



# AUTO DEALER APPLICATION

## General Information

Effective Date: \_\_\_\_\_ FEIN #: \_\_\_\_\_

1. Insured Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 (dba) \_\_\_\_\_ Inspection Contact Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Your Website 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 Corporation  
 Trust  Corporation  Other: \_\_\_\_\_

9. List all other businesses you have ownership in: \_\_\_\_\_

## Confirm Operational Percentages for Vehicles Sold

Retail \_\_\_\_\_ % Wholesale \_\_\_\_\_ % Broker \_\_\_\_\_ % Consignment\* \_\_\_\_\_ % Internet \_\_\_\_\_ %

\*Attach a copy of your consignment agreement.

## 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 **no hull repair or work while afloat**	%	%
<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 or Scissor Lifts	%	%
<input type="checkbox"/>	Jet Skis **complete BG-GA-477	%	%	<input type="checkbox"/>	Other Description:	%	%
<input type="checkbox"/>	Logging Trucks or Equipment	%	%	<b>TOTAL</b>		<b>100%</b>	<b>100%</b>

## AUTO DEALER APPLICATION

- 10a. Are you an Auto Pawn Shop?  Yes  No      10b. Are you an Auto Auction?  Yes  No
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. Are titles transferred in accordance with state guidelines?  Yes  No
14. Do you confirm the purchaser has insurance?  Yes  No
15. Internet Sales?  Yes  No      If yes, Internet Advertising only?  Yes  No
16. Do your salespeople accompany customers on all demonstration rides?  Yes  No
17. How many vehicles did you sell last year? \_\_\_\_\_
18. Do you sell salvaged/rebuilt/junk/reconstructed titled autos?  Yes  No  
 If yes, what percentage of total sales? \_\_\_\_\_ %
19. What are your posted hours of operation?
- |           | Open | Close |          | Open | Close |
|-----------|------|-------|----------|------|-------|
| Sunday    |      |       | Thursday |      |       |
| Monday    |      |       | Friday   |      |       |
| Tuesday   |      |       | Saturday |      |       |
| Wednesday |      |       |          |      |       |
20. Do you loan/lease/rent any vehicles?  Yes  No  
 If yes, is coverage in place elsewhere? \_\_\_\_\_
21. Are you or any of your employees engaged in any rideshare programs (i.e. Uber, Lyft, etc.)?  Yes  No
22. How are autos transported back to your lot?  
 You or your employees       Contracted auto transport carrier       Contract Drivers  
 Your owned auto transport/car carrier/tow truck/tow dolly       Other: \_\_\_\_\_
23. Do you perform any machining, re-machining, re-coring, or re-boring operations?  Yes  No  
 If yes, explain: \_\_\_\_\_
24. Do you rebuild any of the following: brakes (**other than changing pads or rotors**), steering systems, or restraint systems?  Yes  No  
 If yes, explain: \_\_\_\_\_
25. Do you alter the manufacturer's specifications when repairing?  Yes  No  
 If yes, explain: \_\_\_\_\_
26. Do you perform any frame straightening?  Yes  No      If yes, do you use a machine?  Yes  No
27. Do you perform spray painting?  Yes  No  
 If yes, is your booth equipped with explosion proof lights, outside ventilation, and bay separation?  Yes  No
28. Do you cut or weld frames?  Yes  No
29. Do you perform ground-up/frame-off chassis work?  Yes  No
30. Are you an auto rebuilder?  Yes  No
31. Do you or any of the owners advertise, own, repair, service, or sponsor a race car?  Yes  No



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32. Do you park vehicles on the street?  Yes  No
33. Are signs posted to keep customers from the work area?  Yes  No  N/A
34. Are keys kept in a secure place with no access by unauthorized persons?  Yes  No
35. Are firearms kept on the premises?  Yes  No
36. Do you have any animals on the premises?  Yes  No
37. Do you manufacture or fabricate parts?  Yes  No
38. Do you perform any service/repair work?  Yes  No      If yes, please complete the chart below.

