



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: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> 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
<input type="checkbox"/> Private Passenger Cars, Pick-Up Trucks, Vans, Sport Utilities	%	%
<input type="checkbox"/> Salvaged Titled Autos	%	%
<input type="checkbox"/> Motorcycles **complete BG-GA-477	%	%
<input type="checkbox"/> Recreational Vehicles **complete BG-GA-498	%	%
<input type="checkbox"/> Farm Equipment	%	%
<input type="checkbox"/> Contractors Equipment	%	%
<input type="checkbox"/> Emergency Vehicles	%	%
<input type="checkbox"/> Handicap Vehicles	%	%
<input type="checkbox"/> All-Terrain Vehicles (ATV) **complete BG-GA-477	%	%
<input type="checkbox"/> Buses **complete BG-GA-462	%	%
<input type="checkbox"/> Jet Skis **complete BG-GA-477	%	%
<input type="checkbox"/> Logging Trucks or Equipment	%	%

	Repair	Sales
<input type="checkbox"/> Medium Trucks	%	%
<input type="checkbox"/> Heavy Trucks **complete BG-GA-462	%	%
<input type="checkbox"/> Semi-Trailers **complete BG-GA-462	%	%
<input type="checkbox"/> Boats **no hull repair or work while afloat**	%	%
<input type="checkbox"/> Forklifts	%	%
<input type="checkbox"/> Golf Carts	%	%
<input type="checkbox"/> Utility Trailers	%	%
<input type="checkbox"/> Horse Trailers	%	%
<input type="checkbox"/> Boom Trucks, Bucket Trucks, or Cherry Pickers	%	%
<input type="checkbox"/> Cranes or Scissor Lifts	%	%
<input type="checkbox"/> Other Description:	%	%
	TOTAL	100%
		100%

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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)	%	TOTAL	100%

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
			\$
			\$
			\$
			\$



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****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:*

1. Active Owner, Partner, or Officer
2. Inactive Owner, Partner, or Officer
3. Salesperson
4. Lot Person
5. Mechanic
6. Clerical
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: Relative or Friend

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



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Coverages Requested (Check Box to Request Coverage)

<input type="checkbox"/> Liability Limit	\$ _____	<input type="checkbox"/> 1X aggregate <input type="checkbox"/> 2X aggregate <input type="checkbox"/> 3X aggregate
<input type="checkbox"/> Garagekeepers If Towing or Transport coverage is desired, Garagekeepers may only be written on a Legal Liability basis. SELECT ONE: <input type="checkbox"/> Legal Liability Specified Causes of Loss w/ Collision <input type="checkbox"/> Legal Liability Comprehensive w/ Collision <input type="checkbox"/> Direct Primary Specified Causes of Loss w/Collision (Not available in CT.)		
Maximum limit per auto	\$ _____	Deductible: <input type="checkbox"/> \$1,000 / \$5,000 OR <input type="checkbox"/> \$2,500 / \$10,000
Location #1	\$ _____	location limit
<input type="checkbox"/> Towing and Transport 'In Tow' Limit	\$ _____	
Unit 1 Year/Make/Model	VIN: _____	
Unit 2 Year/Make/Model	VIN: _____	
<input type="checkbox"/> Dealers Physical Damage		
Maximum limit per auto	\$ _____	Deductible: <input type="checkbox"/> \$1,000 / \$5,000 OR <input type="checkbox"/> \$2,500 / \$10,000
Location #1	\$ _____	location limit
Location #2	\$ _____	location limit
SELECT ONE:		
<input type="checkbox"/> Fire & Theft w/ Collision		
<input type="checkbox"/> Specified Causes of Loss w/ Collision		
<input type="checkbox"/> Comprehensive w/ Collision		
<input type="checkbox"/> Interest(s) to be covered: <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest and the interest of any creditor named as loss payee <input type="checkbox"/> Your interest and the interest of any consignee		
<input type="checkbox"/> Loss Payee	Name: _____	
Address: _____		

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

Loc. 1:	<input type="checkbox"/> Fenced and Gated	<input type="checkbox"/> Post and Cable	<input type="checkbox"/> Inside Building	<input type="checkbox"/> Unprotected
	<input type="checkbox"/> Other – Describe: _____			
Loc. 2:	<input type="checkbox"/> Fenced and Gated	<input type="checkbox"/> Post and Cable	<input type="checkbox"/> Inside Building	<input type="checkbox"/> Unprotected
	<input type="checkbox"/> Other – Describe: _____			



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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: _____

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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	
Parts sold but not installed by you	\$	gross sales	
Clothing or Accessories	\$	gross sales	
Convenience Store	\$	gross sales	
Tires sold but not installed by you	\$	gross sales	



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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.



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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: