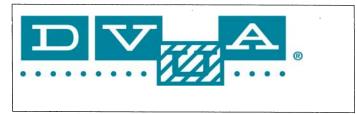
# **Used Auto Dealer Application**

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



			MNITY COMPA LITY & FIRE II					Policy Term I	From:_			To	
					÷	<u>GENI</u>	ERAL INF	ORMATIC	<u>on</u>				
1	Appli	icant's N	lame (vou)			· · · · · · · · · · · · · · · · · · ·							
2.	Busi	ness Ad	dress				T. W						
	<b></b>	1000 / 10	(n	umber	)	(street)		city)		(county)		(state)	(zip)
3.	Maili	ng addr	ess (if differe	nt tha	, n busin	ess address)		,,	,	(county)		(otato)	(2.12)
			Individual									<u></u>	
		are:			enant			be named a	s add	itional insure	d? □ Ye	es ⊓No	
						If ves. owr	ner's name						
6.	Insu	ance is	desired from					20	to				20
		of Ope										***************************************	
		-	ised Dealer			□ Storage	Garage o	r Parking		□ Service	e Station	1	
			anchised Dea	ler		□ Repair \$		unung				aler/Auto Br	oker
			nent & Implen		Dealer	-		ntlina				aici/Adio bi	
8.						your primary bus				If no, what is			
						your primary buo		03 🗆 110		ii iio, wilat is	your pin	mary busine	33:
		on to Co				·							
				hone	Numb	er)							
	For A	Accounti	ina Records (	Nam	e & Pho	ne Number)							_
0	Cum	ent man	agement has	cont	rolled th	e business since		(vr.) and	hac h	oon in this t	no of hu	cinose sino	
1	ls thi	s a new	venture?	Yes	No.	ic business since		(yi.) ailu	iias D	een in tilis ty	pe oi bu	3111033 31110	. الایا الایان الای
			or owners/sha										
		Name	51 01111010101011	<i>a</i> 1 01 10	10010, 11	•	ears with Co	ompany			0/	of Owners	hin
		7				10	ais willi O	Ompany			,	o di Owileis	ıııþ
	•												
												NOTE AND ADDRESS OF THE PARTY O	
	(b)	What is	estimated ne	t wor	th of the	business?							
									ate for	coming year	?	J-1071	
						tion or bankruptc				coming you	·		
						) and explain							
		,,	(111		,	, aa oxpia							
	(b)	Have vo	u been relea	sed fi	om reo	rganization or bar	nkruptcy?	□Yes	□ No	n Date	release	d	
14.	(a)	PREVIC	US 3 YEARS	S' CA	RRIER	AND ANY LOSS	EXPERIE	NCE					
	`´	Year		rrier		Policy Num		Loss Date	An	nount Paid	l	Descriptio	n of Loss
								2000 0000	<del>                                     </del>	ilourit i ulo		Doodripao	11 01 2000
			<del>-</del>			<del> </del>							
									1				
	(h)	During t	he nast three	(3) 1	eare ha	s any insurer can	scalled or re	ofused to re-	2011	□ Voc			
		lf yes, e		(3) y	cais lia	s any mourer can	icelled of re	eiusea to rei	new?	⊔ tes	□ No		
				foot	or noo	t incidents, circun					4	1-1	4
		sougniti	n this applica	uon?	⊔ 1€	s ⊔ No IT	yes, provia	e complete	details	s			
1 =		461:						-					
			ability and C	over	age(s)	Requested - (Ch	eck desired	l coverage a		_	iested)	Aggregat	е
		BILITY							Each	n Accident		(Garage	Operations only)
		*Bodily	Injury & Prop	erty [	Damage	Liability CSL		\$				\$	
						0 deductible complete	ed operations)					-	
		□ *Lim	ited Liability f	or Cu	ıstomer	s 🗆 *Unlim	ited Liabilit	y for Custon	ners	(Designate ch	oice)		
	UNII	NSURF	D/UNDERINS	URF	D MOT	ORISTS							
			ed Motorists	- UI \L		OINIOTO		_ Each pers	on	¢			Each accident
		JIOGI		or	·					Ψ			Lacii accident
		Underin	sured Motori					_ Single Lim _ Each pers		\$			Each accident
	_	J			<b>-</b>			aoi pels	<b>U</b> II	Ψ			

