



Independent Auto Dealer Program Application

GENERAL INFORMATION

Effective Date:	Named Insured:	DBA
Mailing Address:	City:	State, Zip
Web Address:	Years in business?	Years of related experience?
Agency:	Producer:	Phone:

Type of Legal entity: Corporation Partnership Individual Limited Liability Corp. Other

Applicant's Business

- | | |
|--|---|
| <input type="checkbox"/> Non-franchised retail auto NO service/repair
<input type="checkbox"/> Non-franchised retail truck dealers NO service/repair
<input type="checkbox"/> Auto Auction | <input type="checkbox"/> Non-franchised retail auto WITH service or repair
<input type="checkbox"/> Non-franchised retail truck dealers WITH service or repair
<input type="checkbox"/> Wholesale Dealers |
|--|---|

Do you own any other business(es)? Please provide details. _____

LOCATION INFORMATION

Location #1 Address	Location #2 Address	Location #3 Address
DBA: _____	DBA: _____	DBA: _____
Address: _____	Address: _____	Address: _____
City: _____	City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____	State: _____ Zip: _____



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Do you share these locations with any other entities?	Yes: <input type="checkbox"/> *	No: <input type="checkbox"/>	If yes, describe:
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Sales and Repair – Provide percentage of receipts by type of units:

		Repair %	Sales %
<input type="checkbox"/>	Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%
<input type="checkbox"/>	Motor homes, Recreational vehicles	%	%
<input type="checkbox"/>	Trucks < 20,000 # GVW	%	%
<input type="checkbox"/>	Trucks > 20,000 # GVW	%	%
<input type="checkbox"/>	Sports Cars or high performance cars (Porsche, Corvette etc)	%	%
<input type="checkbox"/>	Truck tractors, 5th Wheels & Semi Trailers	%	%

		Repair %	Sales %
<input type="checkbox"/>	Motorcycles, Motorbikes, ATVs	%	%
<input type="checkbox"/>	Antique or Classic Vehicles	%	%
<input type="checkbox"/>	Utility trailers	%	%
<input type="checkbox"/>	Watercraft (boats, jet skis, etc)	%	%
<input type="checkbox"/>	Farm Equipment	%	%
<input type="checkbox"/>	Other:	%	%

Service Work - provide percentage of each type of service work from the list below:

Gross Sales: Dealership: \$_____ Service/Repair: \$_____ Other _____: \$_____

		Repair %			Repair %			Repair %
<input type="checkbox"/>	Alignment	%	<input type="checkbox"/>	Oil & Lube	%	<input type="checkbox"/>	Tune Up	%
<input type="checkbox"/>	Body work/paint	%	<input type="checkbox"/>	Radiator	%	<input type="checkbox"/>	Transmissions	%
<input type="checkbox"/>	Brakes	%	<input type="checkbox"/>	Sound System/Alarms	%	<input type="checkbox"/>	Upholstery	%
<input type="checkbox"/>	Engine Overhaul	%	<input type="checkbox"/>	Suspension	%	<input type="checkbox"/>	Wash/Detail	%
<input type="checkbox"/>	Muffler/Exhaust System	%	<input type="checkbox"/>	Window Tinting	%	<input type="checkbox"/>	Sales of Tires - New	%
<input type="checkbox"/>	Gasoline Sales Gallons:	%	<input type="checkbox"/>	LPG Sales Gallons:	%	<input type="checkbox"/>	Sales of Tires – Used/Recapped	%

OPERATIONAL QUESTIONNAIRE

How many vehicles do you sell per year?

How many of those are on consignment?

Where do you purchase vehicles?

What is your normal radius of operation?

How many times per year do you drive-away more than 50 miles from point of purchase?

Who drives or tows vehicles to your lot?



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How many Dealer Plates do you have? _____ Transporter Plates? _____ Other Plates (Describe)_____

Are Plates loaned to others? Yes No

Describe how Plates are stored/secured

Describe your vehicle theft protection _____

- Fence & Gate
 Post & Cable
 Guard Dogs
 Security Guard
 Alarm/Cameras
Other_____

Are keys kept in/on vehicles? Yes No

Describe your key controls

Do you always ride along on test drives? Yes No Photo copy of customer's driver's license made? Yes No

Do you verify that customers have liability insurance before a customer is allowed to take a vehicle after purchase? Yes No

Do you buy & sell "salvage titled" vehicles? Yes No

If yes, what percentage of vehicles require: **cosmetic repair** _____% **mechanical repair** _____% **structural repair** _____%

