



# AUTO DEALER APPLICATION

## General Information

- Effective Date: \_\_\_\_\_ FEIN # : \_\_\_\_\_
1. Your Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
(dba) \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Your Web site address \_\_\_\_\_
4. Location #1 Address \_\_\_\_\_
5. Location #2 Address \_\_\_\_\_  
Is there work done elsewhere? i.e.; Roadside? \_\_\_\_\_ Customer's business location? \_\_\_\_\_
6. What is your business operation \_\_\_\_\_
7. Type of Legal entity:  Individual  Partnership  Joint Venture  Limited Liability Corp.  
 Trust  Other Organization, including a Corporation (Please Describe)

## Vehicles Repaired Or Sold

		Repair	Sales			Repair	Sales
<input type="checkbox"/>	Private passenger cars, pick-up trucks, vans, Sport Utilities	%	%	<input type="checkbox"/>	Medium Trucks	%	%
<input type="checkbox"/>	Salvage Title Autos	%	%	<input type="checkbox"/>	Heavy Trucks **complete BG-GA-462	%	%
<input type="checkbox"/>	Motorcycles, **complete BG-GA-477	%	%	<input type="checkbox"/>	Semi Trailers **complete BG-GA-462	%	%
<input type="checkbox"/>	Recreational vehicles **complete BG-GA-498	%	%	<input type="checkbox"/>	Boats	%	%
<input type="checkbox"/>	Farm Equipment **complete BG-GA-462	%	%	<input type="checkbox"/>	Forklifts	%	%
<input type="checkbox"/>	Contractors Equipment **complete BG-GA-462	%	%	<input type="checkbox"/>	Golf Carts	%	%
<input type="checkbox"/>	Emergency Vehicles	%	%	<input type="checkbox"/>	Utility trailers	%	%
<input type="checkbox"/>	Handicap Vehicles	%	%	<input type="checkbox"/>	Horse Trailers	%	%
<input type="checkbox"/>	All Terrain Vehicles (ATV) **complete BG-GA-477	%	%	<input type="checkbox"/>	Boom Trucks, Bucket Trucks, Cherry Pickers	%	%
<input type="checkbox"/>	Buses	%	%	<input type="checkbox"/>	Cranes	%	%
<input type="checkbox"/>	Jet Skis **Complete BG-GA-477	%	%	<input type="checkbox"/>	Other Description of other vehicle	%	%
<input type="checkbox"/>	Logging Trucks, Logging Equipment	%	%		Total	100%	100%

## Service Work. Identify by percentage the amount of each type of service work from the list below

<input type="checkbox"/>	Airbags (Including Deactivating)	%	<input type="checkbox"/>	Auto Alarms/Stereo	%
<input type="checkbox"/>	Auto Dismantling or Salvage Operations **complete BG-GA-505	%	<input type="checkbox"/>	Boat Hull	%
<input type="checkbox"/>	Body Work/ Painting	%	<input type="checkbox"/>	Breathalyzers /Interlock Devices	%
<input type="checkbox"/>	Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Self serve	%	<input type="checkbox"/>	Detailing/Washing	%
<input type="checkbox"/>	Lift Kit Installation	%	<input type="checkbox"/>	LPG Dealer	%
<input type="checkbox"/>	Oil & Lube	%	<input type="checkbox"/>	Suspension (not lift kits)	%
<input type="checkbox"/>	Tires **complete BG-GA-478	%	<input type="checkbox"/>	Tire recapping, retreading, recoring	%
<input type="checkbox"/>	Towing <input type="checkbox"/> For hire/rotation <input type="checkbox"/> Repo for hire	%	<input type="checkbox"/>	Trailer hitch installation/repair	%
<input type="checkbox"/>	Valet Parking **complete BG-GA-390	%	<input type="checkbox"/>	Other: Description:	%
<input type="checkbox"/>	Windshield Installation/Repair	%			100%

## AUTO DEALER APPLICATION

The following questions apply to ALL applicants:

