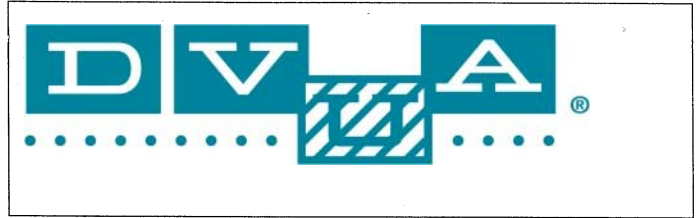


Used Auto Dealer Application

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



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:
 - Franchised Dealer Storage Garage or Parking Service Station
 - Non-franchised Dealer Repair Shop Wholesale Dealer/Auto Broker
 - Equipment & Implement Dealer Automobile Dismantling 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)**

	Each Accident	Aggregate (Garage Operations only)
--	---------------	---------------------------------------

- LIABILITY**
- *Bodily Injury & Property Damage Liability CSL \$ _____ \$ _____
 (Property Damage Liability – subject to \$100 deductible completed operations)
 - *Limited Liability for Customers *Unlimited Liability for Customers (Designate choice)

- UNINSURED/UNDERINSURED MOTORISTS**
- Uninsured Motorists \$ _____ Each person \$ _____ Each accident
 or \$ _____ Single Limit
 - Underinsured Motorists \$ _____ Each person \$ _____ Each accident
 or \$ _____ Single Limit

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

- | | |
|--|------------------------|
| (A) Proprietors, Partners, Executives active in the business | <u>Number</u>
_____ |
| (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

Number

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? 18. 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 gww | <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? 24. Yes No

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

26. (a) Are customers permitted to test drive autos? 26. 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? 28. 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: 28. Yes No

Is there burglary protection? (Explain) _____ Yes No

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

29. Where are keys to autos kept during the night? _____
30. Where are keys kept during the daylight or working hours? _____
(Be specific as to location – safe, board on wall, desk, etc. on both night and daylight hours)
31. Are vehicles encumbered? If yes, indicate mortgagee _____ 31. Yes No
32. Are automobiles consigned? If yes, enclose copy of agreement. _____ % 32. Yes No
33. Do you conduct any other business than stated in Items 7 or 8 from any location?
If yes, explain _____ 33. Yes No
34. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas
held under pressure? 34. Yes No
35. Do you have a repair shop? If yes, % _____ 35. Yes No
36. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 36. Yes No
37. (a) Do you spray paint on premises? 37. Yes No
(b) Do you use booth meeting governmental standards? Yes No
38. Describe neighborhood: Commercial Residential Mercantile Mercantile & Residential
39. Answer the following only if Garagekeepers' Liability is requested:
(a) Do customers park their own cars? 39. Yes No
(b) Are customers cars stored in: Buildings Open Lots
(c) If stored in buildings: Age of building _____ Number of floors _____
Type of construction _____ Number of exits _____
Are ignition keys left in cars that are stored? Yes No
If no, where are keys kept? _____
(d) If stored in open lot:
Is lot lighted? Yes No
Is lot enclosed? Yes No
Type of enclosures (explain) _____
Is attendant on duty at all times? Yes No
Are cars locked when stored after hours? Yes No

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).

Witness Applicant's Signature Date

Will premium be financed? Yes No If yes, with whom? _____

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:	
<input type="checkbox"/> Please quote	<input type="checkbox"/> Please bind at earliest possible date and issue policy
<input type="checkbox"/> Please issue policy effective _____	Coverage was bound by _____
(Time and Date Bound by General Agent)	(Name of Person in Company General Agency's Office Binding Coverage)
Applicant's Representative's Name and Address	Phone No.



Delaware Valley Underwriting Agency, Inc.

ADDENDUM TO APPLICATION

Insured's/Applicant's Name: _____

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

I have read and accept the above (To be signed by the Insured/Applicant)

Insured/Applicant Signature

Date

INSURED:

M-3329(7/82)

POLICY NUMBER:

DELAWARE NOTICE

FILE NUMBER:

Regarding

Uninsured Motorists Coverage
(Bodily Injury and Property Damage)

UNINSURED MOTORISTS COVERAGE is available to provide protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage*) from an owner or operator of an uninsured motor vehicle.

UNDERINSURED MOTORISTS COVERAGE is included if you purchased additional limits of Uninsured Motorists Coverage, to provide protection for persons who are legally entitled to recover damages because of bodily injury (including resulting death) or damage to property (property damage*) from an owner or operator of an insured motor vehicle, whose Liability Coverage limits were, at the time of loss, less than the injured person's Uninsured Motorists Coverage limits.

These optional coverages are available at additional premium, at any limits exceeding the minimum requirements of the State financial responsibility laws, but not exceeding the Liability Coverage limits of your policy.

To be certain that your policy is issued correctly, please indicate your choice ("X" indicates your choice) of the options available, then sign and date this form as acknowledgment of your choice.

COVERAGE PURCHASE OPTION

I have had this coverage fully explained to me and I wish to purchase Uninsured Motorists Coverage at the following limits, which do not exceed the Liability Coverage limits of my policy:

Split limit policies - Uninsured Motorists Coverage (see "note"):

\$ _____ per person, \$ _____ per accident Bodily Injury and \$ _____ per accident Property Damage* Uninsured Motorists Coverage;

or,

Single limit policies - Uninsured Motorists Coverage (see "note"):

\$ _____ per accident combined single limit Bodily Injury and Property Damage* Uninsured Motorists Coverage.

NOTE: If such coverage is purchased at limits higher than the minimum limits required by the State Financial Responsibility Law, Uninsured Motorists Coverage includes Underinsured Motorists Coverage.

COVERAGE REJECTION OPTION

I have had this coverage fully explained to me and I do not wish to purchase Uninsured Motorists Coverage. I understand that by selecting this option I waive any and all protection afforded by the State Statutes in this regard, and that I have also rejected Underinsured Motorists Coverage and any statutory protection afforded thereunder.

I have indicated my choice above ("X" indicates my choice):

Date Signed

Signature of Named Insured (Representing all Insureds)

*Property Damage Uninsured Motorists Coverage is subject to a \$250 per accident deductible.

(This election will be continued in effect on all renewal policies, until you give us written notice otherwise).