

SECTION A: Applicant Information

- Applicant Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Website: _____ Phone Number: _____
- Proposed Effective Date: From: _____ To: _____ 12:01 A.M., Standard Time at Address of Applicant

SECTION B: Business and General Operations Information

- Form of Insured's business:
☐ Corporation ☐ Partnership ☐ Individual ☐ LLC ☐ Other: _____
- FEIN: _____
- Years in business: _____ Year of experience in field: _____
- Description of Operations: _____

- Do you own any businesses other than above: ☐ Yes ☐ No
If yes, provide named Insured and operations: _____
If yes, list any shared employees across businesses (if applicable): _____
- Please list all locations addresses and if location is owned or leased:
Loc. no. 1: _____ Owned or leased: _____
Loc. no. 2: _____ Owned or leased: _____
Loc. no. 3: _____ Owned or leased: _____
- Do you perform operations/display at locations other than listed above? ☐ Yes ☐ No
If yes, describe: _____
- Do you lease space at any location to other businesses? ☐ Yes ☐ No
If yes, describe business and if they have their own insurance: _____
If yes, is lot shared with other business(es)? ☐ Yes ☐ No
- Is Insured a franchised business (ex. Ford Dealership, Jiffy Lube)? ☐ Yes ☐ No
If yes, describe: _____
- Do you have dogs that are specifically trained as security or guard dogs? ☐ Yes ☐ No
- Do you have firearms on premises? ☐ Yes ☐ No
- Complete the table below with total gross receipts for operations:

Operations Extension Classes/Rating Basis	Exposure Basis
Auto/Equipment Sales	
Service/Repair	
Auto Parts Supply Stores (10071/sales)	
Car Washes: Self Service (10368/no. of bays)	
Convenience Store (13673/sales)	
Gasoline Stations (13454/gallons) ☐ Full Service ☐ Self Service	
Gas Dealers: LPG (13410/gallons)	
Glass Dealers or Glaziers (13590/sales)	
Machinery or Equipment Dealer: Yard or Garden type (15063/sales)	
Mobile Home Sales Agencies (15488/sales)	
Cleaning: Outside Surfaces of Buildings (91523/payroll)	
Upholstery (99826/payroll)	

13. Describe key controls during business hours: _____ After business hours: _____
If key box is used, describe location of key box (in building, attached to autos, etc.): _____
14. Do you pick up and deliver customer autos: ☐ Yes ☐ No
If yes, how many times per week? _____ Maximum radius traveled: _____
15. Do you provide for hire towing or recovery operations? ☐ Yes ☐ No
If yes, explain: _____
16. State below in percentages how autos are transported to premises?
Transport Carrier: _____ %
Insured's Drivers: _____ %
Customers: _____ %
Is there a service auto that is used to tow autos to Insured's premises? ☐ Yes ☐ No
17. Do you repossess autos? ☐ Yes ☐ No
If yes, are these the autos Insured sold? ☐ Yes ☐ No
Do you repossess autos for others (ex. Banks or other dealers)? ☐ Yes ☐ No
18. Do employees use their own autos within the scope of their employment? ☐ Yes ☐ No
If yes, how many times per week? _____ Radius traveled? _____
What duties do they perform (ex. Bank, business errands, etc.)? _____
19. Do you own and/or sponsor any autos used in racing events? ☐ Yes ☐ No
If yes, provide details: _____
20. Do you hold special events on premises? ☐ Yes ☐ No
If yes, describe events and # per year: _____
21. Do you own any tow trucks? _____
If yes, how many? _____

Loaned, Leased, Rented Autos ☐ N/A

1. Does Insured loan or lease or rent autos to others? *If yes, please provide agreement* ☐ Yes ☐ No
2. Does Insured loan autos to customers while their auto is being repaired? ☐ Yes ☐ No
3. What type of plate is attached to loaned autos? _____
4. Does Insured have separate insurance in place for liability and physical damage coverage? ☐ Yes ☐ No
If yes, provide carrier information: _____

Dealer and Transporter Plates

1. How many dealer plates does Insured have? _____ Transporter plates? _____
2. Do you loan, sell, or rent dealer plates to others? ☐ Yes ☐ No Transporter plates? ☐ Yes ☐ No
3. Where are dealer plates stored when not in use? _____
4. Where are transporter plates stored when not in use? _____
5. What are dealer plates used for? _____
6. What are transporter plates used for? _____
7. Dealer plate numbers: _____
8. Transporter plate numbers: _____