1. Do you loan any vehicles?  Yes  No If **yes**, explain \_\_\_\_\_
2. Do you perform any machining, re-machining, re-boring operations?  Yes  No If **yes**, please explain \_\_\_\_\_
3. Do you rebuild any of the following: brakes (other than changing pads or rotors), steering systems, or restraint systems?  
A. Brakes  Yes  No If **yes**, explain \_\_\_\_\_  
B. Steering Systems  Yes  No If **yes**, explain \_\_\_\_\_  
C. Restraint Systems  Yes  No If **yes**, explain \_\_\_\_\_
4. Do you perform any frame straightening?  Yes  No If **yes**, do you use a machine?  Yes  No
5. Do you perform spray painting?  Yes  No  
If yes, is your booth equipped with explosion proof lights, outside ventilation & bay separation?  Yes  No
6. Do you cut or weld frames?  Yes  No
7. Do you perform ground-up/frame-off chassis restoration work?  Yes  No
8. Are you an auto rebuilder?  Yes  No
9. Do you own, repair, service, or sponsor a race car?  Yes  No
10. Do your salespeople accompany customers on all demonstration rides?  Yes  No
11. What radius do you drive or transport vehicles from your location?  
 Less than 300 miles  300 – 500 miles  501 – 1000 miles  Over 1,000 miles
12. How many vehicles are sold per year? \_\_\_\_\_
13. Do you sell autos on consignment?  Yes  No If **yes**, attach a copy of your consignment agreement.
14. What is your lot protection?  
Loc. 1: Fenced lot  Inside storage  Post/Chain  Other \_\_\_\_\_ Is this a display lot?  Yes  No  
Loc. 2: Fenced lot  Inside storage  Post/Chain  Other \_\_\_\_\_ Is this a display lot?  Yes  No
15. Do you park vehicles on the street?  Yes  No
16. Are signs posted to keep customers from the work area?  Yes  No
17. Do you leave keys in vehicles?  Yes  No
18. Are keys kept in a secure place with no access by unauthorized persons:  Yes  No?
19. Name all businesses you have ownership in: \_\_\_\_\_
20. Name all businesses owned by you operating at this location: \_\_\_\_\_
21. How long have you been in business? \_\_\_\_\_ How many years of related experience? \_\_\_\_\_



## AUTO DEALER APPLICATION

<b>Previous Carrier and Loss Information</b>
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1. Has similar insurance ever been cancelled, declined or refused for renewal? (Not applicable in Missouri)  Yes  No  
 a. If yes, explain: \_\_\_\_\_
2. Complete all fields. Indicate if "None" applies.

Previous Carrier	Policy Year	Premiums Paid	Description of Loss	Amount Paid	Amount Reserved
				\$	\$
				\$	\$
				\$	\$

**\*\*\*\*LOSS RUNS REQUIRED ON DEALER RISKS WITH 8 (EIGHT) OR MORE EMPLOYEES\*\*\*\***

<b>List All Owners and All Employees</b> (Include any non-employee, silent owners or family members furnished an auto. If additional employees, please attach separate list).
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	Name (First, Middle, Last)	Status	Hours Worked	Auto Use	Loc #
1					
2					
3					
4					
5					

	License # and State	Date of Birth
1		
2		
3		
4		
5		

**Status:**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>1. Active Owner, Partner or Officer</li> <li>2. Inactive Owner, Partner or Officer</li> <li>3. Salesperson</li> <li>4. Lot Person</li> <li>5. Mechanic</li> <li>6. Clerical</li> </ul> | <ul style="list-style-type: none"> <li>7. Spouse of Owner, Partner or Officer</li> <li>8. Children of Owner, Partner or Officer</li> <li>9. Spouse of any other person furnished an auto</li> <li>10. Children of any other person furnished an auto</li> <li>11. Occasional or Contract Driver</li> <li>12. Other:</li> </ul> |
|---|--|

**Hours Worked:**

- F – Full Time (Over 20 hours per week)
- P – Part Time (20 or less hours per week)
- N – Non-Employee

**Auto Use:**

- A – Furnished a covered auto for personal use
- B – Uses a covered auto strictly for business use
- C – Does not drive a covered auto



# AUTO DEALER APPLICATION

**Additional Insured:**

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer (attach copy of written contract)

If interest is landlord, do you require a Waiver of Subrogation?  Yes  No

Name/Address: \_\_\_\_\_

Interest:  Landlord  Lessor of Leased Equipment  Franchisee  Customer (attach copy of written contract)

If interest is landlord, do you require a Waiver of Subrogation?  Yes  No

**Coverages Requested**

**Garage Liability limits**

\$\_\_\_\_\_ per accident auto dealer operations  1X aggregate  2X aggregate  3X aggregate

**Garagekeepers** If Towing or Transport coverage is desired, Garagekeepers may only be written on a Legal Liability basis. SELECT ONE:

Legal Liability Specified Causes of Loss w/Collision

Legal Liability Comprehensive w/Collision

Direct Primary Specified Causes of Loss w/Collision (Not available in CT.)

Location 1 \$\_\_\_\_\_ location limit      Deductible \$\_\_\_\_\_

Location 2 \$\_\_\_\_\_ location limit      Maximum limit per auto \$\_\_\_\_\_

**Towing and Transport** (if more than 5 vehicles please attach separate page)

Unit 1 make/model \_\_\_\_\_ VIN \_\_\_\_\_ In Tow Limit \$ \_\_\_\_\_

Unit 2 make/model \_\_\_\_\_ VIN \_\_\_\_\_ In Tow Limit \$ \_\_\_\_\_

Unit 3 make/model \_\_\_\_\_ VIN \_\_\_\_\_ In Tow Limit \$ \_\_\_\_\_

Unit 4 make/model \_\_\_\_\_ VIN \_\_\_\_\_ In Tow Limit \$ \_\_\_\_\_

Unit 5 make/model \_\_\_\_\_ VIN \_\_\_\_\_ In Tow Limit \$ \_\_\_\_\_

**Dealers Physical Damage**

Location 1 \$\_\_\_\_\_ location limit      Deductible \$\_\_\_\_\_

Location 2 \$\_\_\_\_\_ location limit      Maximum limit per auto \$\_\_\_\_\_

SELECT ONE:

Fire, Theft, & Collision

Specified Causes of Loss w/Collision

Comprehensive w/Collision

Interest to be covered:

Your interest in covered autos you own

Your interest and the interest of any creditor named as loss payee

Your interest and the interest of any consignee

Loss Payee: Name & address: \_\_\_\_\_



**AUTO DEALER APPLICATION**

**Scheduled Specifically Described Autos** (Not available in all states.)

Unit 1 yr/make/model \_\_\_\_\_ VIN \_\_\_\_\_ Stated Value\$ \_\_\_\_\_ Med Pay \_\_\_\_\_  
 Unit 2 yr/make/model \_\_\_\_\_ VIN \_\_\_\_\_ Stated Value\$ \_\_\_\_\_ Med Pay \_\_\_\_\_  
 Unit 3 yr/make/model \_\_\_\_\_ VIN \_\_\_\_\_ Stated Value\$ \_\_\_\_\_ Med Pay \_\_\_\_\_  
 Unit 4 yr/make/model \_\_\_\_\_ VIN \_\_\_\_\_ Stated Value\$ \_\_\_\_\_ Med Pay \_\_\_\_\_  
 Unit 5 yr/make/model \_\_\_\_\_ VIN \_\_\_\_\_ Stated Value\$ \_\_\_\_\_ Med Pay \_\_\_\_\_

**Medical Payments** Limit\$ \_\_\_\_\_  Premises only  Auto only  Both premises & auto

**Uninsured/Underinsured Motorist (attach state specific selection/consent form):**

Limit \$ \_\_\_\_\_ # of dealer plates \_\_\_\_\_ # of transporter plates \_\_\_\_\_ # of other plates \_\_\_\_\_

**Personal Injury Protection**  yes  no

**Personal & Advertising Injury Liability**  Yes  No

**Damage to Premises Rented To You** Limit \$ \_\_\_\_\_

**Related Non Garage Operations**

Gasoline Sales	# _____	gallons sold
Parts sold but not installed by you	\$ _____	gross sales
Clothing or Accessories	\$ _____	gross sales
Auto Dismantling/Salvage Operations	\$ _____	actual payroll

Convenience store	\$ _____	gross sales
Tires, sold but not installed by you	\$ _____	gross sales
Self Serve Car Wash	\$ _____	gross receipts

**SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.**

**FRAUD NOTICES:**

**PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).



## AUTO DEALER APPLICATION

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OK**

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in Other States:**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud, which is a crime, and may be subject to fines and confinement in prison.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND CERTIFIES THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE CERTIFIES THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. HE/SHE CERTIFIES THAT THE APPLICABLE FRAUD NOTICES HEREIN HAVE BEEN READ AND UNDERSTOOD.**

<b>Applicant Name (Name of Company)</b>	<b>Producer's Name</b>
<b>Signature of Authorized Representative</b>	<b>Producer's Signature</b>
<b>Print Name</b>	<b>Producer's Phone</b>
<b>Title</b>	<b>Producer's Fax</b>
<b>Date</b>	<b>Producer's Email</b>