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P O Box 749, South Bend IN 46624-0749

# GARAGE APPLICATION

1. Name of Applicant: _____
   DBA: _____
   Effective Dates Desired: From: _____ To: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Applicant's Web Site Address: _____
   Applicant's Contact Name: _____ Applicant's Contact Phone No.: _____
   Applicant's Contact Email Address: _____
2. Years of experience in field: _____ Years in business: _____
   Description of operations: _____
   Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC
   ☐ Other: _____
   FEIN #: _____
3. Do you own other businesses than the above? ☐ Yes ☐ No
   Provide named insured and types of operations conducted:

   _____
   Do businesses share employees? ☐ Yes ☐ No
   If yes, list employees: _____

   _____
4. **Locations where you store or display covered Autos (If stored in building complete Property Acord 140 Application)**:
   Location #1 address: _____
   Own or lease location: ☐ Own ☐ Lease
   Location #2 address: _____
   Own or lease location: ☐ Own ☐ Lease
   Location #3 address: _____
   Own or lease location: ☐ Own ☐ Lease
5. Do you perform operations/display at locations other than those listed above? ☐ Yes ☐ No
   If yes, describe: _____
6. Do you lease space at any location to other businesses? ☐ Yes ☐ No
   If yes, describe the business and if they have their own insurance: _____

   _____
   Do you share a lot with other businesses? ☐ Yes ☐ No
7. Are you a franchised business (ex: Ford Dealership, Jiffy Lube)? ☐ Yes ☐ No
   If yes, please describe: _____
8. Do you have dogs that are specifically trained as security or guard dogs? ☐ Yes ☐ No
9. Do you have firearms on premises? ☐ Yes ☐ No

10. Total Gross Receipts for your operations:

| Operations Extension Classes/Rating Basis | Exposure Basis | Operations Extension Classes/Rating Basis | Exposure Basis |
|---|---|---|---|
| Auto / Equipment sales | | Gas Dealers - LPG (13410/gallons) | |
| Service / Repair | | Glass Dealers or Glaziers (13590/sales) | |
| Auto Parts Supply Stores (10071/sales) | | Machinery or Equipment Dealer - yard or garden type (15063/sales) | |
| Car Washes - Self Service (10368/# of bays) | | Mobile Home Sales Agencies (15488/sales) | |
| Convenience Store (13673/sales) | | Cleaning - Outside surfaces of buildings (91523/payroll) | |
| Gasoline Stations (13454/gallons) ☐ Full service ☐ Self service | | Upholstery (99826/payroll) | |

11. Describe key controls:
    During business hours: _____ After business hours: _____
    If a key box is used, describe location of key box (in building, attached to autos, etc.)
    _____
12. Do you pick up and deliver customer autos? ☐ Yes ☐ No
    If yes, how many times per week? _____ What's the maximum radius traveled? _____
13. Do you provide for hire towing or recovery operations? ☐ Yes ☐ No
    If yes, explain: _____
14. How are autos transported to your premises?
    Transport carrier: _____ % Your drivers: _____ % Customers: _____ %
    Do you have a service auto that is used to tow autos to your premises? ☐ Yes ☐ No
15. Do you loan or lease or rent autos to others (If yes, provide agreement)? ☐ Yes ☐ No
    Do you loan autos to customers while their auto is being repaired? ☐ Yes ☐ No
    What type of plate do you attach to loaned autos? _____
    Do you have separate insurance in place for liability and physical damage coverage? ☐ Yes ☐ No
    Carrier information: _____
16. Do you repossess autos? ☐ Yes ☐ No
    If yes, are these the autos you sold? ☐ Yes ☐ No
    Do you repossess autos for others (ex: banks or other dealers)? ☐ Yes ☐ No
17. Do employees use their own autos within the scope of their employment? ☐ Yes ☐ No
    If yes, how many times per week? _____ Radius traveled? _____
    What duties do they perform (ex: bank, business errands)? _____
18. Do you own and/or sponsor any autos used in racing events? ☐ Yes ☐ No
    If yes, provide details: _____
19. Do you hold special events on your premises? ☐ Yes ☐ No
    If yes, describe events: _____
    How many do you hold per year: _____

20. Dealer/Transporter Plates

| | Dealer | Transporter |
|---|---|---|
| How many plates do you have? | | |
| Do you loan, sell, or rent plates to others? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Where are plates stored when not in use? | | |
| What are the plates used for? | | |
| Plate numbers | | |

**Garage Operations (must total 100%)**:

| Auto Type | % Dealer | % Service/Repair |
|---|---|---|
| Private Passenger (car, SUV, truck) | | |
| Electric Vehicle (car, SUV, truck) | | |
| Heavy Truck (incl Semi-Trailers) - ***Must complete supplement*** | | |
| Trailers (utility, horse, toy, boat) | | |
| Motorhome/RV - ***Must complete supplement*** | | |
| Travel/Camper Trailer - ***Must complete supplement*** | | |
| ATVs/UTVs/Off Road - ***Must complete supplement*** | | |
| Motorcycles - ***Must complete supplement*** | | |
| Buses - ***Must complete supplement*** | | |
| Farm Equipment/Implements - ***Must complete supplement*** | | |
| Construction/Contractors Equipment - ***Must complete supplement*** | | |
| Boats/Jet Skis | | |
| Salvage Parts - ***Must complete supplement*** | | |
| Emergency Vehicles | | |
| Golf Cart | | |
| Other (Describe below) | | |

