

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker Name: _____ Retail Agent Name: _____
 Broker Location: _____ Retail Agent Address: _____
 Broker Contact: _____ Retail Agent Phone Number: (____) _____ - _____

APPLICANT INFORMATION

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____

Name of Applicant (include DBA) _____

Applicant is: Individual Joint Venture Partnership LLC Other Organizational Structure: _____

Mailing Address: _____

Contact: _____ Phone Number: (____) _____ - _____

Website: _____

Number of years in business: _____ Number of years experience in this field: _____

Description of Operations: _____

Location #1 _____

Location #2 _____

Location #3 _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured <i>(see below)</i>	Full Time or Part Time <i>(see below)</i>	Furnished an Auto for Personal Use? Yes/ No

Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above? Yes No

JOB DESCRIPTION OR RELATIONSHIP TO INSURED:
 Owners, Partners, Officers, Salespersons, Managers. Inactive Owners, Inactive Partners, Inactive Officers.
 Clerical staff, Lot personnel, Mechanics. Non-Employee - Spouse, Domestic Partner, Children.
 Independent Contractors.
 Contract Driver - provide name(s), or Blanket Contract Drivers.

PART TIME: Employees working less than 20 hours per week shall be considered Part Time.

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis*	%	%	Mobile Homes (non-motorized)	%	%
Busses*	%	%	Motorcycles*	%	%
Bucket Trucks / Cranes / Scissor Lift*	%	%	ATVs, UTVs, Scooters, Snowmobiles*	%	%
Contractors Equipment*	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles*	%	%	Race Cars / Street Rods	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers*	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW)*	%	%	OTHER (Provide complete description):	%	%
Jet Skis*	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

***Supplemental application required**

UNDERWRITING INFORMATION

Do you:

- | | | | |
|---|--|--|--|
| Engage in any other operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stack salvaged autos more than 4 high? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in fuel conversion? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Work at airport, seaport or railroad premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in performance enhancements? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Engage in Breathalyzer / ignition interlock? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Loan, Lease or Rent autos to others? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Manufacture / Fabricate any auto parts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Engage in auto pawning or auto title loans? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Structurally alter or convert vehicles from their original factory design? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dismantle autos or have salvage operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Own or operate a car crusher? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EXPLAIN ALL YES REPOSSES: _____

Do you:

- | | |
|--|---|
| Secure all keys in a lock box or a secure cabinet away from vehicle? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Obtain certificates of insurance from all sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Accompany customers in the service/repair area? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Store all paints and solvents in a fire resistive cabinet outside the paint booth? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Confine all spray painting operations to an UL approved booth? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| If No, is there explosion proof lighting and adequate ventilation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRIOR INSURANCE COMPANY AND LOSS HISTORY

Current Carrier	_____	Policy Period	_____	Policy Premium	_____
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____
Prior Carrier	_____	Policy Period	_____	Policy Premium	_____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

- If there is No Prior Insurance, check the box.
 If there are No Prior Losses, check the box.

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years? Yes No

(Missouri Applicants - Do not answer this question).

If yes, explain: _____

Dealers proceed to page 3, Non-Dealers proceed to page 4.

DEALER OPERATIONS

Non-Franchised Dealership Retail: _____ % Wholesale/Brokers/Internet: _____ %
 New Auto/ Franchised Dealership Auction: _____ % Consigned: _____ %
(Provide copy of consignment agreement.)

Number of Dealer Plates _____ Plate numbers: _____
 Do you Lease, Rent, Loan or Sell plates to others? Yes No
 If yes, explain: _____
 How are plates being used? _____
 Where do you store plates when not in use? _____

Do you:
 Obtain Drivers License and Proof of Insurance before all test drives? Yes No
 Accompany all test drives? Yes No
 Allow extended or overnight test drives? Yes No
 Offer In-house financing or Buy Here / Pay Here? Yes No
 If yes, are titles transferred to customer at the beginning of the finance period
 and your business named as a lienholder? Yes No

Buy or sell autos in the following states? Check all that apply.

