

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
Operation | | % of
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

(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)

☐ 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) \$ _____
☐ Medical Payments Limit (Must match the garage liability limit)
☐ Physical Damage

Is intow desired? Which units? _____
Intow Limit:\$ _____
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

VERMONT NOTICE

Regarding Uninsured Motorists Coverage (Including Underinsured Motorists Coverage)

Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured motor vehicles and hit-and-run vehicles because of bodily injury, sickness or disease, including death resulting therefrom, and for damage or destruction of the property of such insured. Underinsured Motorists Coverage provides protection for bodily injury only, where the sum of the limits of liability under all bodily injury liability bonds and insurance policies applicable at the time of the accident is less than the applicable limits of liability under your policy.

Bodily Injury Uninsured Motorists Coverage (including Underinsured Motorists Coverage) is required to be part of your auto policy at limits of \$50,000 for one person and \$100,000 for two or more persons killed or injured or \$100,000 combined single limit. You have the right to select lower limits than your policy Bodily Injury Liability Coverage limits, but not lower than \$50,000 for one person and \$100,000 for two or more persons killed or injured or \$100,000 combined single limit.

Property Damage Uninsured Motorists Coverage is required to be part of your auto policy at a limit of \$10,000, subject to a \$150 deductible.

To be certain that your policy is issued correctly, please indicate your choice concerning the limit desired for this additional coverage. ("X" indicates your choice)

- ☐ 1. I wish to select Bodily Injury Uninsured Motorists Coverage (including Underinsured Motorists Coverage) equal to my policy Bodily Injury limits in addition to \$10,000 per accident limits of Property Damage Uninsured Motorists Coverage.
- ☐ 2. I wish to select Bodily Injury Uninsured Motorists Coverage (including Underinsured Motorists Coverage) lower than my policy Bodily Injury limits (but not less than \$50,000 for one person and \$100,000 for two or more persons killed or injured or \$100,000 combined single limit) of \$ _____ per person, \$ _____ per accident split limits or a single limit of \$ _____ per accident; in addition to \$10,000 per accident limits of Property Damage Uninsured Motorists Coverage.

I have indicated my choice above ("X" indicates my choice).

Date Signed

X _____
Named Insured (Representing all Insureds)

(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 policies without additional notice.)

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.