\_\_\_\_ Single Limit

GARAGEKEEPERS COVERAG		Liability		Direct Excess [	□ Direct Primar	у				
Maximum Limit of any one cover  ☐ Specified Causes of Loss	red automobile - ALL COVERAC	-\$ GES (indica	te dedu	uctible desired)						
□ Collision	□ <b>\$500</b>	Deductible			ible					
In-Tow (Damage to autos while being towed) Limit per vehicle \$ Deductible:										
List All Locations To Be Covered	d –			Garagek	eepers					
		Garageke Limit		Average/Maximum Value Per Auto	Average/Maximu Number of Auto		Applicant Occupies			
No. 1					-		ll □ Part of Premises			
No. 2							II □ Part of Premises			
DEALER'S PHYSICAL DAMAGI  □ Specified Causes of Loss	(indicate deduction ↓ \$50 □ \$1		<u>d)</u> le tible	☐ Collision		\$500 De \$1,000 I				
False Pretense Coverage re List All Locations To Be Covered		es 🗆 No		<u>nit</u> 25,000 50,000 100,000						
No. 1			rs Physical Damage Limit	Average/Maximum Value Per Auto		Average/Maximum Number of Autos				
			•			114111501 01714100				
No. 2				rs Physical Damage Limit ocation: \$	Average/Ma: Value Per		Average/Maximum Number of Autos			
	EMDI OVEES	IN EACH O	F THE	FOLLOWING CATE	GORIES:					
PROVIDE TOTAL NUMBER OF Definitions  (A) Proprietors, Partners, Exect (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose printing of the	utives active in t incipal duty is dr ors whose duty i	the business	s e vehicl	les or who are furnish	ned garage veh	icles	Number			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to	utives active in to incipal duty is dr ors whose duty in ELOW:	the business iving garage s driving ga	e vehicl rage ve	les or who are furnish ehicles for delivery or s not residents of the ho	ned garage veh Driveaway					
Definitions  (A) Proprietors, Partners, Exec (B) Sales Persons (C) General Managers (D) Service Managers (E) Other employees whose pri (F) Other employees or operate	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garages driving ga	e vehicl rage ve	les or who are furnish ehicles for delivery or s not residents of the ho	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to the second s	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Details			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers the service of t	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Detail			
Definitions  (A) Proprietors, Partners, Exec  (B) Sales Persons  (C) General Managers  (D) Service Managers  (E) Other employees whose pri  (F) Other employees or operate  (G) All other employees  COMPLETE ALL SECTIONS BI  Driver information (list all drivers to the second s	utives active in to incipal duty is drors whose duty incipal to be covered inclusion above in the covered inclusion and the covered inclusion above in the covered inclusion and the covered in the covered inclusion and the covered inc	iving garage s driving ga  uding family n  n Duties or  Full ime (FT) **Part	e vehicl rage venembers Title c	les or who are furnishehicles for delivery or some some some some some some some some	ned garage veh Driveaway ousehold who are	furnished Driving	automobiles).  Record – 3 Years Details			

	Complete for	all Non-Engales and different	4.5	••					Number		
		all Non-Employee drivers tive proprietor, inactive ex			hom a cover	od auta baa b	aan filimiah				
	(2) Any activ	e or inactive proprietor's,	executive's o	or nartner's housel	nold member	to whom a co	vered auto	ea.		_	
		n furnished.		n parator o riodoor	iola mombol	to whom a co	voica auto				
	(3) List all m	embers of your household	l who are <u>14</u>	years of age and	older regardi	ess of whethe	r licensed o	or .		_	
	operating	g vehicles.		-	•				-		
	(4) Any other	r persons furnished an au	to.								
		Name	Date of	If member of Household Show	Driver	License Number		Driving Recor			
		ramo	Birth	Relationship	Dilvei	License Number		•	n of all Accid	-	
	1.								· · · · · · · · · · · · · · · · · · ·		
	••										
	2.										
				+							
	3.										
	4.										
	7.										
17.	Are employed	d drivers covered by Work	ers' Compen	sation Insurance?	□ Yes	□ No					
			UNI	DERWRITING INF	ORMATION	1					
18	Do you own a	and operate an Automobile	Transnorto	r tow truck tank to	uck or tank	trailar?		10	□ Yes	□ No	
	Do you desire	e coverage?	, mansporter	, tow truck, tark t	uck of tallk	u allei !		10.	□ Yes	□ No	
	□ Liability	☐ Med Pay ☐ UM	Physic	al Damage 🗆 Lin	nit	Deductible			_ 103	L 110	
19.	(No coverage	afforded unless units are	described a	nd specifically cha	rged for.)						
	Year Make & Model		Gross Vehicl	e ID Nur	ID Number Use		Radius	O		irod	
			Weight	ID Null			Radius		Coverage Desired		
	1.										
	2.										
20.		n any of the following?									
	Private Passe		□ No	%	Motor F	lomes	□ Yes				
	Mobile Home			%	Buses		□ Yes	□ No		%	
	Motorcycles	□ Yes mobiles, Jet Skis □ Yes	□ No _ □ No	% %		Sports Cars	□ Yes	□ No		%	
	Trucks over		□ No _		Antique	tor Equipmen		□ No □ No		% %	
	Tractors	□ Yes	□ No _	%		quipment or	ı 🗆 ies			76	
	Trailers	□ Yes	□ No	%		ent Dealer	□ Yes	□ No		%	
			_								
		u obtain autos held for sal									
22.	How are they	delivered? (i.e. by train, o	lrive-away, to	ow truck, auto tran	sporter, 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										
	MAXIMI IM M	ILEAGE PER DRIVE-AW	AV OR DEL	IVEDV: 0.150 mile			Over 150	\ miles			
24.	Do you loan	autos to customers?	AT OR DEL	IVERT. 0-150 IIIIIE			_ Over 150	) miles	□ Yes	□ No	
		autos to customers while the	neir autos ar	e left for service o	repair?				□ Yes	□ No	
		omers permitted to test dr							□ Yes	□ No	
		omers accompanied by a	salesperson	?					□ Yes	□ No	
27.		s) of Plates held by you:									
••	Dealer	Repair T	ransporter _	Othe	·		·				
28.	Are autos held for sale stored in open lots or in buildings?										
		ot, is lot completely floodli						28.	□ Yes	□ No	
	Are attendants or night watchmen employed?									□ No	
	Is there Security Patrol or Local Law Enforcement patrol? Is lot fenced, chained or posts 4' apart?								□ Yes	□ No	
		e in detail)							□ Yes	□ No	
	(b) If in build										
		burglary protection? (Expl	ain)						□ Yes	□ No	
	Is there	a sprinkler system? (Expla	ain)				<del></del>		□ Yes		

