



Agent Information

Clear Form

General Agency: _____ Retail Agency: _____
Agent Name: _____ Agent Name: _____
Phone Number: _____ Phone Number: _____

Applicant Information

Applicant's Name: _____
Mailing Address: _____ City: _____
County : _____ State: _____ Zip: _____ Phone: _____
Business Trade Name: _____
Business Legal Entity: Individual Partnership Limited Liability Corporation Corporation Other
Business Description: _____
Is your business mobile in nature? Yes No
Requested Dates: Effective: _____ Expiration: _____ Years in Business: _____ Years of Experience: _____

Locations where you conduct Garage Operations: Do these locations belong to your business entity? Yes No

Loc. #	Address	City	County	State	Zip
1.					
2.					
3.					

Insurance Information:

Mark Box if no prior insurance

Prior Carrier	Effective Date	Expiration Date	Policy Premium

Loss Information:

Mark Box if no prior losses

Date of Loss	Narrative Description of Loss	Amount Paid	Amount Reserved

- Has your insurance been cancelled or non-renewed within the last three years? (n/a in MO)..... Yes No
If yes please explain: _____
- Hours of operation : _____
- Total annual gross receipts from:

Auto sales	\$ _____	Repair	\$ _____
Uninstalled Parts	\$ _____	Retail sales	\$ _____
		All other operations	\$ _____
- Do you participate in any ride share programs? Yes No If yes explain: _____
- Do you have or maintain animals on your premises?..... Yes No

Dealer Section

8. What type of dealer license do you hold? Retail Wholesale

Dealer license #: _____ State: _____

9. Do you sell New autos? Yes No Used autos? Yes No New auto sales % _____ Used auto sales % _____

10. What percent of your auto sales are: Retail auto sales% _____ Consigned auto sales% _____
Wholesale auto sales% _____ Salvage title% _____

10a. If salvage titles, do you operate a salvage lot? Requires completion of Supplemental Application Yes No

10b. If consignment sales do you have a consignment agreement?..... Yes No

11. Do you hold or conduct auto auctions? Requires completion of Supplemental Application..... Yes No

12. Number of dealer plates _____ Any other types of plates?..... Yes No
Type _____ Number: _____

13. Where are your plates stored? _____

14. Do you buy or sell vehicles via the internet?..... Yes No If yes what % _____

15. How many autos do you sell a year? _____

16. Please provide value and number of autos stored at your location:
(Mandatory for physical damage coverage.)

Location	Maximum value of all autos	Average value per auto	Maximum value per Auto	Average # of autos	Maximum # of autos
1.					
2.					
3.					

Describe the theft protection for each location listed above

- 1. _____
- 2. _____
- 3. _____

17. Do you store autos anywhere besides the locations listed above?..... Yes No

If yes where: _____ For what period of time? _____

Address	City	County	State	Zip	Reason

18. Describe your key controls:

a. During business hours: _____

b. After business hours: _____

Are keys left in or upon a vehicle at any time?..... Yes No

19. Do you transfer title: At time of sale? Yes No When the state transfers title? Yes No

When auto is paid in full? Yes No Other? Yes No

Explain other: _____

20. Where do you purchase your autos? _____

21. Do you purchase autos over 300 road miles away from your sales lot?..... Yes No

If yes, how many times a year? _____ What is the furthest distance? _____

22. Who transports the autos to your lot? Yourself/employees Contract drivers Transport company

Other: _____

If Contract drivers or transport co, do they carry their own insurance?..... Yes No

23. Do you pick up or deliver autos not owned by you?..... Yes No

If yes please explain: _____

24. Do you repossess autos for yourself?..... Yes No For others?..... Yes No
25. Do you export or ship autos to other countries?..... Yes No
26. Do you loan or lease vehicles?..... Yes No

a. If yes for what purpose? _____

27. Test drives:

Do you always obtain a copy of the customers driver's license?..... Yes No

Do you always obtain proof of insurance?..... Yes No

Do you always ride along?..... Yes No

Explain all no answers: _____

Do you allow overnight test drives?..... Yes No

Non Dealer Section

List the percentage of the type of work you do. Percentages must equal 100%.

Type of work	Percent
Auto booting	
Auto conversion (any type)	
*Auto maintenance and repair	
Auto transport	
Brakes	
Body work	
Dismantling**	
Electrical, including alarm and stereo	
Ignition Interlock Systems (Breathalyzer)	
Frame work – see question #30	
Glass installation/repair/tint	
Hitch installation: Bolt on % Weld %	
Hydraulics – see question #31	
Lift kit installation	
Oil and lube	

Type of work	Percent
Painting/Clear coating	
Performance enhancements	
Repossession	
Self-parking	
Storage/Impound	
Suspension (not lift kits)	
Wash/Detail	
Tires – New sales/service/installation	
Tires – Used sales/service/installation	
Towing for hire**	
Upholstery	
Valet parking**	
Wrecker service**	
Other:	
Other:	

