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)**

LIABILITY — Each Accident — Aggregate (Garage Operations only)

☐ *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				☐ All ☐ Part of Premises
No. 2				☐ All ☐ Part of Premises

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

☐ Specified Causes of Loss (indicate deductible desired)

- ☐ $500 Deductible
- ☐ $1,000 Deductible
- ☐ Other __________

☐ Collision (indicate deductible desired)

- ☐ $500 Deductible
- ☐ $1,000 Deductible
- ☐ Other __________

False Pretense Coverage requested? ☐ Yes ☐ No

Limit

- ☐ 25,000
- ☐ 50,000
- ☐ 100,000

List All Locations To Be Covered –

No. 1	Dealers Physical Damage Limit Per Location: $	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 2	Dealers Physical Damage Limit Per Location: $	Average/Maximum Value Per Auto	Average/Maximum Number of Autos

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

Definitions Number

(A) Proprietors, Partners, Executives active in the business ________

(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	☐ Yes	☐ No	__________ %
Mobile Homes	☐ Yes	☐ No	__________ %
Motorcycles	☐ Yes	☐ No	__________ %
ATVs, Snowmobiles, Jet Skis	☐ Yes	☐ No	__________ %
Trucks over 10,000 gvw	☐ Yes	☐ No	__________ %
Tractors	☐ Yes	☐ No	__________ %
Trailers	☐ Yes	☐ No	__________ %
Motor Homes	☐ Yes	☐ No	__________ %
Buses	☐ Yes	☐ No	__________ %
Foreign Sports Cars	☐ Yes	☐ No	__________ %
Antique Auto	☐ Yes	☐ No	__________ %
Contractor Equipment	☐ Yes	☐ No	__________ %
Farm Equipment or Implement Dealer	☐ Yes	☐ No	__________ %
Other ____________	☐ Yes	☐ 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:
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? 33. ☐ Yes ☐ No
If yes, explain ______________________________

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:

☐ 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 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

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for your purchase the following benefits for you, your spouse or other relatives or minors in your custody or in the custody of your relatives, residing in your household, occupants of your motor vehicle or persons struck by your motor vehicle.

(1) Medical benefits, up to at least $100,000.

(1.1) Extraordinary medical benefits, from $100,000 to $1,100,000 which may be offered in increments of $100,000.

(2) Income loss benefits, up to at least $2,500 per month up to a maximum benefit of at least $50,000.

(3) Accidental death benefits, up to at least $25,000.

(4) Funeral benefits, $2,500.

(5) As an alternative to paragraphs (1), (2), (3) and (4), a combination benefit, up to at least $177,500 of benefits in the aggregate or benefits payable up to three years from the date of the accident, whichever occurs first, subject to a limit on accidental death benefit of up to $25,000 and a limit on funeral benefit of $2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify or change the provisions of section 1715(d) (relating to availability of adequate limits).

(6) Uninsured, underinsured and bodily injury liability coverage up to at least $100,000 because of injury to one person in any one accident and up to at least $300,000 because of injury to two or more persons in any one accident or, at the option of the insurer, up to at least $300,000 in a single limit for these coverages, except for policies issued under the Assigned Risk Plan. Also, at least $5,000 for damage to property of others in any one accident.

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above.

Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

I have read and acknowledge the information set out above.

X ______________________________ ______________________ ______________________

Signature of First Named Insured | Date | Witness

REJECTION OF UNDERINSURED MOTORIST COVERAGE

By signing this waiver I am rejecting Underinsured Motorist Coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

X ______________________________   ____________________   ____________________________

Signature of First Named Insured   Date Signed   Witness

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

SELECTION OF UNDERINSURED MOTORIST COVERAGE AND STACKING OPTIONS

A. **Selection of UIM Coverage:** I do wish to purchase Underinsured Motorist Coverage at $ ____________ per person, $ ______________ per accident split limits of liability or $ ______________ per accident single limit of liability. (Your UIM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)

B. **Stacking Options:** If you have chosen to purchase Underinsured Motorist Coverage, and you are not a legal corporation, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Underinsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Underinsured Motorist Coverage. There is an additional premium for this coverage.

☐ Purchase of Stacking: I wish to purchase stacking of Underinsured Motorist Coverage (Not applicable if named insured is a legal corporation).

☐ Rejection of Stacking: I wish to reject stacking of Underinsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Underinsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X ______________________________ ____________________ ____________________________

Signature of First Named Insured   Date Signed   Witness

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

REJECTION OF UNINSURED MOTORIST COVERAGE

NOTE: Rejection of uninsured motorist coverage is not allowed for "Common Carriers by Motor Vehicle" as defined in 66CPA.C.S. Section 102.

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

X ______________________________ ____________________ ______________________________
Signature of First Named Insured | Date Signed | Witness

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.

SELECTION OF UNINSURED MOTORIST COVERAGE AND STACKING OPTIONS

A. **Selection of UM Coverage:** I do wish to purchase Uninsured Motorist Coverage at $ ______________ per person, $ ______________ per accident split limits of liability or $ ______________ per accident single limit of liability. (Your UM limits selection cannot be greater than your policy Bodily Injury Liability Coverage Limit.)

B. **Stacking Options:** If you have chosen to purchase Uninsured Motorist Coverage, and you are not a legal corporation, your next option is to determine if you want to stack the limits of your policy. Stacking means you can claim a total of the amounts of Uninsured Motorist Coverage assigned to each vehicle in your policy. If you reject stacked limits, each vehicle insured under the policy will have its own limit of Uninsured Motorist Coverage. There is an additional premium for this coverage.

☐ Purchase of Stacking: I wish to purchase stacking of Uninsured Motorist Coverage (Not applicable if named insured is a legal corporation).

☐ Rejection of Stacking: I wish to reject stacking of Uninsured Motorist Coverage. By signing this waiver, I am rejecting stacked limits of Uninsured Motorist Coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead the limits of coverage that I am purchasing shall be reduced to the limits stated in the policy. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

X ______________________________ ______________________ ______________________________

Signature of First Named Insured Date Signed Witness

THE OPTIONS SELECTED SHALL CONTINUE IN FORCE AND EFFECT UNTIL REPLACEMENT WRITTEN NOTICE IS RECEIVED BY THE COMPANY, OR ITS REPRESENTATIVE.