State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			

State	Buy	Sell	Number of times per year
New Jersey			
New York			
North Dakota			
South Carolina			

DEALERS COVERAGES & LIMITS

Radius of pickup & delivery 0 - 300 Miles 301 - 500 Miles 501 - 1,000 Miles Unlimited

Auto Dealers Liability <input type="checkbox"/> Symbol 22 & 29 or <input type="checkbox"/> Symbol 21 Deductible _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Covered Autos Liability</td> <td style="width: 20%; text-align: center;">_____</td> <td style="width: 30%;">Each Accident</td> </tr> <tr> <td>General Liability BI & PD</td> <td style="text-align: center;"><i>same as above</i></td> <td>Each Accident</td> </tr> <tr> <td>Damage to Premises Rented</td> <td style="text-align: center;">_____</td> <td>Any One Premises</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td style="text-align: center;">_____</td> <td>Any One Person or Organization</td> </tr> <tr> <td>General Liability</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> <tr> <td>Products & Work Performed</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> <tr> <td>Loc & Operations Medical Payments</td> <td style="text-align: center;">_____</td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Auto Medical Payments</td> <td style="text-align: center;">_____</td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Hired Auto</td> <td><input type="checkbox"/> Broad Form Products</td> <td><input type="checkbox"/> Assault & Battery Buyback</td> </tr> <tr> <td><input type="checkbox"/> Personal Injury Protection:</td> <td style="text-align: center;">_____</td> <td>Limit per Statute</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Coverage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Underinsured Motorists Coverage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Property Damage</td> <td style="text-align: center;">_____</td> <td>Each Acc.</td> </tr> </table>	Covered Autos Liability	_____	Each Accident	General Liability BI & PD	<i>same as above</i>	Each Accident	Damage to Premises Rented	_____	Any One Premises	Personal & Advertising Injury	_____	Any One Person or Organization	General Liability	_____	Aggregate Limit	Products & Work Performed	_____	Aggregate Limit	Loc & Operations Medical Payments	_____	Any One person	<input type="checkbox"/> Auto Medical Payments	_____	Any One person	<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Assault & Battery Buyback	<input type="checkbox"/> Personal Injury Protection:	_____	Limit per Statute	<input type="checkbox"/> Uninsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.	<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.
Covered Autos Liability	_____	Each Accident																																						
General Liability BI & PD	<i>same as above</i>	Each Accident																																						
Damage to Premises Rented	_____	Any One Premises																																						
Personal & Advertising Injury	_____	Any One Person or Organization																																						
General Liability	_____	Aggregate Limit																																						
Products & Work Performed	_____	Aggregate Limit																																						
Loc & Operations Medical Payments	_____	Any One person																																						
<input type="checkbox"/> Auto Medical Payments	_____	Any One person																																						
<input type="checkbox"/> Hired Auto	<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Assault & Battery Buyback																																						
<input type="checkbox"/> Personal Injury Protection:	_____	Limit per Statute																																						
<input type="checkbox"/> Uninsured Motorists Coverage	_____	Each Acc.																																						
<input type="checkbox"/> Underinsured Motorists Coverage	_____	Each Acc.																																						
<input type="checkbox"/> Uninsured Motorists Property Damage	_____	Each Acc.																																						