Is a "Car Fax" or equivalent report obtained on all vehicles in inventory? Yes No

Is a copy provided to the customer at time of purchase? Yes No

Is a "Buyers Guide" posted on all vehicles for sale? Yes No If no, explain:

Do you tow vehicles? Yes No. If yes, percentage For Hire _____%; Repo _____% Used Car Sales _____%;

	Yes	No	Explain
Is there work done at locations other than the insured's premises? (roadside, at workplace, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Are cars rented or loaned to customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you obtain proof of insurance from customers	<input type="checkbox"/>	<input type="checkbox"/>	
Do you dismantle autos or have salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own, repair, service, or sponsor a race car?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform any work on airbags (including any deactivating) or breathalyzers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you repossess autos?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a storage lot on premises?	<input type="checkbox"/>	<input type="checkbox"/>	



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Do you park customer's vehicles on the street?	<input type="checkbox"/>	<input type="checkbox"/>	
If you have a spray booth, is it equipped with explosion proof lights, outside ventilation & bay separation (NFPA 33 Compliance)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your lot well lit at night?	<input type="checkbox"/>	<input type="checkbox"/>	
Are signs posted to keep customers from the work area?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you rent bays out to others?	<input type="checkbox"/>	<input type="checkbox"/>	
Are Firearms kept on the premises or Armed Security Guard?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any animals on premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you store customer's vehicles overnight? If yes, describe your lot protection (each location). How are vehicles stored? How are keys controlled?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you perform any frame straightening? Yes No Make & Model
 Type of frame straightener: Laser Measuring device Optical Measuring device Mechanical Gauge

Coverage Limits & Options			
<u>Garage Liability</u>	Deductible	Limits of Liability	
	<input type="checkbox"/> \$500	<input type="checkbox"/> \$300,000 CSL	<input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate
	<input type="checkbox"/> \$1000	<input type="checkbox"/> \$500,000 CSL	<input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate
	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$1,000,000 CSL	<input type="checkbox"/> 1X Aggregate <input type="checkbox"/> 2X Aggregate

<input type="checkbox"/> Personal Injury Liability	Same Limits as Liability (NOT needed if Broadened Coverage is Selected)
<input type="checkbox"/> Owner of Premises – Additional Insured	Limits the same as selected for Liability Coverage Name/Address _____
<input type="checkbox"/> Broadened Coverage - Garages	Includes: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons insured, Automatic Liability and \$50,000 Fire Legal Liability (Refer to policy for policy conditions, definitions and limits.)
<input type="checkbox"/> Broad Form Products	Same Limits as Liability
<input type="checkbox"/> Medical Payments	Limit Per Person <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/> Fire Legal Liability	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$ _____
<input type="checkbox"/> Dealers Drive Away Coverage	Mileage _____
<input type="checkbox"/> Uninsured/Underinsured Motorists (Signed state form selecting or rejecting coverage is required.)	<input type="checkbox"/> State Statutory <input type="checkbox"/> Other \$ _____
<input type="checkbox"/> Personal Injury Protection (Signed state form selecting or rejecting coverage is required.)	<input type="checkbox"/> State Statutory <input type="checkbox"/> Other \$ _____

Coverage	Perils		Location & Limit	Deductible
Dealer' Physical Damage	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft		1. \$ 2. \$ 3. \$	Collision Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
Inventory Must be Insured 100% to Value			Per Car Limit <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000	Other Than Collision <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
Maximum per Auto				



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is \$50,000			<input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/> \$	<input type="checkbox"/> \$2,000
GarageKeepers	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary	1 \$ 2 \$ 3 \$	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000

<input type="checkbox"/> Federal Odometer	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Truth-in-Lending	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Title Errors & Omissions	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> Agent's E & O	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000



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	\$	\$	\$	\$
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Schedule of Covered Autos (Dealers only)

List any owned tow truck, car hauler, or service vehicle to be insured including ALL furnished autos.

Unit No.	Year	Model and Body Type	Serial Number	Where Garaged	Radius	Physical Damage		
						Stated Amount	ACV	Deductible
1						\$	\$	\$
2						\$	\$	\$
3						\$	\$	\$
4						\$	\$	\$
5						\$	\$	\$

Loss Payable Name and Address (advise which unit this applies to)

Unit No.	Loss Payee Name	Loss Payee Address

Workers Compensation Coverages.

If coverage is requested, please complete and attach ACORD Application.

List any Additional Insureds to be named and advise what their interest is in this operation.

Signature of Applicant

Date

Signature of Producer

Date