

2. PRIOR CARRIER LOSS INFORMATION

a. During the past three (3) years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? (Missouri applicants – do not answer this question) Yes No

If yes, explain: _____

b. Prior carriers for the last three (3) years. If no prior insurance, state "NONE".

	Carrier Name	Policy Period	Premium
Year 1		to	\$
Year 2		to	\$
Year 3		to	\$

c. Prior loss information

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. GENERAL UNDERWRITING INFORMATION

a. Do you loan, lease or rent vehicles to others? Yes No

b. Do you engage in any rideshare programs? Yes No

c. Do you own or sponsor a race car, or sponsor racing events? Yes No

d. Do you repossess:

(1) Autos that you have sold? Yes No

(2) Autos for others? Yes No

e. Any salvage/auto dismantling operations? Yes No

If yes, separate supplemental application required.

f. Any animals kept on the premises? Yes No

If yes, what breed(s) and purpose? _____

g. Provide maximum radius for pickup and delivery:

(1) Autos with a dealer plate: _____ miles

(2) Autos with a transport/transit plate: _____ miles

(3) Non-Owned/Customer's Autos: _____ miles. How many times per month?

h. How many plates do you have? Dealer: _____ Transport/Transit: _____ Other: _____

(1) Where are plates stored when not in use? _____

(2) Do you loan or rent plates? Yes No

i. Describe your key control procedures:

(1) During business hours: _____

(2) After business hours: _____

j. Are firearms kept on the premises? Yes No

k. Do you utilize sub-contractors? Yes No

If yes: (1) Who and for what purpose? _____

(2) Are certificates of insurance obtained for all? Yes No

- f. Which of the following are used to transport or drive away vehicles from the places where they are purchased: Employees Contract Drivers Transport Carrier
 Other: _____
- g. Where do you purchase vehicles (provide %)?
 Other dealers: _____ Auction _____ Other _____
- h. When are titles transferred? At time of sale When auto is paid in full
 Other _____
- i. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No
- j. If you finance autos for sale (Buy-here/Pay-here operation), are you listed as a lienholder? Yes No
- k. Do you offer auto pawn or title pawn services? Yes No
- l. Do you export vehicles overseas? Yes No Do you import vehicles? Yes No
- m. Check the applicable box for any exposures that apply within the listed state:
Any operations or driving exposures? New York New Jersey Michigan
Hiring of contract drivers? New York New Jersey Michigan
Any personal use of vehicles? New York New Jersey Michigan
- n. How often do you travel outside of the state in which you primarily conduct business?
 Limited (0-5 times a year)
 Moderate (6-15 times a year)
 Regularly (more than 15 times a year)

o. Value of owned (inventory) autos:

Loc#	Average value per auto	Maximum value per auto	Average # of autos	Maximum # of autos	Maximum value of all autos
1					
2					
3					

5. **NON-DEALER INFORMATION** "X" if no service/non-dealer operations exists
Must equal 100%

Service/Repair	Percentage
<input type="checkbox"/> Airbags	
<input type="checkbox"/> Alarm/Stereo, GPS or Navigational Systems Installation	
<input type="checkbox"/> Alternative Fuel Conversions	
<input type="checkbox"/> Auto Parts: <input type="checkbox"/> % New <input type="checkbox"/> % Used <input type="checkbox"/> % Uninstalled	
<input type="checkbox"/> Auto Repair Schools/Education/Instruction	
<input type="checkbox"/> Body	
<input type="checkbox"/> Booting	
<input type="checkbox"/> Brakes	
<input type="checkbox"/> Breathalyzers/Ignition Interlock Devices	
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Unattended/Self-Serve Customers stay in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Detail Shop	
<input type="checkbox"/> Drive-away contractors	
<input type="checkbox"/> Engine	
<input type="checkbox"/> Frame: <input type="checkbox"/> Cutting <input type="checkbox"/> Welding <input type="checkbox"/> Stretching <input type="checkbox"/> Straightening with calibration <input type="checkbox"/> Straightening without calibration	
<input type="checkbox"/> Handicapped Equipment or Wheelchair Lift Service/Repair/Modification	

Service/Repair	Percentage
<input type="checkbox"/> Hydraulic Lifting apparatuses – Describe:	
<input type="checkbox"/> LPG (Liquefied Petroleum Gas)	
<input type="checkbox"/> Oil/Lube	
<input type="checkbox"/> Painting: <input type="checkbox"/> U/L approved booth <input type="checkbox"/> Non-U/L approved booth**	
<input type="checkbox"/> Parking/Storage: % Auto Storage % Impound Lot % Parking Lot/Garage %Valet (prohibited)	
<input type="checkbox"/> Performance Enhancements (Beyond original manufacturer specs)	
<input type="checkbox"/> Self-Service Operations (Do-It-Yourself Repair)	
<input type="checkbox"/> Service/Convenience Store** <input type="checkbox"/> Gas <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor	
<input type="checkbox"/> Suspension <input type="checkbox"/> Lift Kits Height:	
<input type="checkbox"/> Tires: %New % Used % Recaps, Re-Treads	
<input type="checkbox"/> Towing Operations: % For Hire % Not For Hire	
<input type="checkbox"/> Trailer Hitch Installation: <input type="checkbox"/> Bolt-On <input type="checkbox"/> Weld-On	
<input type="checkbox"/> Upholstery	
<input type="checkbox"/> Wheels/Rims: <input type="checkbox"/> Polishing/Cosmetic Repair <input type="checkbox"/> Structural Repair <input type="checkbox"/> Split Rims	
<input type="checkbox"/> Windshield Installation/Tinting (incl vehicle wraps and decals)	
<input type="checkbox"/> General Maintenance & Repair	
<input type="checkbox"/> Other (describe):	

