

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

- Applicant's Name (you) _____
- Business Address _____
 (number) (street) (city) (county) (state) (zip)
- Mailing address (if different than business address) _____
- You are: Individual Partnership Corporation
- You are: Owner Tenant Does owner need to be named as additional insured? Yes No
 If yes, owner's name _____
- Insurance is desired from _____ 20 _____ to _____ 20 _____

- 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 _____
- 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.)

- Is this a new venture? Yes No
- (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? _____

- (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

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 -

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 <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| 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

VIRGINIA NOTICE
Regarding
Uninsured Motorists Coverage and Medical Expense and Income Loss Benefits

UNINSURED MOTORISTS COVERAGE provides 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.

This coverage is included in your policy at limits equal to the policy's bodily injury liability limits. You may, however, reject such increased limits and select any limits lower than the policy's liability limits, but not less than the minimum financial responsibility limits.

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.

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 your acknowledgment of your choice.

UNINSURED MOTORISTS COVERAGE PURCHASE OPTION

- Additional limits - Uninsured Motorists Coverage (including Underinsured Motorists Coverage)** have had this coverage fully explained to me and I wish to purchase additional limits of Uninsured Motorists Coverage, at the following limits, which do not exceed the Liability Coverage limits of my policy:

Split limit policies - Total Limits (basic and additional) - Uninsured Motorists Coverage:

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

or,

Single limit policies - Total Limit (basic and additional) - Uninsured Motorists Coverage:

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

*Property Damage Uninsured Motorists Coverage is subject to a \$200 per accident deductible.

OPTIONAL COVERAGE or LIMITS REJECTION of UNINSURED MOTORISTS COVERAGE

- Rejection of additional limits Uninsured Motorists Coverage (including Underinsured Motorists Coverage).** I have had this coverage fully explained to me and I do not wish to purchase additional limits of Uninsured Motorists Coverage. I understand that by selecting this option I waive any and all State Statutory protection afforded with regard to additional limits of this coverage.

MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

Medical Expense Benefits - Choose one:

- Reject**
 Accept If accepting, choose one: \$500 \$1000 \$2000 \$5000

Income Loss Benefits - Choose one:

- Reject**
 Accept

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

Date Signed

Signature of Named Insured (Representing all Insureds)

(Until you advise us otherwise in writing, your choice, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)