Other description: _____

_____

_____

**Rating Exposure**: List ALL owners, employees regardless of duties, drivers, contract drivers, 1099 workers, family members and non-family members including any person that has access to covered autos (except customers): (Full Time is 20+ hours/week)

| Loc. No. | Name | DOB | DL #/State | CDL class | Furnished Auto Y/N | PAP in place Y/N | Violations/ Accidents Past 3 years Y/N | FT / PT | Job Title/Duties/Relationship |
|---|---|---|---|---|---|---|---|---|---|
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Have all drivers, including children away from the home and/or in college who may operate your autos been listed on this application? ☐ Yes ☐ No

If not, explain: _____

_____

## INSURANCE HISTORY

1. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) ☐ Yes ☐ No

   If yes, explain: _____

2. A minimum of three year history is required. If three years are unavailable, explain: _____

| Current Carrier/Prior Carrier | Effective/Expiration Dates | Policy Premium |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |

| Date of Loss | Amount | Description of Loss |
|---|---|---|
| | $ | |
| | $ | |
| | $ | |
| | $ | |
| | $ | |

## DEALER OPERATIONS (If no dealer operations, skip to SERVICE OPERATIONS below

1. Are you a licensed dealer? ☐ Yes ☐ No

   Dealer or Wholesaler ID# _____

   Dealer license type: ☐ Retail ☐ Wholesale ☐ Other: _____

   If wholesale, do you meet the following definition: *Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers*. ***Auto Wholesalers may not sell directly to the public***. ☐ Yes ☐ No

2. How many autos do you sell per year? _____

   Retail%: _____ Wholesale%: _____ Consignment (agreement required)% _____

3. Test Drives:

   Do you allow overnight test drives? ☐ Yes ☐ No

   Do you obtain a copy of the customer's driver license and proof of auto insurance prior to test drives? ☐ Yes ☐ No

   Do you allow unaccompanied test drives? ☐ Yes ☐ No

   If yes, do you have procedures in place to prevent auto theft? ☐ Yes ☐ No

   Describe: _____

4. Do you perfom repairs to owned autos prior to selling (If yes, complete the repair section of this application)? ☐ Yes ☐ No

5. Do you subcontract out any work? ☐ Yes ☐ No

   If yes, what type of work? _____

   Obtain certificates of insurance? ☐ Yes ☐ No

6. How are sales conducted:

   Internet _____ % From your location: _____ % Auctions: _____ % Via phone: _____ %

7. Do your customers purchase autos from you sight unseen? ☐ Yes ☐ No

8. Title Transfer:
   When do you transfer title: _____
   Do you offer in-house financing? ☐ Yes ☐ No
   If yes, do you list your dealer as lienholder and the customer as the title holder? ☐ Yes ☐ No
   Do you keep open titles? ☐ Yes ☐ No
9. Do you export autos? ☐ Yes ☐ No
   Are titles transferred prior to the auto leaving your possession for shipping? ☐ Yes ☐ No
   How are autos transported to the shipping port? _____
10. Do you import autos? ☐ Yes ☐ No
    Are you a US distributor? ☐ Yes ☐ No
11. Do you require personal auto insurance to be in place prior to relinquishing a sold auto? ☐ Yes ☐ No
12. Do you deliver autos to customers after the sale is complete? ☐ Yes ☐ No
    Who drives the autos to customers:
    Insured/employees: _____ % How many times per month: _____ Radius: _____
    Contract drivers: _____ %
    Hired Transporter: _____ %
13. What states do you travel to? _____
    Any travel into (check all that apply): ☐ Illinois ☐ Michigan ☐ New Jersey ☐ New York
    How often do you travel over 500 miles to purchase autos (ex: weekly, monthly)? _____
    What is the furthest distance you travel to purchase autos: _____
14. If you use contract drivers, how many do you use per year? _____
    Do you verify they have a valid US driver license? ☐ Yes ☐ No

## SERVICE/REPAIR OPERATIONS (if none, skip to COVERAGES REQUESTED)

1. What type of work do you perform: **MUST TOTAL 100%**

| Type of Service/Repair | % of operations | Type of Service/Repair | % of operations |
|---|---|---|---|
| Oil/Lube | | Body work | |
| Tune Up | | Wash/Detail | |
| Muffler | | Window Tint | |
| Radiator | | Accessory Install (stereo, alarm) | |
| Electrical | | Transmission | |
| Brakes | | Windshield | |
| Hitches: Bolt or Weld | | Lift Kit Install | |
| Upholstery | | Suspension (other than lift kit) | |
| Tires - **Must complete supplemental** | | Performance Modifications (Describe below) | |
| Framework (Must complete Q#9 below) | | Wheel alignment | |
| Painting including clear coat | | LPG | |
| Valet | | Restoration | |
| Rebuilding | | Breathalyzer/Interlock | |
| Air Bag | | Storage | |
| Other (Describe below) | | Towing: For-Hire ☐ Repo: ☐ | |

