



National Casualty Company

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 Property/Casualty Division: 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
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Garage Insurance Application

GENERAL INFORMATION

Policy Term: From: _____ To: _____
 Name: _____ Phone: () _____
 Address: _____ Contact Name: _____
 Location Address 1. _____ Home Phone: () _____
 2. _____
 3. _____

DESCRIPTION OF OPERATIONS

Individual Partnership Corporation Other
 Used Car Dealership Service Operation Both
 Applicant's Years in Business _____ Applicant's Years at this Location _____

| COVERAGE | LIMITS OF LIABILITY | |
|--|---|---|
| <input type="checkbox"/> Liability—Garage Operations <input type="checkbox"/> Dealer <input type="checkbox"/> Non-Dealer <input type="checkbox"/> P.D. Deductible \$ | Auto Only | \$ Each Accident— Dealers Only |
| | Other Than Auto | \$ Each Accident— \$ Aggregate Dealers and Non-Dealers |
| <input type="checkbox"/> Personal Injury Protection | \$ | |
| <input type="checkbox"/> Added P.I.P. | \$ | |
| <input type="checkbox"/> Medical Payments | \$ <input type="checkbox"/> Auto <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Both | |
| <input type="checkbox"/> Uninsured Motorist | \$ Each Accident | |
| <input type="checkbox"/> Underinsured Motorist | \$ | |

Dealer Plates: _____

Dealers Open Lot Physical Damage

| Coverage | Loc. | Number of Autos Held for Sale | | Enter Limit for Each Location | | Deductible Per Auto | Max. Ded. For Any One Loss |
|---|------|-------------------------------|---------|-------------------------------|--------------------------|---------------------|----------------------------|
| | | Maximum | Average | Max. Value Any One Auto | Max. Value for All Autos | | |
| <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive | 1 | | | \$ | \$ | \$ | \$ |
| | 2 | | | \$ | \$ | \$ | \$ |
| | 3 | | | \$ | \$ | \$ | \$ |
| Collision | | | | \$ | \$ | Deductible \$ | |

Other Coverage—Specify: _____

Garagekeepers

| <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Basis <input type="checkbox"/> Primary <input type="checkbox"/> Excess <input type="checkbox"/> Storage <input type="checkbox"/> In Tow | <input type="checkbox"/> Specified Perils <input type="checkbox"/> Collision | <input type="checkbox"/> Comp. | Loc. | Enter the Limit for Each Location | # of Autos | Deductible Per Auto | Max. Ded. For Any One Loss | |
|---|---|--------------------------------|------|--|------------|---------------------|----------------------------|--|
| | | | | Max. Value of All Autos in your C.C.C. | | | | |
| | Perils | | 1 | \$ | | \$ | \$ | |
| | | | 2 | \$ | | \$ | \$ | |
| | | | 3 | \$ | | \$ | \$ | |
| | Collision | | | 1 | \$ | | \$ | |
| | | | | 2 | \$ | | \$ | |
| | | | | 3 | \$ | | \$ | |

Other Coverage—Specify: _____

| | Sales | Repair | Total Gross Receipts from: | |
|--|----------|----------|-----------------------------------|----------|
| Private Passenger Autos (include pickups & vans) | _____ % | _____ % | All Sales & Repair | \$ _____ |
| Motorcycles/Boats/Snowmobiles | _____ % | _____ % | | |
| Motor Homes/Utility Trailers/Campers | _____ % | _____ % | Tow Truck Operations | \$ _____ |
| Truck Tractors/Trailers/Semi-Trailers/5th Wheels | _____ % | _____ % | | |
| Farm Machinery/Contractors Equipment | _____ % | _____ % | Other than Sales, | |
| Other—Describe: _____ | _____ % | _____ % | Repair & Tow | \$ _____ |
| | 100 % | 100 % | | |
| Total Gross Receipts | \$ _____ | \$ _____ | | |

List any owned autos NOT held for sale:

| Year, Model | Cost New | VIN | Registered To | Plate Type | On-Hook Limit | On-Hook Ded. |
|-------------|----------|-----|---------------|------------|---------------|--------------|
| | | | | | | |
| | | | | | | |

For wreckers/tow trucks: Type of vehicles towed? _____

Loss Payees: _____

Do you want coverage for these vehicles? Liability: Yes No Physical Damage: Yes No

Describe any other business operations at this location, including leasing: _____

HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST 5 YEARS? (Not applicable in Missouri.) Yes No

If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

LOSS EXPERIENCE AND EXPOSURE INFORMATION—Current and Previous 3 Years.

| Policy Period | | Name of Insurance Company | Loss Amount | | Description of Loss |
|---------------|----|---------------------------|-------------|---------|---------------------|
| From | To | | Paid | Reserve | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

A. GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS.

- Do you modify vehicles for Style: Yes No Performance: Yes No Handling Characteristics: Yes No
If "Yes," complete Section E.
- Do you install trailer hitches? Yes No
- Do you do any welding? Yes No If "Yes," explain: _____
- Do you install or repair butane, propane or liquid petroleum systems? Yes No
- Do you conduct any spray painting operations? Yes No
If "Yes," do you have an approved spray booth? Yes No
If "No," explain extent of spray painting operations: _____

6. Do you have any storage of oil, gasoline or other petroleum products? Yes No If "Yes," explain: _____
7. Do you recap any tires? Yes No
8. Do you sell any tires? Yes No
9. Do you rent or loan autos to your customers while their autos are left with you for service or repair? Yes No
If "Yes," explain: _____
10. Indicate the number of license plates you have: Dealers _____ Regular _____ Transporter _____ Other _____
11. Do you own or sponsor any racing vehicles? Yes No If "Yes," explain: _____
12. Do you sponsor any drivers' education cars? Yes No If "Yes," explain: _____
13. Do you pick up or deliver automobiles? Yes No
If "Yes," indicate miles: 50 mi _____ % 50-200 _____ % over 200 _____ %
14. Do you have any dogs? Yes No
15. Do you repossess autos? Yes No
16. Do you engage in any dismantling/salvage or rebuilding autos? Yes No
17. Do you have frame straightening equipment? Yes No If "Yes," explain: _____
18. Do you deal in any of the following: Foreign Sports Cars Fiberglass Body Antique Autos Buses
If "Yes," explain in Comment section.
19. Are customers permitted to test drive auto without a salesperson? Yes No
20. Are any automobiles consigned? Yes No
21. Where are keys to autos kept at night? _____ During business hours? _____
22. Please list any additional insureds or loss payees: _____

B. NON-DEALERS (SERVICE OPERATIONS)

Estimated annual payroll for all employees: _____ Number of employees: _____

C. DEALERS

- Do you:**
1. Furnish or loan vehicles for any group or organization? Yes No
 2. Have any consigned autos held for sale? If "Yes," include a copy of the contract. Yes No

If you finance autos held for sale, do you:

1. Hold title for final payment? Yes No
2. Finance for three months or less? Yes No
3. Require a certificate of insurance from the buyer? Yes No

When are titles transferred? _____

Who transports vehicles to and from the auctions or other places where autos are purchased? _____

Are they on the drivers' list? Yes No Trips per year? 1-10 Over 10

Drivers are: Employees Contract Drivers Other: _____

D. DEALERS' PHYSICAL DAMAGE AND GARAGEKEEPERS' LIABILITY

1. Are autos kept: Inside _____ % Outside _____ %
If autos are kept inside, indicate age, construction and condition of building: _____
2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? Yes No
If "No," explain: _____
Where are the keys kept? _____

3. Is (Are) your lot(s) lighted? Yes No Is there police protection? Yes No

Do you employ a guard while business is closed? Yes No

4. Loss Payee Name and Address: _____

5. Please indicate the interests to be covered for autos held for sale.

| | | | |
|--|--|--|-------------------------------|
| Your Interest in Covered Autos You Own | Your Interest Only in Financed Covered Autos | Yours and Financed Interest in Covered Autos | All Interest in Covered Autos |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Vehicle Storage—Indicate Lot Type.

| Type of Facility | Location | | |
|----------------------|--------------------------|--------------------------|--------------------------|
| | 1 | 2 | 3 |
| Building | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Standard Open Lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nonstandard Open Lot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. VEHICLE CONVERSIONS AND MODIFICATIONS—Complete the following if you modify vehicles for style, performance or handling characteristics.

1. Are you a member of the Recreational Vehicle Industry Association? Yes No

2. Do you comply with the requirements of Federal Regulation Title 49 in converting or modifying vehicles? Yes No

3. Do you subcontract any work to others? Yes No If "Yes," explain: _____

4. Are vehicles worked on owned by you? Yes No By others? Yes No

If owned by others, explain: _____

5. Do you provide a written contract? Yes No If "Yes," attach a copy of typical contract.

6. Do you provide a warranty? Yes No If "Yes," attach a copy.

7. Indicate type of work performed and/or equipment installed:

- Stoves Heaters Suspension Frame
- Tanks Refrigerators Brakes Steering Controls
- Air Conditioners Water Systems Chassis LPG Systems

Other (describe): _____

F. COMMENT SECTION

Employee and Driver Information

Complete the information below for ALL employees. If a dealership, include all family members—employees or not.

| | Name | A Position* | B F, P, or N** | C Vehicle Use*** | Rating Units or Payroll | Surcharges | Final Rating Units |
|----|------|----------------|----------------------|------------------------|----------------------------|------------|-----------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

Continue completing for above names.

| | Birth Date | Driver's License Number | State | Violations & Accidents Last Three Years | No. Years Employed By You | No. Years Experience This Business | Indicate if Drive Tow Truck |
|----|------------|-------------------------|-------|--|---------------------------------|--|-----------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

A

*Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto
11. Occasional Driver
12. Other

B

**F, P or N

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-employee

C

***Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customer's vehicles.

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other 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.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.