



AUTO DEALER APPLICATION

General Information

- Effective Date: _____ FEIN #: _____
1. Your Name: _____ Phone No.: _____
(dba) _____
2. Mailing Address: _____
3. Your Web Site Address: _____
4. Location #1 Address: _____
5. Location #2 Address: _____
6. Description of business operation: _____
7. Year Business was established? _____ How many years of related experience? _____
8. Type of Legal entity: Individual Partnership Joint Venture Limited Liability Corp.
 Trust Corporation Other _____
9. Name all businesses you have ownership in: _____

Confirm Operational Percentages for Vehicles Sold

Retail	Wholesale	Broker	Consignment *	Internet
%	%	%	%	%

*Attach a copy of your consignment agreement.

10a. Are you an Auto Pawn Shop? Yes No

10b. Are you an Auto Auction? Yes No

Type of Vehicles Sold, Serviced, or Repaired

	Repair	Sales		Repair	Sales
<input type="checkbox"/> Private Passenger Cars, Pick-Up Trucks, Vans, Sport Utilities	%	%	<input type="checkbox"/> Medium Trucks	%	%
<input type="checkbox"/> Salvaged Titled Autos	%	%	<input type="checkbox"/> Heavy Trucks **complete BG-GA-462	%	%
<input type="checkbox"/> Motorcycles **complete BG-GA-477	%	%	<input type="checkbox"/> Semi-Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Recreational Vehicles **complete BG-GA-498	%	%	<input type="checkbox"/> Boats	%	%
<input type="checkbox"/> Farm Equipment	%	%	<input type="checkbox"/> Forklifts	%	%
<input type="checkbox"/> Contractors Equipment	%	%	<input type="checkbox"/> Golf Carts	%	%
<input type="checkbox"/> Emergency Vehicles	%	%	<input type="checkbox"/> Utility Trailers	%	%
<input type="checkbox"/> Handicap Vehicles	%	%	<input type="checkbox"/> Horse Trailers	%	%
<input type="checkbox"/> All-Terrain Vehicles (ATV) **complete BG-GA-477	%	%	<input type="checkbox"/> Boom Trucks, Bucket Trucks, or Cherry Pickers	%	%
<input type="checkbox"/> Buses **complete BG-GA-462	%	%	<input type="checkbox"/> Cranes	%	%
<input type="checkbox"/> Jet Skis **complete BG-GA-477	%	%	<input type="checkbox"/> Other: Description of Other Vehicle(s):	%	%
<input type="checkbox"/> Logging Trucks or Logging Equipment	%	%	Total	100%	100%



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11. What kind of dealer's license do you have? Retail___ Wholesale___ Salvage___ Other___
12. How many dealer plates do you have? # of dealer plates ____ # of transporter plates ____ # of other plates ____
13. Is the title transferred at the time of sale? Yes No
14. Are you ever listed as lienholder on the title? Yes No
15. Do you confirm the purchaser has insurance? Yes No
16. Internet Sales? Yes No – If yes, Internet Advertising only? Yes No
17. Do your salespeople accompany customers on all demonstration rides? Yes No
18. How many vehicles are sold per year? _____
19. Do you sell salvaged/rebuilt/junk/reconstructed titled autos? Yes No
- If yes, what percentage of total sales _____%

20. What are your posted hours of operation?

	Open	Close		Open	Close
Sunday			Thursday		
Monday			Friday		
Tuesday			Saturday		
Wednesday					

21. Do you loan/lease/rent any vehicles? Yes No If **yes**, is coverage in place elsewhere? _____
22. Are you or any of your employees engaged in any rideshare programs (i.e.: Uber, Lyft, etc.)? Yes No
23. How are autos transported back to your lot?
- You or your employees Your owned auto transport/car carrier/tow truck/tow dolly
- Contracted auto transport carrier Contract Drivers Other: _____
24. What is your lot protection?
- Loc. 1: Inside storage Unprotected Protected - Describe: _____
- Is this a retail lot? Yes No
- Loc. 2: Inside storage Unprotected Protected - Describe: _____
- Is this a retail lot? Yes No

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25. Service/Repair Work - Identify by percentage the amount of each type of service/repair work from the list below.

<input type="checkbox"/>	Airbags (including Deactivating)	%	<input type="checkbox"/>	Auto Alarms/Stereo	%
<input type="checkbox"/>	Auto Dismantling or Salvage Operations **complete BG-GA-505	%	<input type="checkbox"/>	Boat Hull	%
<input type="checkbox"/>	Body Work/Painting	%	<input type="checkbox"/>	Breathalyzers/Interlock Devices	%
<input type="checkbox"/>	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self-Serve	%	<input type="checkbox"/>	Detailing/Washing	%
<input type="checkbox"/>	Lift Kit Installation	%	<input type="checkbox"/>	LPG Dealer	%
<input type="checkbox"/>	Oil & Lube	%	<input type="checkbox"/>	Suspension (excluding Lift Kits)	%
<input type="checkbox"/>	Tires **complete BG-GA-478	%	<input type="checkbox"/>	Tire Recapping, Retreading, or Re-coring	%
<input type="checkbox"/>	Towing <input type="checkbox"/> For Hire/Rotation <input type="checkbox"/> Repo for Hire	%	<input type="checkbox"/>	Trailer Hitch Installation/Repair	%
<input type="checkbox"/>	Windshield Installation/Repair	%	<input type="checkbox"/>	Other (Description):	%
					100%

26. Do you perform any machining, re-machining, or re-boring operations? Yes No

If **yes**, explain: _____

27. Do you rebuild any of the following: brakes (**other than changing pads or rotors**), steering systems, or restraint systems? Yes No