*Auto maintenance and repair includes: Replacement of standard auto parts, battery changes, belt/hose replacement, engine repair, mufflers, radiator, tire rotation, tune ups.
 ** Requires completion of Supplemental Application

28. Do you do any welding? Yes No If yes please explain in detail: _____

29. If you do frame work do you: Cut?..... Yes No Weld?..... Yes No
 Stretch?..... Yes No Straighten?..... Yes No

30. Do you use a frame straightening machine? Yes No Year/Make/Model: _____

31. If you do hydraulic work please describe components: _____

32. Do you have a paint booth?..... Yes No

If yes is it ventilated with explosion proof lighting?..... Yes No

33. Are paints stored in closed metal cabinet?..... Yes No

34. Do you pick up and drop off vehicles at locations other than your own?..... Yes No

Explain: _____

35. Do you offer an expedited service, ie "30 minutes or less"?..... Yes No

36. How many transporter plates do you have? _____

37. Do you sell gasoline?..... Yes No Self-serve gallons: _____ Full-serve gallons: _____
38. Do you sell LPG or propane? Yes No Fill tanks? Yes No Exchange tanks? Yes No
39. Are signs posted to keep customers out of work areas?..... Yes No
40. Please provide value and number of customer autos stored at your location. Mandatory for Garagekeepers Coverage.

Location	Maximum value of all autos	Average value per auto	Maximum value per Auto	Average number of autos	Maximum number of autos
1.					
2.					
3.					

Describe the theft protection for each location listed above

1.	
2.	
3.	

41. Describe your key controls:
- a. During business hours: _____
- b. After business hours: _____
- Are keys left in or upon a vehicle at any time?..... Yes No

Coverage Requested

Garage Liability

Limits: Each Accident: _____ Aggregate: _____ Deductible: _____

Dealers Physical Damage (Wind, hail and flood restrictions may apply depending on state)

Coverage: Specified causes of loss & Collision Comprehensive & Collision

Limits: Per Vehicle: _____

Total lot limit each location: 1. _____ 2. _____ 3. _____

Deductibles: Specified causes of loss, or Comprehensive: _____ Collision: _____

Dealers Errors and Omissions

Truth in Lending- \$25,000 Title - \$25,000 Federal Odometer - \$25,000

Garagekeepers (Wind, hail and flood restrictions may apply depending on state)

Basis: Legal liability Direct primary Direct excess

Coverage: Specified causes of loss & Collision Comprehensive & Collision

Limits: Per Vehicle: _____

Total lot limit each location: 1. _____ 2. _____ 3. _____

Deductibles: Specified causes of loss, or Comprehensive: _____ Collision: _____

In-tow – Must have Garagekeepers

Autos used for towing (Per vehicle limit, coverage and deductible are the same as Garagekeepers)

	Year	Make	Model	Vehicle Identification #	Tow Capacity - # of autos	Cost / ACV	Vehicle Type / Use
1.							
2.							
3.							
4.							
5.							

Scheduled Auto Coverage

Applies to all scheduled autos if selected (subject to state restrictions)

Liability – limits same as Garage Liability Deductible: _____

Uninsured Motorists / Underinsured Motorists Personal Injury Protection

Auto Medical Payments applies if selected below

Physical Damage - Applies to scheduled autos that have a Cost or ACV

listed Specified causes of loss & Collision Comprehensive & Collision

Deductible: Specified causes of loss, or Comprehensive: _____ Collision: _____

Scheduled Autos

	Year	Make	Model	Vehicle Identification Number	G.V.W.	Cost / ACV	Vehicle Type / Use
1.							
2.							
3.							
4.							
5.							

Gross Vehicle Weight (G.V.W.) Vehicle Type / Use
 0 – 10,000 Personal
 10,001 – 20,000 Service
 20,001 – 25,999 Tow Truck
 Trailer / Dolly

No Fault Coverage – Not available in all states for all risks

(Must have a state specific selection / rejection form completed for proper coverage)

Uninsured Motorists / Underinsured Motorists Personal Injury Protection

Limits: _____ Total number of plates: _____

Other Coverage Options – Not available in all states for all risks

Auto Medical Payments Limit: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Premises Medical Payments Limit: \$1,000 \$2,000 \$3,000 \$4,000 \$5,000

Broadened Coverage

Personal Injury Liability - Limits same as Garage Liability

Damage to Rented Premises (Fire Legal Liability) \$ 50,000 \$100,000 \$150,000
 \$200,000 \$250,000 \$300,000

Hired Auto – Liability coverage

Transporter Plates – Liability coverage Total number of plates: _____

Waiver of Subrogation Number of Waivers: _____

Additional Insured – Premises Owner Number of AI's: _____

Additional Insured – Others Number of AI's: _____

Designated Insured Number of DI's: _____

Dealer's Driveaway Coverage Radius in miles: 0-300 301-500 501-1000 Unlimited

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation). **(Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV).**

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company, Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (In FL, a person is guilty of a felony of the third degree).

Applicable in Kansas: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicant Signature: _____

Date: _____

Producer Signature: _____

Date: _____