Dealers Physical Damage Symbol 31 <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	<p>Owned Auto Coverage:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">_____ Limit Location 1</td> <td style="width: 40%;">_____ Maximum Limit Per Auto</td> </tr> <tr> <td>_____ Limit Location 2</td> <td></td> </tr> <tr> <td>_____ Limit Location 3</td> <td>_____ Deductible Per Auto</td> </tr> </table> <p>Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot*</p> <p><input type="checkbox"/> Theft Buyback, for Unprotected Lot. <i>(subject to guidelines)</i> <input type="checkbox"/> False Pretense</p> <p>Types of Autos: <input type="checkbox"/> New Autos <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles</p> <p><u>Interest(s) Covered (Check all that apply):</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Your interest in covered autos you own</td> <td><input type="checkbox"/> Your interest only in financed autos</td> </tr> <tr> <td><input type="checkbox"/> Your interest & interest of any creditor/ loss payee</td> <td><input type="checkbox"/> Consigned Auto</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Creditor/Loss Payee:</td> </tr> <tr> <td colspan="2"> Name: _____</td> </tr> <tr> <td colspan="2"> Address: _____</td> </tr> </table> <p>*Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.</p> <p>*Non-Standard Lot: Any other type of protection.</p> <p>*Unprotected Lot: No theft barrier.</p>	_____ Limit Location 1	_____ Maximum Limit Per Auto	_____ Limit Location 2		_____ Limit Location 3	_____ Deductible Per Auto	<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Your interest only in financed autos	<input type="checkbox"/> Your interest & interest of any creditor/ loss payee	<input type="checkbox"/> Consigned Auto	<input type="checkbox"/> Creditor/Loss Payee:		Name: _____		Address: _____	
_____ Limit Location 1	_____ Maximum Limit Per Auto																
_____ Limit Location 2																	
_____ Limit Location 3	_____ Deductible Per Auto																
<input type="checkbox"/> Your interest in covered autos you own	<input type="checkbox"/> Your interest only in financed autos																
<input type="checkbox"/> Your interest & interest of any creditor/ loss payee	<input type="checkbox"/> Consigned Auto																
<input type="checkbox"/> Creditor/Loss Payee:																	
Name: _____																	
Address: _____																	

Dealer's Acts, Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Insurance Agents E&O
------------------------------------	--

NON-DEALERS / SERVICE OPERATIONS

Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing (<i>other-than car wash - full service</i>)	%	Impound Yards	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
Payroll:	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only (<i>Uninstalled</i>)		Oil/Lube Service	%
Receipts:	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only (<i>Uninstalled</i>)		Rim Repair	%
Receipts:	%	Storage Lots	%
Body & Paint Shop	%	Tire Sales, Installation, Service or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store Receipts:	%	Valet Parking*	%
Driveway Contractor	%	Van Conversion	%
Frame or Unibody Straightening <input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Gasoline Station: Full Service	%	Window Tinting	%
Gasoline Station: Self Service only	%	Windshield Installation/Repair	%
Convenience Store Receipts:		Wrecker Service: For-Hire	%
		Wrecker Service: Not-For-Hire	%
		Other:	%

*Supplemental application required

NON-DEALER COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 25 Miles <input type="radio"/> 26 - 100 Miles <input type="radio"/> 101 - 200 Miles <input type="radio"/> Over 200 Miles												
Non-Dealer Liability Symbol 29 Deductible _____	<table> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Broadened Coverage (<i>includes Personal Injury & \$100,000 Damage to Rented Premises</i>) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Auto Medical Payments _____ Any One person <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____ <input type="checkbox"/> Personal Injury Protection _____ Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc.	Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit			
Auto Only	_____	Each Accident											
Other Than Auto	<u>same as above</u>	Each Accident											
Other Than Auto	_____	Aggregate Limit											
Garagekeepers Symbol 30 <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table> <tr> <td>_____</td> <td>Limit Location 1</td> <td>_____</td> <td>Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot* <input type="checkbox"/> Theft Buyback, for Unprotected Lot (<i>subject to guidelines</i>) *Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. *Non-Standard Lot: Any other type of protection. *Unprotected Lot: No theft barrier.	_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2			_____	Limit Location 3	_____	Deductible Per Auto
_____	Limit Location 1	_____	Maximum Limit Per Auto										
_____	Limit Location 2												
_____	Limit Location 3	_____	Deductible Per Auto										

