

Trailer Dealer Application

COLUMBIA INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL LIABILITY & FIRE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

Name _____

"dba" (if applicable) _____

Corporation _____
 Partnership _____
 Individual _____
 Other _____

2. Business (physical) address _____

3. Mailing address _____

4. Website 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:

Franchised Dealer Repair Shop Wholesale Dealer/Auto Broker
 Non-Franchised Dealer Automobile Dismantling Other _____
 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"/> ATVs, Snowmobiles, Jet Skis	_____	<input type="checkbox"/> Contractor Equipment	_____
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Farm Equipment/Implement Dealer	_____
<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> Internet Sales of Trailers	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Internet Sales of Parts/Accessories	_____
		<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 _____

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% Co-Insurance 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 _____

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 liability limit)
 Physical Damage

Is in-tow desired? Which units? _____

In-Tow Limit: \$ _____

In-Tow Deductible: \$ _____

(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

RATING INFORMATION

20. EMPLOYEE INFORMATION (include independent contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State Where Licensed	Drivers License #	Number of Accidents Last 3 Years	Number of Violations Last 3 Years	Explain

CONVICTIONS FOR VIOLATING A SPEED LIMIT OF 30-54 MPH BY NOT MORE THAN 6 MPH OR A SPEED LIMIT OF 55-75 MPH BY NOT MORE THAN 10 MPH NEED NOT BE REPORTED.

UNDERWRITING INFORMATION

21. Is the operation in Question 6 your primary operation? If not, explain _____

21. Yes No

22. (a) Do you sell tires? _____ % of receipts New Tires _____ % Used Tires _____ %

22. (a) Yes No

(b) Do you recap or retread tires?

23. Yes No

24. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation

24. Yes No

25. Do you hold a salvage dealer license or operate a salvage yard?

25. Yes No

26. Do you salvage cars for resale?

26. Yes No

27. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation

27. Yes No

28. Do you weld gas tanks?

28. Yes No

29. Do you reposess autos?

29. Yes No

Gross receipts from parts sold but not installed _____

Used Parts _____ % New Parts _____ %

30. (a) Do you spray paint at your business location?

30. (a) Yes No

(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards?

30. (b) Yes No

31. Do you loan autos to customers?

31. Yes No

32. Do you rent autos to customers while their units are left for service repair?

32. Yes No

33. Do you furnish autos to anyone?

33. Yes No

34. Do you sponsor any racing events?

34. Yes No

35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing?

35. Yes No

36. PREMISES

Where are the units held for sale stored (in building, open lot, etc.)? _____

If open lot, is lot floodlighted?

36. Yes No

Are attendants or night watchmen employed?

36. Yes No

Is there an alarm system? If yes, what kind? _____

36. Yes No

Is lot fenced?

36. Yes No

If yes, describe (e.g., chained, posts 4 feet apart) _____

36. Yes No

Are customers permitted in the service area?

36. Yes No

How many service bays do you have? _____ Any service pits? If so, how many? _____

36. Yes No

Do you have fire and smoke alarms?

36. Yes No

Do you have fire extinguishers?

36. Yes No

Are firearms kept on premises?

36. Yes No

Do you occupy all of the premises?

36. Yes No

Do you lease part of premises to others? If yes, to whom? _____

36. Yes No

Is your operation located at your private residence?

36. Yes No

If yes, do you have homeowners or renters insurance?

36. Yes No

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.