



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	%	%	TOTAL	100%	100%

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

AUTO DEALER APPLICATION

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
			\$
			\$
			\$
			\$

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:*

- | | |
|--|--|
| 1. Active Owner, Partner, or Officer | 7. Spouse of Owner, Partner, or Officer |
| 2. Inactive Owner, Partner, or Officer | 8. Children of Owner, Partner, or Officer |
| 3. Salesperson | 9. Spouse of any other person furnished an auto |
| 4. Lot Person | 10. Children of any other person furnished an auto |
| 5. Mechanic | 11. Occasional or Contract Driver |
| 6. Clerical | 12. Other: <u>Relative or Friend</u> |

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.

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: