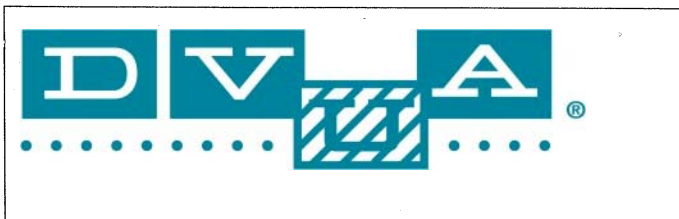


# Used Auto Dealer Application

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**
- |  |                      |  |
|--|----------------------|--|
|  | <b>Each Accident</b> | <b>Aggregate</b><br>(Garage Operations only) |
| <input type="checkbox"/> *Bodily Injury & Property Damage Liability CSL<br><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**
- 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><br>_____ |
| (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

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:**

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