

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) |
| <input type="checkbox"/> *Bodily Injury & Property Damage Liability CSL
<small>(Property Damage Liability – subject to \$100 deductible completed operations)</small> | \$ _____ | \$ _____ |
| <input type="checkbox"/> *Limited Liability for Customers <input type="checkbox"/> *Unlimited Liability for Customers (Designate choice) | | |

- UNINSURED/UNDERINSURED MOTORISTS**
- | | | | | |
|---|-------------|--------------|----------|---------------|
| <input type="checkbox"/> Uninsured Motorists | \$ _____ | Each person | \$ _____ | Each accident |
| | or \$ _____ | Single Limit | | |
| <input type="checkbox"/> 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 -

No.	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? 28. Yes No

(a) If open lot, is lot completely floodlighted? 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



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

OFFER OF OPTIONAL ADDITIONAL UNINSURED AND UNDERINSURED AUTOMOBILE INSURANCE COVERAGES

I. EXPLANATION OF COVERAGES

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage, bodily injury -- a coverage which pays people upon whom your motor vehicle inflicts bodily injury -- and property damage -- a coverage which pays people for damages your automobile causes to their motor vehicles or property.

In order to drive your automobile upon the roads of this State, you must have at least \$15,000.00 of bodily injury insurance for each person whom you may injure and \$30,000.00 of bodily injury insurance for two or more people whom you may injure in any single accident. You must also have at least \$5,000.00 in property damage insurance for each accident which you may cause. You may have seen these limits described in the newspaper as \$15,000/\$30,000/\$5,000. However, you have the right to purchase additional limits of automobile liability insurance up to \$250,000/\$500,000/\$50,000. You must, naturally, pay an increased automobile insurance premium for these increased limits of protection.

In addition, this State's laws require that you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed "uninsured motorist coverage" and "underinsured motorist coverage." You may also see them referred to within your automobile insurance policy as "UM" and "UIM." You must, once again, pay an increased automobile insurance premium for each of these additional coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts that you may be legally entitled to collect as damages from an owner or operator of an uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy must automatically provide uninsured motorist coverage of \$15,000/\$30,000/\$5,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits, up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, including passengers within your motor vehicle, for amounts that you, or your passengers, may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle that is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. You have, however, a right to buy underinsured motorist coverage in limits up to the limits of liability coverage you will carry under your automobile insurance policy. Some of the more commonly sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, are shown upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits. If your insurance company is allowed to market those limits within this State, your insurance agent will fill-in the amount of increased premium.

It is important for you to understand that if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, this Form then may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, the law requires that additional uninsured motorist coverage and underinsured motorist coverage, at the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, your automobile insurance policy may then be cancelled.

In the future, if you wish to increase or to decrease your limits of additional uninsured or underinsured coverage, you must then contact either your insurance agent or your insurance company.

Please read this Form carefully. If you have any questions, you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

State of South Carolina Department of Insurance
1612 Marion Street
Post Office Box 100105
Columbia, South Carolina 29202-3105
(803) 737-6140

Your insurance agent must also answer any questions which you may have.

Split Limits of Coverage

\$25,000/\$50,000/\$10,000
\$50,000/\$100,000/\$25,000
\$100,000/\$300,000/\$50,000

/ /
\$250,000/\$500,000/\$100,000

(or)

Single Limits of Coverage

\$50,000
\$100,000
\$250,000

\$500,000

Do you wish to purchase additional uninsured motorist coverage?

If your answer is "no," you must then sign here.

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____ .

III. OFFER OF UNDERINSURED MOTORIST COVERAGE

Split Limits of Coverage

\$25,000/\$50,000/\$10,000
\$50,000/\$100,000/\$25,000
\$100,000/\$300,000/\$50,000

/ /
\$250,000/\$500,000/\$100,000

(or)

Single Limits of Coverage

\$50,000
\$100,000
\$250,000

\$500,000

Do you wish to purchase additional underinsured motorist coverage?

If your answer is "no," you must then sign here.

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select _____ / _____ / _____ .

IV. APPLICANT'S ACKNOWLEDGEMENT

I hereby acknowledge that I have read, or have had read to me, the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I further understand that the above explanations of these coverages are intended only to be brief descriptions of uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under any of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____

Your Zip Code