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

Airbags (including Deactivating)	%	Accessories Installation	%	Antique /Vintage/Classic Repair or Restoration	%
Auto Dismantling or Salvage Operations	%	Bedliner Installation	%	Body Work/Painting	%
Breathalyzers/Interlock Devices	%	Bull Bar (or similar device) Service or Installation	%	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self-Serve	%
Detailing/Washing	%	Inspection Station	%	Lift Kit Installation/Service	%
LPG Dealer	%	Oil &Lube	%	Storage Facility (Long Term)	%
Tires **Complete BG-GA-478**	%	Tire Recapping, Retreading, Regrooving	%	Towing <input type="checkbox"/> For Hire <input type="checkbox"/> Repo	%
Trailer Hitch Installation/Repair	%	Upholstery	%	Valet Parking **Complete BG-GA-390**	%
Windshield Installation/Repair	%	Other (Complete Description Line Below)	%	<b>TOTAL</b>	<b>100%</b>

Describe Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Previous Carrier and Loss Information

39. Has similar insurance ever been cancelled, declined, or refused for renewal? (Not applicable in Missouri)  Yes  No  
If yes, explain: \_\_\_\_\_
40. Complete all fields. Check box if no prior coverage:

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



# AUTO DEALER APPLICATION

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

- **List All Owners and 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, contract drivers and/or 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/Duties*	Hours Worked**	Auto Usage***	Loc. #
1					
2					
3					
4					
5					
6					
7					

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

**Status/Duties:\***

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

**Hours Worked:\*\***

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

**Auto Usage:\*\*\***

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



**AUTO DEALER APPLICATION**

**Coverages Requested (Check Box to Request Coverage)**

**Liability Limit** \$ \_\_\_\_\_  
 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.)**

Maximum limit per auto \$ \_\_\_\_\_ Deductible:  \$1,000 / \$5,000 **OR**  \$2,500 / \$10,000  
Location #1 \$ \_\_\_\_\_ location limit   Location #2 \$ \_\_\_\_\_ location limit

**Towing and Transport 'In Tow' Limit** \$ \_\_\_\_\_

Unit 1 Year/Make/Model		VIN:	
Unit 2 Year/Make/Model		VIN:	

**Dealers Physical Damage**  
Maximum limit per auto \$ \_\_\_\_\_ Deductible:  \$1,000 / \$5,000 **OR**  \$2,500 / \$10,000  
Location #1 \$ \_\_\_\_\_ location limit   Location #2 \$ \_\_\_\_\_ location limit

SELECT ONE:

- Fire & Theft w/ 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: \_\_\_\_\_

**What is your lot protection? (Choose One Per Location)**

Loc. 1:  Fenced and Gated    Post and Cable    Inside Building    Unprotected  
 Other – Describe: \_\_\_\_\_

Loc. 2:  Fenced and Gated    Post and Cable    Inside Building    Unprotected  
 Other – Describe: \_\_\_\_\_



## AUTO DEALER APPLICATION

- Medical Payments:** Limit \$ \_\_\_\_\_  Premises only  Auto only  Both premises & auto  
 **Uninsured/Underinsured Motorist (attach state specific selection/consent form)** Limit \$ \_\_\_\_\_  
 **Personal Injury Protection**  
 **Personal & Advertising Injury Liability**  
 **Damage to Rented Premises** Limit \$ \_\_\_\_\_  
 **Dealers Specified E & O Coverage**

**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

**Additional Insured:**

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  **\*\*Customer\*\***

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

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  **\*\*Customer\*\***

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

**\*\*COVERAGE WILL ONLY TRIGGER WHEN A FULLY EXECUTED CONTRACT IS IN PLACE AT TIME OF LOSS\*\***

Incidental 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			



## AUTO DEALER APPLICATION

**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 CA**

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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.

**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.



## AUTO DEALER APPLICATION

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.

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