISES | |
| Where are the units held for sale stored (in building, open lot, etc.)? _____ | |
| If open lot, is lot floodlighted? | 39. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are attendants or night watchmen employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is there an alarm system? If yes, what kind? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is lot fenced? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe (e.g., chained, posts 4 feet apart). _____ | |
| Are keys locked when stored after hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Where are keys kept? Explain. _____ | |
| Are customers permitted in the service area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many service bays do you have? _____ Any service pits? If so, how many? _____ | |
| Do you have fire and smoke alarms? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have fire extinguishers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are firearms kept on premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you occupy all of the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you lease part of premises to others? If yes, to whom? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your operation located at your private residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, do you have homeowners or renters insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MAINE UNINSURED AND UNDERINSURED MOTORISTS SELECTION FORM

This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

<input type="checkbox"/> Basic Limits Accepted as follows:	→	<input type="checkbox"/> Single Limit <input type="checkbox"/> Split Limits	→	<table border="1"><tr><td rowspan="3">Single Limit</td><td colspan="2">Split Limits</td></tr><tr><td colspan="2">Bodily Injury</td></tr><tr><td>Each Person</td><td>Each Accident</td></tr><tr><td colspan="2"></td><td></td><td></td></tr></table>	Single Limit	Split Limits		Bodily Injury		Each Person	Each Accident				
Single Limit	Split Limits														
	Bodily Injury														
	Each Person	Each Accident													
<input type="checkbox"/> Other Limits Accepted as follows:															

UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE, AS INDICATED ABOVE, WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS AND WILL BE CARRIED FORWARD ON ALL FUTURE RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.

Applicant's Signature _____ Date _____

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

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? _____

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 Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.