



AUTO DEALERS AND GARAGE APPLICATION

Proposed Effective Date: _____
Proposed Expiration Date: _____

Producer: Name _____
Address _____
Phone # _____

Applicant Name and Mailing Address:

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

Contact & Email: _____

Business Phone: _____
Years in Business: _____

Website Address: _____
Years of Experience: _____

Locations: ☐ Same as above

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

List any states operations are conducted outside locations scheduled: _____

UNDERWRITING INFORMATION

- | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Are you involved in auto leasing or rental operations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you involved in importing autos? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you sell, rent or loan Dealer or Transporter plates to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you allow overnight test drives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you involved in public or livery passenger conveyance or on-demand delivery/courier services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you involved in any racing, race car preparations/repair or race sponsorship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are jacks and car lifts stored in a protected area after work hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are operations conducted from a personal residence?
Do you store autos held for sale at the residence? If yes, include in locations above.
Do you have a homeowners/renters policy in place? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you involved in any operations under a different entity?
Provide name and details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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
Have all employees and household members been disclosed?

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

NATURE OF BUSINESS (INDICATE PERCENTAGE OF EACH)

Total of all percentages on this page should equal 100%

Supplement Required*SALES**

Dealer License Number: _____

_____% Antique or Classic Auto Dealer
_____% ATV, UTV, Dirt Bike or Snowmobile Dealer*
_____% Auto Auction
_____% Auto Dealer - PPV and Light/Medium Truck - Franchise
_____% Auto Dealer - PPV and Light/Medium Truck - Nonfranchise -
Retail
_____% Boat or Jet Ski Dealer
_____% Bus Dealer*
_____% Camper or Travel Trailer Dealer*
_____% Consigned Autos - *Include consignment agreement*
_____% Contractor's Equipment Dealer*
_____% Emergency Vehicle Dealer*
_____% Farm Equipment Dealer*
_____% Golf Cart Dealer

_____% Heavy Truck Dealer*
_____% Imported Autos
_____% Logging Equipment Dealer*
_____% Mining Equipment Dealer*
_____% Motorcycle Dealer*
_____% Race Car Dealer
_____% RV Dealer*
_____% Salvage Titled Autos
_____% Semi Trailer Dealer*
_____% Tank or Tank Truck Dealer*
_____% Trailer Dealer - Utility/Livestock
_____% Wholesale Auto Dealer, Broker, or
Internet Sales
*Miles from personal residence to
operation location:* _____

PARKING AND STORAGE

_____% Valet Parking - Designated Locations -
No Street Driving or Parking*
_____% Valet Parking - Designated Locations -
Including Street Driving or Parking*
_____% Valet Parking - Blanket Basis - Including Special Events*

_____% Impound Yard
_____% Long Term Auto Storage
_____% Parking Facilities - No Valet
_____% RV Storage
_____% Watercraft Storage

SERVICE OR REPAIR

_____% Airbag Installation or Repair
_____% Alarm Installation or Repair
_____% Antique or Classic Auto Repair
_____% ATV, UTV, Dirt Bike or Snowmobile Repair*
_____% Auto Dismantling
_____% Auto Maintenance and Repair
_____% Autonomous/Self-Driving Autos
_____% Auto Parts and Accessory Sales *Receipts:* _____
_____% Auto Pawning
_____% Bedliner Installation
_____% Boat or Jet Ski Repair
_____% Body Shop & Painting with UL Approved Booth
_____% Body Shop & Painting without UL Approved Booth
Explosion Proof Lighting/Adequate Ventilation Present? _____
_____% Brake Replacement or Repair
_____% Bus Repair*
_____% Camper or Travel Trailer Repair*
_____% Car Wash - Full Service
_____% Car Wash - Self Service
_____% Contractor's Equipment Repair*
_____% Convenience Store
_____% Conversion Shop
_____% Detailer
_____% Drive-Away Contractor
_____% Emergency Vehicle Repair*
_____% Farm Equipment Repair*
_____% Frame Straightening
_____% Frame Cutting, Stretching, Shortening
_____% Gasoline Station - Full Service
_____% Gasoline Station - Self Service
_____% Other: _____

_____% Golf Cart Repair
_____% GPS Installation
_____% Heavy Truck Repair*
_____% High Performance Shop
_____% Ignition Interlock
_____% Inspection Station
_____% Lift Kit Install *Any over 6"?* _____
_____% Logging Equipment Repair*
_____% Machine Shop
_____% Manufacturing or Assembly
_____% Mining Equipment Repair*
_____% Mobile Auto Repair
_____% Motorcycle Repair*
_____% Oil/Lube Shop
_____% Refrigeration Unit Servicing
_____% Repossession - For-Hire
_____% RV Repair*
_____% Salvage Yard
_____% Semi Trailer Repair*
_____% Stereo Installation
_____% Tank or Tank Truck Repair*
_____% Trailer Repair - Utility/Livestock
_____% Tire or Rim Dealer or Repair
_____% Upholstery
_____% Window Tinting
_____% Windshield Replacement/Repair
_____% Wrapping of Autos
_____% Wrecker For-Hire
_____% Wrecker Not-For-Hire

LIABILITY COVERAGE					
Symbol(s):	<input type="checkbox"/> 21 - Any Auto <input type="checkbox"/> 22 - Any Owned Auto <input type="checkbox"/> 28 - Hired Autos <input type="checkbox"/> 29 - Non-Owned Autos	Deductible: _____	Pickup & Delivery Distance: (Radius of Operations)	<input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 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:	<input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision	Per Auto Limit: _____	Deductible: _____		
		Lot Limit:	Loc. 1 _____ Loc. 2 _____ Loc. 3 _____ Loc. 4 _____	Loc. 5 _____ Loc. 6 _____ Loc. 7 _____ Loc. 8 _____	
Coverage Basis:	<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary				

DEALER'S PHYSICAL DAMAGE COVERAGE					
Coverage:	<input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense - Are customers accompanied on test drives? _____	Per Auto Limit: _____	Deductible: _____		
		Lot Protection	<i>Building</i> Definitions: <i>Standard Lot (6' metal cyclone or equivalent fence)</i> <i>Non-Standard Lot (fencing other than standard)</i> <i>Unprotected (no fencing around entire lot)</i>		
			If Lot Protection is Building:		
Loc:	Lot Protection:	Lot Limit:	Average Number of autos held for sale:	Is the building sprinklered?	Is there a Central Station Fire Alarm?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

UNINSURED, UNDERINSURED AND PERSONAL INJURY PROTECTION		
<input type="checkbox"/> Uninsured Motorists Limit: <input type="checkbox"/> Underinsured Motorists Limit: <input type="checkbox"/> Personal Injury Protection Limit: <input type="checkbox"/> Virginia Medical Expense & Income Loss Limit:	_____ _____ _____ _____	Number of Dealer Plates _____

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

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 AUTOSCoverage(s): ☐ Liability ☐ Specified Causes ☐ Comprehensive ☐ CollisionPhysical Damage Deductible:

 Are Scheduled Autos owned by this entity?

Year/Make/Model	GVW	VIN	Vehicle Value	Used for Towing (Y/N)
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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

APPLICANT'S SIGNATURE

DATE