

# Used Auto and Motorhome 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

- Applicant's Name (you) \_\_\_\_\_
- Business Address \_\_\_\_\_  
 (number) (street) (city) (county) (state) (zip)
- Mailing address (if different than business address) \_\_\_\_\_
- Web Site Address: \_\_\_\_\_
- You are:  Individual  Partnership  Corporation
- You are:  Owner  Tenant Does owner of premises need to be named as additional insured?  Yes  No  
 If yes, owner's name \_\_\_\_\_

- Description of Operation: \_\_\_\_\_
- Type of Operation:  
 Franchised Dealer  Non-franchised Dealer  Equipment & Implement Dealer  
 Repair Shop  Automobile Dismantling  Wholesale Dealer/Auto Broker  
 Other \_\_\_\_\_
- Are operations indicated in question 6 your primary business?  Yes  No  
 Describe \_\_\_\_\_ If no, what is your primary business? \_\_\_\_\_

- Do you deal in any of the following?  

Private Passenger Autos	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Motor Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Mobile Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Buses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	High Performance/	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
ATVs, Snowmobiles, Jet Skis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Exotic Car Sales/			
Trucks over 10,000 gvw	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Autos valued over \$40,000			
Tractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Antique Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Contractor Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Sale of consigned autos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Farm Equipment or			
Internet sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Implement Dealer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
				Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

- Person to Contact:  
 For Inspection (Name & Phone Number) \_\_\_\_\_  
 For Accounting Records (Name & Phone Number) \_\_\_\_\_
- Current management has controlled the business since \_\_\_\_\_ (yr.) and has been in this type of business since \_\_\_\_\_ (yr.)
- Is this a new venture?  Yes  No

14. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- During the past three (3) years has any insurer cancelled or refused to renew?  Yes  No  
 If yes, explain \_\_\_\_\_
  - 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 \_\_\_\_\_
- (a) List major owners/shareholders, management:  

Name	Years with Company	% of Ownership
  - What is estimated net worth of the business? \_\_\_\_\_
  - Gross receipts last year? \_\_\_\_\_ Estimate for coming year? \_\_\_\_\_
  - Number of autos sold in the past year? \_\_\_\_\_

16. (a) Have you ever filed for reorganization or bankruptcy?  Yes  No  
 If yes, show date (month and year) and explain \_\_\_\_\_

(b) Have you been released from reorganization or bankruptcy?  Yes  No Date released \_\_\_\_\_

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

LIABILITY  
 Each Accident Aggregate (Garage Operations only)  
 \*Bodily Injury & Property Damage Liability CSL \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)  
**(Designate choice)**  \*Limited Liability for Customers  \*Unlimited Liability for Customers

UNINSURED/UNDERINSURED MOTORISTS

Uninsured Motorists \$ \_\_\_\_\_ Each person \$ \_\_\_\_\_ Each accident  
 or \$ \_\_\_\_\_ Single Limit  
 Underinsured Motorists \$ \_\_\_\_\_ Each person \$ \_\_\_\_\_ Each accident  
 or \$ \_\_\_\_\_ Single Limit

Number (sets) of Plates held by you:

Dealer \_\_\_\_\_ Repair \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_

**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.**

MEDICAL PAYMENTS

Automobile & Premises Medical Payments Choose Limit :  \$500  \$750  \$1,000  \$2,000  \$5,000

GARAGEKEEPERS COVERAGE  Legal Liability  Direct Excess  Direct Primary

Maximum Limit of any one covered automobile – \$ \_\_\_\_\_

Specified Causes of Loss and Collision  \$500 Deductible  \$1,000 Deductible  
 \$ \_\_\_\_\_ other deductible per auto

**List All Business Locations To Be Covered –**

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

Specified Causes of Loss (indicate deductible desired)  Collision (indicate deductible desired)  
 \$500 Deductible  \$500 Deductible  
 \$1,000 Deductible  \$1,000 Deductible  
 Other \_\_\_\_\_  Other \_\_\_\_\_

False Pretense Coverage requested?  Yes  No  
 Limit  25,000  50,000  100,000

**List All Business Locations To Be Covered –**

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

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

Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer?  Yes  No

Do you desire coverage?  Yes  No

Liability  Med Pay  UM  Physical Damage Limit \_\_\_\_\_ Deductible \_\_\_\_\_  In Tow Limit \_\_\_\_\_ Deductible \_\_\_\_\_

(No coverage afforded unless units are described and specifically charged for.)

