# Used Auto and Motorhome 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
   ☐ Non-Franchised Dealer ☐ Repair Shop ☐ Wholesale Dealer/Auto Broker
   ☐ Equipment & Implement Dealer ☐ Automobile Dismantling ☐ Other _____

8. Please check those items below that are part of your dealer operation:

| | % of Operation | | % of Operation |
|---|---|---|---|
| ☐ Private Passenger Autos | _____ | ☐ Motor Homes | _____ |
| ☐ Mobile Homes | _____ | ☐ Buses | _____ |
| ☐ Motorcycles | _____ | ☐ Antique Auto | _____ |
| ☐ ATVs, Snowmobiles, Jet Skis | _____ | ☐ Autos Valued Over $40,000 | _____ |
| ☐ Trucks Over 10,000 GVW | _____ | ☐ Contractor Equipment | _____ |
| ☐ Tractors | _____ | ☐ Internet Sales of Autos (Incl. EBay) | _____ |
| ☐ Trailers | _____ | ☐ Internet Sales of Parts/Accessories | _____ |
| ☐ High Performance/Exotic Car Sales | _____ | ☐ Farm Equipment/Implement Dealer | _____ |
| | | ☐ 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) 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 _____

_____

13. (a) List major owners/shareholders, management:

Name | Years with Company | % of Ownership

_____

_____

_____

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

(d) How many autos did you sell in the past year? _____

14. Has this business entity ever filed for bankruptcy? ☐ Yes ☐ No

Date filed _____ Date released _____

15. Do you accept autos on consignment? ☐ Yes ☐ No If yes, _____% of operation

If yes, is value of consigned autos included in garagekeepers limit? ☐ Yes ☐ No

Please enclose copy of current consignment agreement.

16. Plates Held by Applicant (indicate number held): _____ Dealer _____ Transporter

_____ Repairer _____ Other

List plate identification numbers assigned by the state _____

Are plates attached to owned autos? ☐ Yes ☐ No Describe _____

Are plates attached to tow trucks? ☐ Yes ☐ No Describe _____

## COVERAGE INFORMATION

17. **Limits of Liability and Coverage(s) Requested (check desired coverage and insert limits)**

**I. LIABILITY**

| | Each Accident | Aggregate (Garage Operations Only) |
|---|---|---|
| ☐ Bodily Injury & Property Damage Liability (Property Damage Liability Subject to $100 Deductible Completed Operations) | $ _____ (Combined Single Limit) | $ _____ (Maximum Aggregate Limit - 2 Million) |

**List All Locations to be Covered for Bodily Injury and Property Damage Liability**

| | |
|---|---|
| Location No. 1 Address | Location No. 3 Address |
| Location No. 2 Address | Location No. 4 Address |

**II. MEDICAL PAYMENTS**

☐ Premises Medical Payments (per person) Choose Limit: ☐ $500 ☐ $750 ☐ $1,000 ☐ $2,000 ☐ $5,000

**III. UNINSURED/UNDERINSURED MOTORIST**

| UNINSURED MOTORIST COVERAGE | | |
|---|---|---|
| Single Limit | Split Limits | |
| | Bodily Injury | |
| | Per Person | Per Accident |
| | | |

| UNDERINSURED MOTORIST COVERAGE | | |
|---|---|---|
| Single Limit | Split Limits | |
| | Bodily Injury | |
| | Per Person | Per Accident |
| | | |

**IV. GARAGEKEEPERS COVERAGE** NOTE: In-tow or on hook coverage is excluded from garagekeepers coverage

☐ SPECIFIED PERILS and Collision **OR** ☐ COMPREHENSIVE and Collision (available on direct primary basis only)

(pick one of the following)

☐ Legal Liability

☐ Direct Primary

GARAGEKEEPERS DEDUCTIBLE: ☐ $500 deductible per auto

☐ $1,000 deductible per auto

☐ $2,500 deductible per auto

☐ $5,000 deductible per auto

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 _____

Is false pretense coverage desired? ☐ Yes ☐ No

If yes, select limit: ☐ $25,000 ☐ $50,000 ☐ $100,000

Have you experienced any past losses pertaining to false pretense coverage? ☐ Yes ☐ No

If yes, explain _____

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 medical payments limit)

☐ Physical Damage (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

Is in-tow desired? Which units? _____

In-Tow Limit: $ _____

In-Tow Deductible: $ _____

## RATING INFORMATION

20. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

**CLASS I EMPLOYEES** Number

**Definitions:**

(A) Proprietors, Partners, Executives Active in the Business _____
(B) Sales Persons _____
(C) General Managers _____
(D) Service Managers _____
(E) Other Employees Whose Principal Duty is Driving Garage Vehicles or Who are Furnished Garage Vehicles _____
(F) Other Employees or Operators Whose Duty is Driving Garage Vehicles for Delivery or Drive-Away _____
(G) All Other Employees _____

**COMPLETE ALL SECTIONS BELOW:**

**Owner & Employee Driver Information**

| Loc. No. | Name | *Job Duty or Job Title | Full Time (FT) **Part Time (PT) | Date of Birth | State Where Licensed | Drivers License # | Number of Accidents Last 3 Years | Number of Violations Last 3 Years | Explain |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

*Insert letter from above definitions
**Part Time = less than 20 hours per week

Number

**CLASS II EMPLOYEES (NON-EMPLOYEES)**

(1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished. _____
(2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. _____
(3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles. _____
(4) Any other persons furnished an auto.