SECTION C: Insurance History

1. Has your insurance been cancelled or non-renewed within the last three years? (not applicable in MO) ☐ Yes ☐ No
If yes, explain: _____
2. A minimum of three-year history is required. If three years are unavailable, please explain:

3. Complete the table below:

Current Carrier/Prior Carrier		Effective/Expiration Dates	Policy Premium
			\$
			\$
			\$
			\$
Date of Loss	Amount	Description of Loss	
	\$		
	\$		
	\$		
	\$		
	\$		

SECTION D: Garage Operations

1. Complete the table below with garage operations percentages (must equal 100%):

Auto Type	% Dealer	% Service/Repair
Private Passenger (car, SUV, truck)		
Electric Vehicle (car, SUV, truck)		
Heavy Truck (including semi-trailers) <i>Must Complete Supplemental</i>		
Trailers (utility, horse, toy, boat)		
Motorhome/RV <i>Must Complete Supplemental</i>		
Travel/Camper Trailer <i>Must Complete Supplemental</i>		
ATVs/UTVs/Off Road <i>Must Complete Supplemental</i>		
Motorcycles <i>Must Complete Supplemental</i>		
Buses <i>Must Complete Supplemental</i>		
Farm Equipment/Implements <i>Must Complete Supplemental</i>		
Construction/Contractors Equipment <i>Must Complete Supplemental</i>		
Boats/Jet Skis		
Salvage Parts <i>Must Complete Supplemental</i>		
Emergency Vehicles		
Golf Cart		
Other: _____		
Other: _____		
Other: _____		

SECTION E: Rating Exposure

1. Complete the table below with ALL owners, employees regardless of duties, drivers, contract drivers, 1099 workers, family members, and non-family members including any person that has access to covered autos (except customers):
(full time is 20+ hours per week)

[illegible]

2. Have all drivers, including children away from home and/or in college who may operate your autos been listed on this application? ☐ Yes ☐ No
If no, explain:

SECTION F: Dealer Operations ☐ N/A

1. Are you a licensed dealer? ☐ Yes ☐ No
2. State your dealer or wholesale ID number: _____
3. Check below your dealer license type:
☐ Retail ☐ Wholesale ☐ Other: _____
If wholesale is checked, do you meet the definition below: ☐ Yes ☐ No
Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers. Auto Wholesalers may not sell directly to the public.
4. State below in percentages how many autos you sell per year for each category?
Retail: _____% Wholesale: _____% Consignment (agreement required): _____%
5. Do you perform repairs to owned autos prior to selling? *If yes, complete the repair section of this app* ☐ Yes ☐ No
6. Do you subcontract out any work? ☐ Yes ☐ No
If yes, what type of work? _____
Are certificates of insurance obtained? ☐ Yes ☐ No
7. State below in percentages how sales are conducted:
Internet: _____% From your location: _____% Auctions: _____% Via Phone: _____%
8. Do your customers purchase autos from you sight unseen? ☐ Yes ☐ No
9. Do you export autos? ☐ Yes ☐ No
If yes, are titles transferred prior to the auto leaving your possession for shipping? ☐ Yes ☐ No
How are autos transported to the shipping port? _____
10. Do you import autos? ☐ Yes ☐ No
If yes, are you a US distributor? ☐ Yes ☐ No
11. Do you require personal auto insurance to be in place prior to relinquishing a sold auto? ☐ Yes ☐ No
12. Do you deliver autos to customers after the sale is complete? ☐ Yes ☐ No
If yes, state in percentages below who drives the autos to customers:
Insured/Employees: _____% How many times per month: _____ Radius: _____
Contract Drivers: _____% How many times per month: _____ Radius: _____
Hired Transporter: _____% How many times per month: _____ Radius: _____
13. If you use contract drivers, how many are used per year? _____ US driver license verified? ☐ Yes ☐ No

State Information

1. What states do you travel to? _____
2. Do you travel to any of the following (select all that apply):
☐ Illinois ☐ Michigan ☐ New Jersey ☐ New York
3. How often do you travel over 500 miles to purchase autos (ex. weekly, monthly, etc.)? _____
4. What is the furthest distance you travel to purchase autos? _____