Year	Make & Model	Gross Vehicle Weight	ID Number	Use	Radius	Coverage Desired
1.						
2.						

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

**Definitions**

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

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

**\*Insert letter from definitions shown above in Duties or Title column.**

Name	*Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

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

Number

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name	Date of Birth	If member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

19. Are employed drivers covered by Workers' Compensation Insurance?  Yes  No

**UNDERWRITING INFORMATION**

- 20. Where do you obtain autos held for sale? \_\_\_\_\_
- 21. How are they delivered? (i.e. by drive-away, tow truck, auto transporter, etc.) \_\_\_\_\_
- 22. If by drive-away, estimated total number of trips annually: \_\_\_\_\_  
Explain in detail who the drivers are:  Full-time employees  Part-time employees  Contractors  
Name(s) of individuals \_\_\_\_\_
- 23. Do you loan autos to customers? \_\_\_\_\_ 23.  Yes  No
- 24. Do you rent autos to customers while their autos are left for service or repair? \_\_\_\_\_ 24.  Yes  No
- 25. (a) Are customers permitted to test drive autos? \_\_\_\_\_ 25.  Yes  No  
(b) Are customers accompanied by a salesperson? \_\_\_\_\_  Yes  No
- 26. Do you sell salvaged titled autos? \_\_\_\_\_ 26.  Yes  No
- 27. Is your operation located at your private residence? \_\_\_\_\_ 27.  Yes  No  
If yes, do you have homeowners or renters insurance? \_\_\_\_\_  Yes  No

28. **ANSWER THE FOLLOWING ONLY IF DEALERS PHYSICAL DAMAGE IS REQUESTED:**

- (a) Are autos held for sale stored in open lots or in buildings? \_\_\_\_\_
- (b) If open lot, is lot completely floodlighted? \_\_\_\_\_ 28.  Yes  No  
 Are attendants or night watchmen employed?  Yes  No  
 Is there Security Patrol or Local Law Enforcement patrol?  Yes  No  
 Is lot fenced, chained or posts 4' apart?  Yes  No  
 (Describe in detail) \_\_\_\_\_
- (c) If in building:  
 Is there burglary protection? (Explain) \_\_\_\_\_  Yes  No  
 Is there a sprinkler system? (Explain) \_\_\_\_\_  Yes  No

29. Where are keys to autos kept during the night? \_\_\_\_\_

30. Where are keys kept during the daylight or working hours? \_\_\_\_\_  
 (Be specific as to location – safe, board on wall, desk, etc. on both night and daylight hours)

31. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? \_\_\_\_\_ 31.  Yes  No

32. Do you have a repair shop? If yes, % \_\_\_\_\_ 32.  Yes  No

33. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % \_\_\_\_\_ 33.  Yes  No

34. (a) Do you spray paint on premises? \_\_\_\_\_ 34.  Yes  No

(b) Do you use booth meeting governmental standards? \_\_\_\_\_  Yes  No

35. **ANSWER THE FOLLOWING ONLY IF GARAGEKEEPERS' LIABILITY IS REQUESTED:**

(a) Do customers park their own cars? \_\_\_\_\_ 35.  Yes  No

(b) Are customers cars stored in:  Buildings  Open Lots

(c) If stored in buildings: Age of building \_\_\_\_\_ Number of floors \_\_\_\_\_

Type of construction \_\_\_\_\_ Number of exits \_\_\_\_\_

Are ignition keys left in cars that are stored? \_\_\_\_\_  Yes  No

If no, where are keys kept? \_\_\_\_\_

(d) If stored in open lot:

Is lot lighted? \_\_\_\_\_  Yes  No

Is lot enclosed? \_\_\_\_\_  Yes  No

Type of enclosures (explain) \_\_\_\_\_

Is attendant on duty at all times? \_\_\_\_\_  Yes  No

Are cars locked when stored after hours? \_\_\_\_\_  Yes  No

**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 Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.