29.	. Where are keys to autos kept during the night?		
30.	Where are keys kept during the daylight or working hours?		
~4	(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
24	If yes, explain  Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas		
<b>34.</b>	held under pressure?	04 = 14	
35	. Do you have a repair shop? If yes, %	34. □ Yes	□ No
	. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, %	35. □ Yes	□ No
30. 37	. (a) Do you spray paint on premises?	36. □ Yes	□ No
<b>υ</b> τ.	(b) Do you use booth meeting governmental standards?	37. □ Yes	□ No
38	. Describe neighborhood: □ Commercial □ Residential □ Mercantile □ Mercantile & Residential	□ Yes	□ No
	. Answer the following only if Garagekeepers' Liability is requested:		
٠٠.	(a) Do customers park their own cars?	20 UV	□ Na
		39. □ Yes	□ No
	· · · · · · · · · · · · · · · · · · ·		
	(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
poli ma res info	swers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially falsy 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 endo licy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other 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 Appli spect.  The Applicant understands that an inquiry may be made into the character, finances, driving records, and other person formation the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional 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 represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant represents that she/he has completed all relevant sections.	rsement to be attacendorsement.  Itter relating to insucant or any other part and business ball information will be	hed to the rance tha arty in an ackground e provide
Witn	ness Applicant's Signature D.	ate	<del></del>
	1		
Wil	ll premium be financed? □ Yes □ No If yes, with whom?		
	TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE		/
Is	s this direct business to your office? If not, explain		
	s this new business to your office? If not, how long have you had the account?		
	low long have you known applicant?		
1	REQUEST TO COMPANY GENERAL AGENT:		
1 _	REQUEST TO COMPANY GENERAL AGENT:		
	REQUEST TO COMPANY GENERAL AGENT:  Please quote  Please bind at earliest possible date and issue policy  Please issue policy effective  Coverage was bound by		
-	REQUEST TO COMPANY GENERAL AGENT:	Agency's Office Binding	Coverage)
-	REQUEST TO COMPANY GENERAL AGENT:  Please quote Please bind at earliest possible date and issue policy  Please issue policy effective Coverage was bound by (Name of Person in Company General Agent)	Agency's Office Binding	Coverage)



# **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:
<u>WARNING</u> : 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:
<u>WARNING:</u> 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:
<u>WARNING</u> : 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 policie	Split limit policies - Total Limits (basic and additional) - Uninsured Motorists Coverage:								
		per person, \$ y Damage Uninsured Motoris		accident Bodily	Injury and \$	per				
		or,								
	Single limit poli	cies - Total Limit (basic and	additional) -	Uninsured Mo	torists Covera	ge:				
	\$ Coverage.	per accident, combined s	ingle limit Bod	ily Injury and *Pi	roperty Damage	Uninsured Motorists				
	*Property Damag	e Uninsured Motorists Cover	age is subject	to a \$200 per a	ccident deductil	ble.				
	· · ·	*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									
Med	lical Expense Be	nefits - Choose one:				_				
	Reject Accept	If accepting, choose one:	<b>\$500</b>	<b>\$1000</b>	<b>_</b> \$2000	<b>3</b> 5000				
Inco	me Loss Benefits - Choose one:									
	Reject Accept									
l ha	ve indicated my ch	e indicated my choice above ("X" indicates my choice):								
	Date Signed		- Signa	ture of Named Ins	ured (Representir	ig 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.)