Title Transfer

1. When do you transfer title: _____
2. Do you offer in-house financing? ☐ Yes ☐ No
If yes, do you list your dealer as lienholder and the customer as the title holder? ☐ Yes ☐ No
3. Do you keep open titles? ☐ Yes ☐ No

Test Drives

1. Do you allow overnight test drives? ☐ Yes ☐ No
2. Do you obtain a copy of the customer's driver license and proof of auto insurance prior to test drives? ... ☐ Yes ☐ No
3. Do you allow unaccompanied test drives? ☐ Yes ☐ No
4. If yes, do you have procedures in place to prevent auto theft? ☐ Yes ☐ No
If yes, describe procedures: _____

SECTION G: Service/Repair Operations ☐ N/A

1. Complete the table below with service/repair work operations percentages (must equal 100%):

Type of Work	% of Op.	Type of Work	% of Op.
Oil/Lube		Body Work	
Tune Up		Wash/Detail	
Muffler		Window Tint	
Radiator		Accessory Install (stereo, alarm)	
Electrical		Transmission	
Brakes		Windshield	
Hitches: Bolt or Weld		Lift Kit Install	
Upholstery		Suspension (other than lift kit)	
Tires <i>Must Complete Supplemental</i>		Wheel Alignment	
Framework <i>Must Complete Question 9 Below</i>		LPG	
Painting Including Clear Coat		Restoration	
Valet		Breathalyzer/Interlock	
Rebuilding		Storage	
Air Bag		Towing	☐ For-Hire ☐ Repo
Other: _____			
Performance Modification (describe): _____			

2. State below in percentages where you conduct garage operations:

Your Premises: _____% Customer Premises: _____% Roadside: _____%

3. Do you have quality control checks in place to ensure that repairs have been performed properly? ☐ Yes ☐ No

If yes, describe checks: _____

4. Are signs posted or barriers used to keep customers out of the work area? ☐ Yes ☐ No

5. State how the following are stored, drained, and disposed:

Used Tires: _____

Automotive Fluids (ex. motor oil, transmission fluid): _____

Batteries: _____

6. Do you fabricate and/or manufacture items? ☐ Yes ☐ No

If yes, provide a detailed listing of what is fabricated and/or manufactured:

_____ ☐ Yes ☐ No

7. Is a frame straightening machine used? ☐ Yes ☐ No

8. Do you perform frame cutting or stretching? ☐ Yes ☐ No

Provide details on techniques used: _____

End result of cutting or stretching: _____

9. Do you allow customers to pull into Bay? ☐ Yes ☐ No

Welding ☐ N/A

1. Select the locations below where welding is performed:

☐ Inside ☐ Outside ☐ Roadside ☐ Customer Premises

2. List protective safeguard to prevent fires: _____

Paint Booth ☐ N/A

1. Is paint booth UL approved? ☐ Yes ☐ No

If no, is there a ventilation system and explosion proof lighting/fixtures? ☐ Yes ☐ No

2. Is paint store in proper cabinets outside the booth? ☐ Yes ☐ No

SECTION H: Scheduled Autos (All Service Use autos must be scheduled to be covered)

1. Complete the table at the end of this application for scheduled autos

SECTION I: Notice and Signature

The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on any application, supplemental questionnaire or other written correspondence submitted in support of the submission made for purposes of obtaining insurance quotations and/or coverage for the applicant. They represent that the answers are true, correct and complete to the best of their knowledge.

Applicant Name: _____

Applicant Title: _____

Applicant Signature: _____

Date: _____

SECTION H: Scheduled Autos (All Service Use autos must be scheduled to be covered)

1. If filings are required, what type (state, federal, or other (describe))? _____

2. Complete the table below:

Auto No.	Loc. No.	Vehicle Description: Year / Make / Body Type	Value (\$)	GVWR	VIN	Mileage Radius	Usage	Coverage(s) Requested
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500
							☐ Personal ☐ Service ☐ Commercial	☐ Liability ☐ UM/UM ☐ PIP ☐ Auto Med Pay ☐ Comp ☐ Physical Damage ☐ SCL Phys. Ded. ☐ \$1,000 ☐ \$2,500