

Used Auto Dealer Application

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



401 Fayette Avenue • Springfield, Illinois 62704
 phone: (217)753-2500 • fax: (217)753-2619

Policy Term From: _____ To _____

GENERAL INFORMATION

1. Applicant's Name (you) _____
2. Business Address _____
 (number) (street) (city) (county) (state) (zip)
3. Mailing address (if different than business address) _____
4. You are: Individual Partnership Corporation
5. You are: Owner Tenant Does owner need to be named as additional insured? Yes No
 If yes, owner's name _____
6. Insurance is desired from _____ 20 _____ to _____ 20 _____
7. Type of Operation:

<input type="checkbox"/> Franchised Dealer	<input type="checkbox"/> Storage Garage or Parking	<input type="checkbox"/> Service Station
<input type="checkbox"/> Non-franchised Dealer	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Wholesale Dealer/Auto Broker
<input type="checkbox"/> Equipment & Implement Dealer	<input type="checkbox"/> Automobile Dismantling	<input type="checkbox"/> Other _____
8. Are operations indicated in question 7 your primary business? Yes No If no, what is your primary business?
 Describe _____
9. Person to Contact:
 For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
10. Current management has controlled the business since _____ (yr.) and has been in this type of business since _____ (yr.)
11. Is this a new venture? Yes No
12. (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? _____ Estimate for coming year? _____
13. (a) Have you ever filed for reorganization or bankruptcy? Yes No
 If yes, show date (month and year) and explain _____
- (b) Have you been released from reorganization or bankruptcy? Yes No Date released _____
14. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss
- (b) During the past three (3) years has any insurer cancelled or refused to renew? 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 _____
15. **Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits requested)**

<u>LIABILITY</u>	Each Accident	Aggregate (Garage Operations only)
<input type="checkbox"/> *Bodily Injury & Property Damage Liability CSL <small>(Property Damage Liability – subject to \$100 deductible completed operations)</small>	\$ _____	\$ _____
<input type="checkbox"/> *Limited Liability for Customers <input type="checkbox"/> *Unlimited Liability for Customers	(Designate choice)	
<u>UNINSURED/UNDERINSURED MOTORISTS</u>		
<input type="checkbox"/> Uninsured Motorists	\$ _____ Each person or \$ _____ Single Limit	\$ _____ Each accident
<input type="checkbox"/> Underinsured Motorists	\$ _____ Each person or \$ _____ Single Limit	\$ _____ Each accident

MEDICAL PAYMENTS

Automobile & Premises Medical Payments Limit \$ _____

GARAGEKEEPERS COVERAGE Legal Liability Direct Excess Direct Primary

Maximum Limit of any one covered automobile – \$ _____

Specified Causes of Loss ALL COVERAGES (indicate deductible desired)

Collision \$500 Deductible \$1,000 Deductible
 \$ _____ other deductible per auto

In-Tow (Damage to autos while being towed) Limit per vehicle \$ _____ Deductible: _____

List All Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

Specified Causes of Loss (indicate deductible desired) Collision (indicate deductible desired)
 \$500 Deductible \$500 Deductible
 \$1,000 Deductible \$1,000 Deductible
 Other _____ Other _____

False Pretense Coverage requested? Yes No Limit
 25,000
 50,000
 100,000

List All Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

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

Definitions	<u>Number</u>
(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 Driveaway	_____
(G) All other employees	_____

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

***Insert letter from definitions shown above in Duties or Title column.**

Name	*Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

**Part Time = less than 20 hours per week

Complete for all Non-Employee drivers defined as follows:

- (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. _____

Name	Date of Birth	If member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

17. Are employed drivers covered by Workers' Compensation Insurance? Yes No

UNDERWRITING INFORMATION

18. Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer? Yes No
Do you desire coverage? Yes No

Liability Med Pay UM Physical Damage Limit _____ Deductible _____

19. (No coverage afforded unless units are described and specifically charged for.)

Year	Make & Model	Gross Vehicle Weight	ID Number	Use	Radius	Coverage Desired
1.						
2.						

20. Do you deal in any of the following?

- | | | | | | | | |
|-----------------------------|------------------------------|-----------------------------|---------|----------------------|------------------------------|-----------------------------|---------|
| Private Passenger Autos | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Motor Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Mobile Homes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Buses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Motorcycles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Foreign Sports Cars | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| ATVs, Snowmobiles, Jet Skis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Antique Auto | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Trucks over 10,000 gvw | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Contractor Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| Tractors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Farm Equipment or | | | |
| Trailers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % | Implement Dealer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |
| | | | | Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ % |

21. Where do you obtain autos held for sale? _____

22. How are they delivered? (i.e. by train, drive-away, tow truck, auto transporter, etc.) _____

23. If by drive-away, estimated total number of trips annually: _____

Explain in detail who the drivers are: Full-time employees Part-time employees Contractors

Name(s) of individuals _____

MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY: 0-150 miles _____ Over 150 miles _____

24. Do you loan autos to customers? Yes No

25. Do you rent autos to customers while their autos are left for service or repair? Yes No

26. (a) Are customers permitted to test drive autos? Yes No

(b) Are customers accompanied by a salesperson? Yes No

27. Number (sets) of Plates held by you:
Dealer _____ Repair _____ Transporter _____ Other _____

28. Are autos held for sale stored in open lots or in buildings? _____

(a) If open lot, is lot completely floodlighted? Yes No

Are attendants or night watchmen employed? Yes No

Is there Security Patrol or Local Law Enforcement patrol? Yes No

Is lot fenced, chained or posts 4' apart? Yes No

(Describe in detail) _____

(b) If in building:

Is there burglary protection? (Explain) _____ Yes No

Is there a sprinkler system? (Explain) _____ Yes No

