

# 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

1. Named Insured Information (please select one):

	Name	"dba" (if applicable)
<input type="checkbox"/> Corporation	_____	_____
<input type="checkbox"/> Partnership	_____	_____
<input type="checkbox"/> Individual	_____	_____
<input type="checkbox"/> 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:

<input type="checkbox"/> Franchised Dealer	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Wholesale Dealer/Auto Broker
<input type="checkbox"/> Non-franchised Dealer	<input type="checkbox"/> Automobile Dismantling	<input type="checkbox"/> Other _____
<input type="checkbox"/> Equipment & Implement Dealer		

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"/> Motorcycles	_____	<input type="checkbox"/> Antique Auto	_____
<input type="checkbox"/> ATVs, Snowmobiles, Jet Skis	_____	<input type="checkbox"/> Autos valued over \$40,000	_____
<input type="checkbox"/> Trucks over 10,000 GVW	_____	<input type="checkbox"/> Contractor Equipment	_____
<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> Internet sales of autos	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Internet sales of parts/accessories	_____
<input type="checkbox"/> High Performance/ Exotic Car Sales	_____	<input type="checkbox"/> Farm Equipment/Implement Dealer	_____
		<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? \_\_\_\_\_

(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)

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 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: \_\_\_\_\_

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 intow desired? Which units? \_\_\_\_\_

Intow Limit: \$ \_\_\_\_\_

Intow 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 Driveway          | _____ |
| (C) General Managers   | _____ | (G) All other employees  | _____ |
| (D) Service Managers   | _____ |  |       |

**COMPLETE ALL SECTIONS BELOW:**

**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

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

Number

- |   |       |
|---|-------|
| (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 resale? 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. Do you loan autos to customers? 37.  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

## MAINE UNINSURED AND UNDERINSURED MOTORISTS SELECTION FORM

This coverage provides protection for persons who are entitled to recover damages because of bodily injury (including resulting death) from an owner or operator of an uninsured motor vehicle, or an insured motor vehicle, whose Liability Coverage limits are less than the insured person's Uninsured Motorists Coverage limits.

<input type="checkbox"/> Basic Limits Accepted as follows: _____	→	<input type="checkbox"/> Single Limit <input type="checkbox"/> Split Limits			
<input type="checkbox"/> Other Limits Accepted as follows: _____	→				

  

Single Limit	Split Limits	
	Bodily Injury	
	Each Person	Each Accident

**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 RENEWAL POLICIES WITHOUT ADDITIONAL NOTICE.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

