



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 (Combined Single Limit)

(Maximum Aggregate Limit - 2 million)

\$100 deductible completed operations)

**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 MOTORISTS**

|   |
|---|
| <b>APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE<br/>SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE<br/>NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.</b> |
|---|

**IV. 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% coinsurance 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 intow desired? Which units? \_\_\_\_\_

Intow Limit: \$ \_\_\_\_\_

Intow Deductible: \$ \_\_\_\_\_

## RATING INFORMATION

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

**CLASS I EMPLOYEES**

Number

Number

**Definitions:**

- |  |       |  |       |
|--|-------|--|-------|
| (A) Proprietors, Partners, Executives active in the business | _____ | (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles | _____ |
| (B) Sales Persons  | _____ | (F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveway          | _____ |
| (C) General Managers   | _____ | (G) All other employees  | _____ |
| (D) Service Managers   | _____ |  |       |

**COMPLETE ALL SECTIONS BELOW:**

**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

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

Number

- |   |       |
|---|-------|
| (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 <u>14 years of age</u> 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 resale? 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. Do you loan autos to customers? 37.  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

**ARIZONA**

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE**

**SELECTION FORM**

You have a legal right to purchase *both* Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured Motorists insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured Motorists coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage, as stated in this notice.

You have a right to purchase Uninsured Motorists coverage only, Underinsured Motorists coverage only, or Uninsured and Underinsured Motorists coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject the coverages entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Purchase options for Uninsured and Underinsured Motorists coverages:

- Uninsured Motorists Coverage Selected →
- Underinsured Motorists Coverage Selected →
- Uninsured and Underinsured Motorists Coverage Selected →

|     | Single Limit | Split Limits  |               |
|-----|--------------|---------------|---------------|
|     |              | Bodily Injury |               |
|     |              | Each Person   | Each Accident |
| UM  |              |               |               |
| UIM |              |               |               |

Rejection options for Uninsured and Underinsured Motorists Coverage:

- Rejection of Uninsured Motorists Coverage
- Rejection of Underinsured Motorists Coverage
- Rejection of both Uninsured and Underinsured Motorists Coverage

Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice. If I decide to select another option at some future time, I must let the company know in writing.

**DO NOT SIGN UNTIL YOU READ**

Signed: \_\_\_\_\_  
(Named Insured)

Date: \_\_\_\_\_

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

**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 Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases 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 Agent's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.