**List All Non-Employees as Defined Above:**

| Name | Date of Birth | If Member of Household, Show Relationship | State Where Licensed | Driver License # | Number of Accidents Last 3 Years | Number of Violations Last 3 Years | Explain |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## UNDERWRITING INFORMATION

21. Is the operation in Question 6 your primary operation? If not, explain _____ 21. ☐ Yes ☐ No
22. (a) Where do you obtain autos held for sale? _____
    (b) How are they delivered? (i.e., by drive-away, tow truck, auto transporter, etc.) _____
23. (a) If by drive-away, estimated total number of trips annually _____
    (b) Who operates the units that are delivered by drive-away?
    ☐ Full Time Employees ☐ Part Time Employees ☐ Contractors
    (c) Name(s) of drive-away operators _____
24. Maximum mileage per drive-away or delivery ☐ 0-150 miles ☐ Over 150 miles
    (NOTE: Policy will include radius restriction based on indicated mileage)
25. Do you sell or distribute butane, propane, other liquefied gas under pressure or ammonium nitrate? 25. ☐ Yes ☐ No
26. (a) Do you sell tires?
    _____% of receipts ☐ New tires_____% ☐ Used tires _____% 26. (a) ☐ Yes ☐ No
    (b) Do you recap or retread tires? (b) ☐ Yes ☐ No
27. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation 27. ☐ Yes ☐ No
28. Do you hold a salvage dealer license or operate a salvage yard? 28. ☐ Yes ☐ No
29. Do you salvage cars for re-sale? 29. ☐ Yes ☐ No
30. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____% of operation 30. ☐ Yes ☐ No
31. Do you weld gas tanks? 31. ☐ Yes ☐ No
32. Do you repossess autos? 32. ☐ Yes ☐ No
33. Do you sell parts? Gross receipts from parts sold but not installed _____ 33. ☐ Yes ☐ No
    ☐ Used Parts _____% ☐ New Parts _____ %
34. Do you have automatic car washes on location? ($500 deductible applies) 34. ☐ Yes ☐ No
35. (a) Do you spray paint at your business location? 35. (a) ☐ Yes ☐ No
    (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) ☐ Yes ☐ No
36. (a) Are customers permitted to test drive autos? 36. (a) ☐ Yes ☐ No
    (b) If yes, are customers accompanied by a salesperson during test drives? (b) ☐ Yes ☐ No
    (c) Are customers allowed test drive autos overnight? (c) ☐ Yes ☐ No
37. (a) Do you loan autos to customers? 37. (a) ☐ Yes ☐ No
    (b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b) ☐ Yes ☐ No
38. Do you rent autos to customers while their units are left for service repair? 38. ☐ Yes ☐ No
39. Do you furnish autos to anyone? 39. ☐ Yes ☐ No
40. Do you sponsor any racing events? 40. ☐ Yes ☐ No
41. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 41. ☐ Yes ☐ No
42. Do you pick up or deliver customers' autos? 42. ☐ Yes ☐ No
43. **PREMISES**
    Where are the units held for sale stored (in building, open lot, etc.)? _____
    If open lot, is lot floodlighted? 43. ☐ Yes ☐ No
    Are attendants or night watchmen employed? ☐ Yes ☐ No
    Is there an alarm system? If yes, what kind? _____ ☐ Yes ☐ No
    Is lot fenced? ☐ Yes ☐ No
    If yes, describe (e.g., chained, posts 4 feet apart) _____
    Are keys locked when stored after hours? ☐ Yes ☐ No
    Where are keys kept? Explain _____
    Are customers permitted in the service area? ☐ Yes ☐ No
    How many service bays do you have? _____ Any service pits? If so, how many? _____
    Do you have fire and smoke alarms? ☐ Yes ☐ No
    Do you have fire extinguishers? ☐ Yes ☐ No
    Are firearms kept on premises? ☐ Yes ☐ No
    Do you occupy all of the premises? ☐ Yes ☐ No
    Do you lease part of premises to others? If yes, to whom? _____ ☐ Yes ☐ No
    Is your operation located at your private residence? ☐ Yes ☐ No
    If yes, do you have homeowners or renters insurance? ☐ 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.