

# Used Auto and Motorhome Dealer Application

NATIONAL INDEMNITY COMPANY

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

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. Website 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:

Private Passenger Autos \_\_\_\_\_ % of Operation

Mobile Homes \_\_\_\_\_

Motorcycles \_\_\_\_\_

ATVs, Snowmobiles, Jet Skis \_\_\_\_\_

Trucks Over 10,000 GVW \_\_\_\_\_

Tractors \_\_\_\_\_

Trailers \_\_\_\_\_

High Performance/Exotic Car Sales \_\_\_\_\_

Motor Homes \_\_\_\_\_ % of Operation

Buses \_\_\_\_\_

Antique Auto \_\_\_\_\_

Autos Valued Over \$40,000 \_\_\_\_\_

Contractor Equipment \_\_\_\_\_

Internet Sales of Autos (Incl. EBay) \_\_\_\_\_

Internet Sales of Parts/Accessories \_\_\_\_\_

Farm Equipment/Implement Dealer \_\_\_\_\_

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? \_\_\_\_\_

(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 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 MOTORIST**

UNINSURED MOTORIST COVERAGE				
Single Limit	Split Limits		Include Underinsured Motorist Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Bodily Injury			Property Damage
	Per Person	Per Accident		Per Accident

**IV. GARAGEKEEPERS COVERAGE**

NOTE: In-tow or on hook coverage is excluded from 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% Co-Insurance 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 \_\_\_\_\_  
 Is false pretense coverage desired?  Yes  No  
 If yes, select limit:  \$25,000     \$50,000     \$100,000  
 Have you experienced any past losses pertaining to false pretense coverage?  Yes  No  
 If yes, explain \_\_\_\_\_

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 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 in-tow desired? Which units? \_\_\_\_\_  
 In-Tow Limit: \$ \_\_\_\_\_  
 In-Tow Deductible: \$ \_\_\_\_\_

## RATING INFORMATION

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

**CLASS I EMPLOYEES**

Number

Number

**Definitions:**

- |  |       |  |       |
|--|-------|--|-------|
| (A) Proprietors, Partners, Executives Active in the Business | _____ | (E) Other Employees Whose Principal Duty is Driving Garage Vehicles or Who are Furnished Garage Vehicles | _____ |
| (B) Sales Persons  | _____ | (F) Other Employees or Operators Whose Duty is Driving Garage Vehicles for Delivery or Drive-Away        | _____ |
| (C) General Managers   | _____ | (G) All Other Employees  | _____ |
| (D) Service Managers   | _____ |  |       |

**COMPLETE ALL SECTIONS BELOW:**

**Owner & 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 Last 3 Years	Number of Violations Last 3 Years	Explain

\*Insert letter from above definitions

\*\*Part Time = less than 20 hours per week

Number

**CLASS II EMPLOYEES (NON-EMPLOYEES)**

- |   |       |
|---|-------|
| (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 <u>14 years of age</u> and older regardless of whether licensed or operating vehicles. | _____ |
| (4) Any other persons furnished an auto.  | _____ |

**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.  Yes  No
22. (a) Where do you obtain autos held for sale? \_\_\_\_\_  
(b) How are they delivered? (i.e., by drive-away, tow truck, auto transporter, etc.) \_\_\_\_\_
23. (a) If by drive-away, estimated total number of trips annually \_\_\_\_\_  
(b) Who operates the units that are delivered by drive-away?  
 Full Time Employees  Part Time Employees  Contractors  
(c) Name(s) of drive-away operators \_\_\_\_\_
24. Maximum mileage per drive-away or delivery  0-150 miles  Over 150 miles  
(NOTE: Policy will include radius restriction based on indicated mileage)
25. Do you sell or distribute butane, propane, other liquefied gas under pressure or ammonium nitrate? 25.  Yes  No
26. (a) Do you sell tires?  
\_\_\_\_\_ % of receipts  New tires \_\_\_\_\_ %  Used tires \_\_\_\_\_ % 26. (a)  Yes  No  
(b) Do you recap or retread tires? (b)  Yes  No
27. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation 27.  Yes  No
28. Do you hold a salvage dealer license or operate a salvage yard? 28.  Yes  No
29. Do you salvage cars for re-sale? 29.  Yes  No
30. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation 30.  Yes  No
31. Do you weld gas tanks? 31.  Yes  No
32. Do you repossess autos? 32.  Yes  No
33. Do you sell parts? Gross receipts from parts sold but not installed \_\_\_\_\_ 33.  Yes  No  
 Used Parts \_\_\_\_\_ %  New Parts \_\_\_\_\_ %
34. Do you have automatic car washes on location? (\$500 deductible applies) 34.  Yes  No
35. (a) Do you spray paint at your business location? 35. (a)  Yes  No  
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b)  Yes  No
36. (a) Are customers permitted to test drive autos? 36. (a)  Yes  No  
(b) If yes, are customers accompanied by a salesperson during test drives? (b)  Yes  No  
(c) Are customers allowed test drive autos overnight? (c)  Yes  No
37. (a) Do you loan autos to customers? 37. (a)  Yes  No  
(b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b)  Yes  No
38. Do you rent autos to customers while their units are left for service repair? 38.  Yes  No
39. Do you furnish autos to anyone? 39.  Yes  No
40. Do you sponsor any racing events? 40.  Yes  No
41. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 41.  Yes  No
42. Do you pick up or deliver customers' autos? 42.  Yes  No
43. **PREMISES**  
Where are the units held for sale stored (in building, open lot, etc.)? \_\_\_\_\_  
If open lot, is lot floodlighted? 43.  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 keys locked when stored after hours?  Yes  No  
Where are keys kept? Explain \_\_\_\_\_  
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

