



AUTO DEALERS AND GARAGE APPLICATION

Proposed Effective Date: _____ Producer: Name _____
 Proposed Expiration Date: _____ Address _____
 Phone # _____

Applicant Name and Mailing Address:

- Individual
- Partnership
- Corporation
- Joint Venture
- Limited Liability Corp.

Contact & Email: _____

Business Phone: _____ Website Address: _____
 Years in Business: _____ Years of Experience: _____

Locations: Same as above

1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

List any states operations are conducted outside locations scheduled _____
 Are you involved in any operations under a different entity? *Provide name and details.* _____
 Are you involved in auto leasing or rental operations? _____
 Are you involved in public or livery passenger conveyance or on-demand delivery/courier services? _____
 Are you involved in any racing, race car preparations/repair or race sponsorship? _____
 Do you sell, rent or loan Dealer or Transporter plates to others? _____
 Do you have any Liquefied Petroleum Gas (LPG) exposures in your operations? _____
 If yes, do you abide by the NFPA 58 - Liquefied Petroleum Gas Code? _____

PRIOR CARRIER AND LOSS INFORMATION

No Prior Carrier No Prior Losses

Prior Carrier	Policy Yr.	Description of Loss	Amount Paid	Amount Reserved

EMPLOYEE AND HOUSEHOLD MEMBER INFORMATION

Full Name and Date of Birth	Driver's License #	State	FT or PT	Class (See Below)	# Acc/Viol (past 3 years)	Has Personal Auto policy?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Furnished an Auto for Personal Use

Class A - principal or employee
 Class B - non-employees without a personal auto policy in place
 Class C - non-employees with a personal auto policy in place

Not Furnished an Auto for Personal Use

Class D - auto salespeople, contract drivers or valet parkers
 Class E - mechanics or lot persons
 Class F - clerical or sales counter duties

Have all employees and household members been disclosed? _____

NATURE OF BUSINESS (INDICATE PERCENTAGE OF EACH)

Total of all percentages on this page should equal 100%

**Supplement Required*

SALES

- | | | | |
|---------|--|---------|--|
| _____ % | Antique or Classic Auto Dealer | _____ % | Heavy Truck Dealer* |
| _____ % | ATV, UTV, Dirt Bike or Snowmobile Dealer* | _____ % | Imported Autos |
| _____ % | Auto Auction | _____ % | Logging Equipment Dealer* |
| _____ % | Auto Dealer - PPV and Light/Medium Truck - Franchise | _____ % | Mining Equipment Dealer* |
| _____ % | Auto Dealer - PPV and Light/Medium Truck - Nonfranchise | _____ % | Motorcycle Dealer* |
| _____ % | Boat or Jet Ski Dealer | _____ % | Race Car Dealer |
| _____ % | Bus Dealer* | _____ % | RV Dealer* |
| _____ % | Camper or Travel Trailer Dealer* | _____ % | Salvage Titled Autos |
| _____ % | Consigned Autos - <i>Include a copy of the consignment agreement</i> | _____ % | Semi Trailer Dealer* |
| _____ % | Contractor's Equipment Dealer* | _____ % | Tank or Tank Truck Dealer* |
| _____ % | Emergency Vehicle Dealer* | _____ % | Trailer Dealer - Utility/Livestock |
| _____ % | Farm Equipment Dealer* | _____ % | Wholesale Auto Dealer |
| _____ % | Golf Cart Dealer | | <i>Miles from residence to location:</i> _____ |

PARKING AND STORAGE

- | | | | |
|---------|--|---------|-------------------------------|
| _____ % | Valet Parking - Designated Locations -
No Street Driving or Parking* | _____ % | Impound Yard |
| _____ % | Valet Parking - Designated Locations -
Including Street Driving or Parking* | _____ % | Long Term Auto Storage |
| _____ % | Valet Parking - Blanket Basis - Including Special Events* | _____ % | Parking Facilities - No Valet |
| | | _____ % | RV Storage |
| | | _____ % | Watercraft Storage |

SERVICE OR REPAIR

- | | | | |
|---------|---|---------|--|
| _____ % | Airbag Installation or Repair | _____ % | Golf Cart Repair |
| _____ % | Alarm Installation or Repair | _____ % | GPS Installation |
| _____ % | Antique or Classic Auto Repair | _____ % | Heavy Truck Repair* |
| _____ % | ATV, UTV, Dirt Bike or Snowmobile Repair* | _____ % | High Performance Shop |
| _____ % | Auto Dismantling | _____ % | Ignition Interlock |
| _____ % | Auto Maintenance and Repair | _____ % | Inspection Station |
| _____ % | Autonomous/Self-Driving Autos | _____ % | Lift Kit Install <i>Any over 6"?</i> _____ |
| _____ % | Auto Parts and Accessory Sales | _____ % | Logging Equipment Repair* |
| _____ % | Auto Pawning | _____ % | Machine Shop |
| _____ % | Bedliner Installation | _____ % | Manufacturing or Assembly |
| _____ % | Boat or Jet Ski Repair | _____ % | Mining Equipment Repair* |
| _____ % | Body Shop & Painting with UL Approved Booth | _____ % | Mobile Auto Repair |
| _____ % | Body Shop & Painting without UL Approved Booth
<i>Explosion Proof Lighting/Adequate Ventilation Present?</i> _____ | _____ % | Motorcycle Repair* |
| _____ % | Brake Replacement or Repair | _____ % | Oil/Lube Shop |
| _____ % | Bus Repair* | _____ % | Refrigeration Unit Servicing |
| _____ % | Camper or Travel Trailer Repair* | _____ % | Repossession - For-Hire |
| _____ % | Car Wash - Full Service | _____ % | RV Repair* |
| _____ % | Car Wash - Self Service | _____ % | Salvage Yard |
| _____ % | Contractor's Equipment Repair* | _____ % | Semi Trailer Repair* |
| _____ % | Convenience Store | _____ % | Stereo Installation |
| _____ % | Conversion Shop | _____ % | Tank or Tank Truck Repair* |
| _____ % | Detailer | _____ % | Trailer Repair - Utility/Livestock |
| _____ % | Drive-Away Contractor | _____ % | Tire or Rim Dealer or Repair |
| _____ % | Emergency Vehicle Repair* | _____ % | Upholstery |
| _____ % | Farm Equipment Repair* | _____ % | Window Tinting |
| _____ % | Frame Straightening | _____ % | Windshield Replacement/Repair |
| _____ % | Frame Cutting, Stretching, Shortening | _____ % | Wrapping of Autos |
| _____ % | Gasoline Station - Full Service | _____ % | Wrecker For-Hire |
| _____ % | Gasoline Station - Self Service | _____ % | Wrecker Not-For-Hire |
| _____ % | Other: _____ | | |