**Separate supplemental application required

a. Where are operations performed? (provide % for each that apply)

% Your Premises _____ % Customer Premises _____ % Roadside _____

Other: _____

b. Do you modify, rebuild or perform conversions on vehicles? Yes No

If yes, explain: _____

c. Do you weld?

(1) What do you weld? _____

(2) What protective safeguards are in place to prevent fire? _____

d. Are signs posted to keep customers from work areas? Yes No

e. Do you manufacture or fabricate autos or auto parts? Yes No

If yes, explain: _____

f. Do you offer expedited service (example: 30 min or less - quick lube)? Yes No

g. Value of non-owned (customer) autos:

Loc#	Average value per auto	Maximum value per auto	Average # of autos	Maximum # of autos	Maximum value of all autos
1					
2					
3					

6. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

a. List all owners, employees, drivers and household members of driving age

(ALL employees, whether they drive or not & ALL household members, whether involved in garage operations or not):

First & Last Name	Driver's License Number / State	DOB	Date of Hire	Accidents & Violations (within the past 3 years)	Sta-tus* (1-11)	Hours Worked**	Furnished (Personal use)	Personal Auto Policy In Place	Excluded Driver
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize unscheduled (contract) drivers?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: (1) Do you verify each has a valid US driver's license?								<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) How many times per month?									

*Status:	6 Mechanic
1 Active Owner, Partner or Officer	7 Clerical
2 Inactive Owner, Partner or Officer	8 Scheduled Driver
3 Salesperson	9 Spouse of Owner, Partner or Officer
4 Manager	10 Child of Owner, Partner or Officer (whether licensed to drive or not)
5 Lot Person	11 Other:

**Hours Worked:	F Full Time (over 20 hours per week)
	P Part Time (20 hours or less per week)
	N Non-Employee

b. Have all individuals with access to use a covered auto been listed on this application Yes No

If no, explain: _____

7. COVERAGE REQUESTED

Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS		DEDUCTIBLES	
	Each Accident (Auto & Other Than Auto)	Aggregate (Other Than Auto only)		
Garage Liability		<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x	\$ PD BI & PD	
Personal Injury Protection	\$		\$	
Uninsured Motorists	\$		\$	
Underinsured Motorists	\$		\$	
Medical Payments <input type="checkbox"/> Auto & Premises <input type="checkbox"/> Premises Only	\$			
Errors & Omissions	<input type="checkbox"/> Odometer <input type="checkbox"/> Truth-in-Lending <input type="checkbox"/> Title			
Garagekeepers <input type="checkbox"/> Fire/Theft <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary		\$	
	Per Location			Per Auto
	Loc 1 \$			\$
	Loc 2 \$			\$
	Loc 3 \$		\$	
Dealers Physical Damage <input type="checkbox"/> Fire/Theft <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	Per Location		Per Auto	
	Loc 1 \$		\$	
	Loc 2 \$		\$	
	Loc 3 \$		\$	
False Pretense	\$			
Broadened Coverage	<input type="checkbox"/> Personal Injury Liability			
	<input type="checkbox"/> Damage to Rented Premises \$			
Employment Practices	\$	\$		
Additional Insured	Name:	<input type="checkbox"/> Landlord		
	Address:	<input type="checkbox"/> Waiver of Subrogation		
	Insurable Interest:	<input type="checkbox"/> Other:		
Optional Coverages not listed:				

Service vehicles, including tow trucks, car haulers and wreckers or specifically described autos:

Are filings required?		If yes, list MC # and/or Certificate #:					
Year	Make	Model	VIN/Serial #	MGVW	Use	Radius	In-Tow
1							\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages)		<input type="checkbox"/> Physical Damage – Limit \$ Deductible: \$					
Loss Payee:							
2							\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages)		<input type="checkbox"/> Physical Damage – Limit \$ Deductible: \$					
Loss Payee:							
3							\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages)		<input type="checkbox"/> Physical Damage – Limit \$ Deductible: \$					
Loss Payee:							

Are any vehicles listed ever used in a for-hire capacity? If so, please identify:

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The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly makes a claim containing false information or intentionally misrepresents any material fact or knowingly presents false or misleading information in an application for insurance may be guilty of a crime and subject to criminal and civil penalties.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name	Applicant Signature	Date
Producer Name	Producer Signature	Date
Producer Phone Number	Producer Street Address	