

# Trailer 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

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  
☐ Equipment & Implement Dealer  
☐ Repair Shop  
☐ Automobile Dismantling  
☐ Wholesale Dealer/Auto Broker  
☐ Other \_\_\_\_\_

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

- |  | % of<br>Operation |  | % of<br>Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Private Passenger Autos     | _____             | <input type="checkbox"/> Motor Homes                         | _____             |
| <input type="checkbox"/> Mobile Homes                | _____             | <input type="checkbox"/> Buses                               | _____             |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____             | <input type="checkbox"/> Contractor Equipment                | _____             |
| <input type="checkbox"/> Motorcycles                 | _____             | <input type="checkbox"/> Farm Equipment/Implement Dealer     | _____             |
| <input type="checkbox"/> Tractors                    | _____             | <input type="checkbox"/> Internet sales of trailers          | _____             |
| <input type="checkbox"/> Trailers                    | _____             | <input type="checkbox"/> Internet sales of parts/accessories | _____             |
|  |                   | <input type="checkbox"/> Other                               | _____             |

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? \_\_\_\_\_

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

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you accept autos on consignment? ☐ Yes ☐ No If yes, \_\_\_\_\_% of operation.

If yes, is value of consigned autos 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	(Combined Single Limit)	(Maximum Aggregate Limit - 2 million)
\$100 deductible completed operations)		

**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. MEDICAL PAYMENTS**

☐ Premises Medical Payments (per person) Choose Limit: ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ \$2,000 ☐ \$5,000

**III. UNINSURED/UNDERINSURED MOTORISTS**

**Applicable to scheduled autos or plates attached to autos (UM/UIM coverage does not apply to trailers).**

**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.**

**IV. 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

V. **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**

- (a) Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer? ☐ Yes ☐ No  
(b) Do you desire coverage? ☐ Yes ☐ No

(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) \$ \_\_\_\_\_      Is intow desired? Which units? \_\_\_\_\_  
☐ Medical Payments Limit (Must match the garage liability limit)      Intow Limit:\$ \_\_\_\_\_  
☐ Physical Damage      Intow Deductible: \$ \_\_\_\_\_

(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

## **RATING INFORMATION**

### 20. **EMPLOYEE INFORMATION (Include Independent Contractors)**

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers 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. ☐ Yes ☐ No
22. (a) Do you sell tires? \_\_\_\_\_% of Receipts ☐ New Tires \_\_\_\_\_% ☐ Used Tires \_\_\_\_\_% 22. (a) ☐ Yes ☐ No  
 (b) Do you recap or retread tires? (b) ☐ Yes ☐ No
23. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation. 23. ☐ Yes ☐ No
24. Do you hold a salvage dealer license or operate a salvage yard? 24. ☐ Yes ☐ No
25. Do you salvage cars for resale? 25. ☐ Yes ☐ No
26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation. 26. ☐ Yes ☐ No
27. Do you weld gas tanks? 27. ☐ Yes ☐ No
28. Do you repossess autos? 28. ☐ Yes ☐ No
29. Do you sell parts? 29. ☐ Yes ☐ No
- Gross Receipts from Parts Sold but not Installed: \_\_\_\_\_
- ☐ Used Parts \_\_\_\_\_% ☐ New Parts \_\_\_\_\_%
30. (a) Do you spray paint at your business location? 30. (a) ☐ Yes ☐ No  
 (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) ☐ Yes ☐ No
31. Do you loan autos to customers? 31. ☐ Yes ☐ No
32. Do you rent autos to customers while their units are left for service repair? 32. ☐ Yes ☐ No
33. Do you furnish autos to anyone? 33. ☐ Yes ☐ No
34. Do you sponsor any racing events? 34. ☐ Yes ☐ No
35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 35. ☐ Yes ☐ No
- 36. PREMISES**
- Where are the units held for sale stored (in building, open lot, etc.)? \_\_\_\_\_
- If open lot, is lot floodlighted? 36. ☐ Yes ☐ No
- Are attendants or night watchmen employed? ☐ Yes ☐ No
- Is there an alarm system? If yes, what kind? \_\_\_\_\_ ☐ Yes ☐ No
- Is lot fenced? ☐ Yes ☐ No
- If yes, describe (e.g., chained, posts 4 feet apart). \_\_\_\_\_
- Are customers permitted in the service area? ☐ Yes ☐ No
- How many service bays do you have? \_\_\_\_\_ Any service pits? If so, how many? \_\_\_\_\_
- Do you have fire and smoke alarms? ☐ Yes ☐ No
- Do you have fire extinguishers? ☐ Yes ☐ No
- Are firearms kept on premises? ☐ Yes ☐ No
- Do you occupy all of the premises? ☐ Yes ☐ No
- Do you lease part of premises to others? If yes, to whom? \_\_\_\_\_ ☐ Yes ☐ No
- Is your operation located at your private residence? ☐ Yes ☐ No
- If yes, do you have homeowners or renters insurance? ☐ Yes ☐ 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.