LIABILITY COVERAGE

Symbol(s): 21 - Any Auto
 22 - Any Owned Auto
 28 - Hired Autos
 29 - Non-Owned Autos

Deductible _____

Pickup & Delivery Distance: 0-300 Miles
(Radius of Operations) Over 300 Miles

Covered Autos Liability _____ Limit Each Accident
General Liability - Bodily Injury & Property Damage _____ Limit Each Accident
Damage to Premises Rented to You _____ Limit Any One Premises
Personal & Advertising Injury Liability _____ Any One Person or Organization
_____ General Liability Aggregate
_____ Products & Work You Performed Aggregate

GARAGEKEEPERS COVERAGE

Coverage: Specified Causes
 Comprehensive
 Collision

Lot Limit: Loc. 1 _____ Loc. 5 _____
Loc. 2 _____ Loc. 6 _____
Loc. 3 _____ Loc. 7 _____
Loc. 4 _____ Loc. 8 _____

Coverage Legal Liability
Basis: Direct Excess Per Vehicle Limit: _____ Deductible: _____
 Direct Primary

DEALER'S PHYSICAL DAMAGE COVERAGE

Coverage: Specified Causes
 Comprehensive
 Collision
 False Pretense - Are customers accompanied on test drives? _____

Lot Protection: Building Is the Building Sprinklered? _____
 Standard Lot (6' metal cyclone or equivalent fence)
 Non-Standard Lot (fencing other than standard)
 Unprotected (no fencing)

Lot Limit: Loc. 1 _____ Loc. 5 _____
Loc. 2 _____ Loc. 6 _____
Loc. 3 _____ Loc. 7 _____
Loc. 4 _____ Loc. 8 _____

Per Vehicle Limit: _____ Deductible: _____

UNINSURED, UNDERINSURED AND PERSONAL INJURY PROTECTION

<input type="checkbox"/> Uninsured Motorists Limit: _____	Number of Dealer Plates _____
<input type="checkbox"/> Underinsured Motorists Limit: _____	_____
<input type="checkbox"/> Personal Injury Protection Limit: _____	_____
<input type="checkbox"/> Virginia Medical Expense & Income Loss Limit: _____	_____

OPTIONAL COVERAGES

<input type="checkbox"/> Locations & Operations Medical Payments Limit Per Person: _____	<input type="checkbox"/> Auto Dealers Acts, Errors or Omissions
<input type="checkbox"/> Auto Medical Payments Limit Per Person: _____	<input type="checkbox"/> Truth in Lending
<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Odometer
<input type="checkbox"/> Drive Other Car	<input type="checkbox"/> Insurance Agents or Brokers
<input type="checkbox"/> Employee Benefits Liability	<input type="checkbox"/> Title
<input type="checkbox"/> Employers Liability Insurance (Stop Gap) - only available in North Dakota, Ohio, Washington and Wyoming	
_____ \$100,000 Each Accident - \$100,000 Each Employee - \$200,000 Aggregate	
_____ \$300,000 Each Accident - \$300,000 Each Employee - \$600,000 Aggregate	
_____ \$500,000 Each Accident - \$500,000 Each Employee - \$1,000,000 Aggregate	
_____ \$1,000,000 Each Accident - \$1,000,000 Each Employee - \$2,000,000 Aggregate	

ADDITIONAL INSURED OPTIONS

- Additional Insured - Owner of Leased or Rented Land or Premises (AGP-023)

- Additional Insured - Lessor of Leased Equipment (AGP-019)

- Additional Insured - Grantor of Franchise (AGP-020)

- Designated Insured (AGP-018) - *Describe Interest*

- Waiver of Transfer of Rights of Recovery Against Others to Us (AGP-035)

- Blanket Waiver of Transfer of Rights of Recovery Against Others to Us (AGP-044)

- Primary and Noncontributory (AGP-007) *Include a copy of the contract requiring this coverage*

SCHEDULED AUTOS

Coverage(s): Liability Specified Causes Comprehensive Collision

Physical Damage Deductible: _____ Are Scheduled Autos owned by this entity? _____

Year/Make/Model	GVW	VIN	Vehicle Value	Used for Towing (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If trailers are scheduled above, what is the maximum numbers of autos they can transport? _____

What is the maximum distance traveled by scheduled autos? _____

Comments: _____

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE

DATE