If **yes**, explain: _____

28. Do you perform any frame straightening? Yes No If **yes**, do you use a machine? Yes No

29. Do you perform spray painting? Yes No

If **yes**, is your booth equipped with explosion proof lights, outside ventilation, & bay separation? Yes No

30. Do you cut or weld frames? Yes No

31. Do you perform ground-up/frame-off chassis work? Yes No

32. Are you an auto rebuilder? Yes No

33. Do you own, repair, service, or sponsor a race car? Yes No

34. Do you park vehicles on the street? Yes No

35. Are signs posted to keep customers from the work area? Yes No

36. Are keys kept in a secure place with no access by unauthorized persons? Yes No

37. Are firearms kept on the premises? Yes No

38. Do you have any dogs on the premises? Yes No

39. Do you deliver vehicles to customers after the sale is complete? Yes No



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Previous Carrier and Loss Information
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1. Has similar insurance ever been cancelled, declined, or refused for renewal? (Not applicable in Missouri) Yes No
 If **yes**, explain: _____

2. Complete all fields, indicate if "None" applies.

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

******LOSS RUNS REQUIRED ON DEALER RISKS WITH EIGHT (8) OR MORE EMPLOYEES******

- **List EVERYONE Employed By You.** This also includes any clericals, lot persons, mechanics, etc., regardless of whether or not they drive an auto for business use.
- List any 1099's and sub-contractors operating without their own insurance in place.
- List any non-employees, silent owners, or family members that are furnished an auto.

	Name (First, Middle, Last)	Status*	Hours Worked**	Auto Use***	Loc. #
1					
2					
3					
4					
5					
6					
7					

	License # and State	Date of Birth
1		
2		
3		
4		
5		
6		
7		

Status:*

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Active Owner, Partner, or Officer 2. Inactive Owner, Partner, or Officer 3. Salesperson 4. Lot Person 5. Mechanic 6. Clerical | <ul style="list-style-type: none"> 7. Spouse of Owner, Partner, or Officer 8. Children of Owner, Partner, or Officer 9. Spouse of any other person furnished an auto 10. Children of any other person furnished an auto 11. Occasional or Contract Driver 12. Other: _____ |
|---|--|

Hours Worked:**

- F** – Full Time (Over 20 hours per week)
- P** – Part Time (20 or less hours per week)
- N** – Non-Employee

Auto Use:***

- A** – Furnished a covered auto for personal use
- B** – Uses a covered auto strictly for business use
- C** – Does not drive a covered auto



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Coverages Requested

Garage Liability limits
 \$_____ per accident auto dealer operations: 1X aggregate 2X aggregate 3X aggregate

Garagekeepers If Towing or Transport coverage is desired, Garagekeepers may only be written on a Legal Liability basis. SELECT ONE:
 Legal Liability Specified Causes of Loss w/ Collision
 Legal Liability Comprehensive w/ Collision
 Direct Primary Specified Causes of Loss w/ Collision **(Not available in CT.)**

Location 1 \$_____ location limit Deductible \$_____
 Location 2 \$_____ location limit Maximum limit per auto \$_____

Towing and Transport (if more than 2 vehicles, attach separate page) 'In Tow' Limit \$_____
 Unit 1 Year/Make/Model: _____ VIN: _____
 Unit 2 Year/Make/Model: _____ VIN: _____

Dealers Physical Damage
 Location 1 \$_____ location limit Deductible \$_____
 Location 2 \$_____ location limit Maximum limit per auto \$_____

SELECT ONE:
 Fire, Theft, & Collision
 Specified Causes of Loss w/ Collision
 Comprehensive w/ Collision

Interest(s) to be covered:
 Your interest in covered autos you own
 Your interest and the interest of any creditor named as loss payee
 Your interest and the interest of any consignee

Loss Payee: Name/Address: _____

Medical Payments: Limit \$_____ Premises only Auto only Both premises & auto
 Uninsured/Underinsured Motorist (attach state specific selection/consent form): Limit \$_____
 Personal Injury Protection: Yes No
 Personal & Advertising Injury Liability: Yes No
 Damage to Premises Rented To You: Limit \$_____
 What radius do you drive or transport vehicles from your location:
 Less than 300 miles 300 – 500 miles 501 – 1,000 miles Over 1,000 miles
 Dealers Specified E & O Coverage: Yes No



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Additional Insured:

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (**attach copy of written contract**)

If interest is landlord, do you require a Waiver of Subrogation? Yes No

Name/Address: _____

Interest: Landlord Lessor of Leased Equipment Franchisee Customer (**attach copy of written contract**)

If interest is landlord, do you require a Waiver of Subrogation? Yes No

Related Non-Garage Operations

Gasoline Sales	# _____	gallons sold	Convenience Store	\$ _____	gross sales
Parts sold but not installed by you	\$ _____	gross sales	Tires sold but not installed by you	\$ _____	gross sales
Clothing or Accessories	\$ _____	gross sales	Self-Serve Car Wash	\$ _____	gross receipts
Auto Dismantling/Salvage Operations	\$ _____	actual payroll			

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV:

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO:

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 claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. Applies in FL only.

Applicable in KS:

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.



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Applicable in KY, NY, OH and PA:

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 subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA:

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR:

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in Other States:

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.

Applicant Name (Name of Company):	Producer's Name:
Signature (Authorized Representative):	Producer's Signature:
Print Name (Authorized Representative):	Producer's Phone:
Title:	Producer's Fax:
Date:	Producer's Email: