

FAST TRAC

AUTOMOBILE DEALERS OPERATIONS

1. Agency Name _____
 City/State _____
 Contact Person _____
 Fax # _____ & Phone # _____
2. Insured _____
 City/State _____
 County _____
 Insured Phone # _____
3. Effective Date of Coverage _____
4. New Venture? Yes No
5. Business: Franchised Dealer Non-Franchised Dealer Repair Shop Equipment & Implement Dealer
 Auto Dismantling Other _____
6. Is this the applicant's primary operation? Yes No If no, explain _____
7. Do You (check all that apply): Own a salvage yard? _____
 Are temporary plates used on private passenger autos? Yes No
 Are autos held for sale stored in open lot or building? Yes No
 Are autos consigned? Yes No
 Where are keys kept? _____
8. Do you deal in any of the following?
 Mobile Homes _____ % Trucks _____ % Buses _____ % Fiberglass Body Auto _____ %
 Motorcycles _____ % Tractors _____ % Antique Auto _____ % Driveaway: 150 miles _____
 Recreational Vehicles _____ % Trailers _____ % Foreign Sports Cars _____ % Unl miles _____

9. **LOCATION INFORMATION**

Name of Location

10. **# OF REG. PLATES HELD BY APPLICANT**

Dealer	
Repairer	
Transporter	
Other	

11. **EMPLOYEES – Proprietors, partners, and officers active in business; sales persons; general managers; service managers; and any employee whose principal duty involves the operation of autos or who is furnished a garage auto.**

	# of Emp.	Duty	Full/Part-Time	Moving Violations & Accidents - Last 3 Yrs.
Age 19				
Ages 20 and 21				
Ages 22, 23, and 24				
Ages 25 and Over				
ALL OTHER EMPLOYEES – ANY AGE				
NON-EMPLOYEES – Inactive proprietors, partners, or officers and relatives of active or inactive proprietors, partners, or officers who are furnished or who have regular use of the dealer's automobiles.				
Age 19				
Ages 20 and 21				
Ages 22, 23, and 24				
Ages 25 and Over				

12. **INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.** Limited Unlimited

LIABILITY - COMBINED SINGLE LIMIT (BI & PD)		PIP	MEDICAL PAYMENTS	UM or UM/UIM - CSL
Each Accident & Other Auto	Aggregate			

13. **GARAGEKEEPERS INSURANCE NEEDS - Complete for desired coverages by indicating limits of insurance.**

LIMIT	DEDUCTIBLE	CHOOSE ONE:	
		<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary <input type="checkbox"/> Direct Excess	

Maximum # of Autos	Total Value	IN-TOW COVERAGE		PHYSICAL DAMAGE	
		Limit	Deductible	Limit	Deductible

14. **VEHICLES OWNED BY YOU OR USED IN YOUR BUSINESS**

Type	Year	Present Make	Value	Radius	Use	GVW	Annual Mileage	Anti-Lock Brakes (A) or Air Bags (B)

Type of Coverage Requested for Owned Vehicles: Liability Physical Damage → Phys. Dam. Ded. \$ _____

15. Prior Carrier - Last 3 years _____
 Terms/Conditions (for office use only) _____