Other Description: _____

2. Where do you conduct garage operations:
   Your premises: _____ % Customer premises: _____ % Roadside: _____ %

3. Do you have quality control checks in place to ensure that repairs have been performed properly: ☐ Yes ☐ No
   If yes, describe: _____
4. Are signs posted or barriers used to keep customers out of the work area? ☐ Yes ☐ No
5. How are the following stored, drained and disposed:
   Used tires: _____
   Automotive fluids (ex. Motor oil, transmission fluid): _____
   Batteries: _____
6. Do you fabricate and/or manufacture items? ☐ Yes ☐ No
   If yes, provide a detailed listing of what is fabricated and/or manufactured: _____
7. Do you perform welding? ☐ Yes ☐ No
   Inside? ☐ Yes ☐ No
   Outside? ☐ Yes ☐ No
   Roadside? ☐ Yes ☐ No
   Customer premises? ☐ Yes ☐ No
   Protective safeguards to prevent fires: _____
8. Do you have a paint booth? ☐ Yes ☐ No
   Is it UL Approved? ☐ Yes ☐ No
   If no, is there a ventilation system and explosion proof lighting/fixtures? ☐ Yes ☐ No
   Is paint stored in proper cabinets outside the booth? ☐ Yes ☐ No
9. Is a frame straightening machine used? ☐ Yes ☐ No
10. Do you perform frame cutting or stretching? ☐ Yes ☐ No
    Provide details on what techniques are used: _____
    What is the end result of cutting or stretching? _____
11. Do you allow customers to pull into bay? ☐ Yes ☐ No

## COVERAGES REQUESTED

1. Covered Autos Liability/General Liability:
   Each Accident Limit: $ _____ Aggregate limit: ☐ 1x ☐ 2x ☐ 3x
   Liability Deductible: ☐ $0 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ $10,000
2. Personal Injury/Advertising Injury: ☐ Covered ☐ Excluded
3. Damage to Rented Premises Liability: ☐ $50,000 ☐ $100,000 ☐ $300,000 ☐ Excluded
4. Locations & Operations Medical Payments: ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000
5. Auto Medical Payments: ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000
   ☐ Other: $ _____
6. Uninsured Motorist (must complete required state selection/rejection forms): ☐ Yes ☐ No
7. Personal Injury Protection (must complete required state selection/rejection form): ☐ Yes ☐ No
8. Physical Damage Values (coverage for owned autos while held for sale):

| Loc. No. | Maximum Value of all Autos | Average Value per Auto | Maximum Value per Auto | Average # of autos on lot | Maximum # of autos on lot | Describe lot protection |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Interest covered: ☐ Owner ☐ Owner and creditor (bank) ☐ Consignment (provide agreement)

Types of autos: ☐ New ☐ Used

Coverage Type (select one):

☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision

☐ Fire/Theft w/Collision ☐ Limited Specified Causes of loss w/Collision

Deductibles - All other perils (select one):

☐ $500 per auto/$2,500 aggregate & $500 collision per auto

☐ $1,000 per auto/$5,000 aggregate & $1,000 collision per auto

☐ $2,500 per auto/$12,500 aggregate & $2,500 collision per auto

☐ $5,000 per auto/$25,000 aggregate & $5,000 collision per auto

☐ $10,000 per auto/$50,000 aggregate & $10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $3,000 ☐ $4,000 ☐ $5,000

☐ $10,000

Optional Specified Perils Deductible (per occurrence):

| | | | | |
|---|---|---|---|---|
| Hail: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Flood: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Theft: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Wildfire: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |

Other Limits: At Temporary Locations: $ _____ While in Transit: $ _____

Loss Payee & Address: _____

_____

Drive away miles (if over 500 miles): _____

9. Garagekeepers Values (coverage for customers' autos while in your care, custody and control):

| Loc. No. | Maximum Value of all Autos | Average Value per Auto | Maximum Value per Auto | Average # of autos on lot | Maximum # of autos on lot | Describe lot protection |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Coverage Basis: ☐ Legal Liability ☐ Direct Primary

Coverage Type: ☐ Specified Causes (SCL) w/Collision ☐ Comprehensive (Comp) w/Collision

Deductibles - All other perils (select one):

☐ $500 per auto/$2,500 aggregate & $500 collision per auto

☐ $1,000 per auto/$5,000 aggregate & $1,000 collision per auto

☐ $2,500 per auto/$12,500 aggregate & $2,500 collision per auto

☐ $5,000 per auto/$25,000 aggregate & $5,000 collision per auto

☐ $10,000 per auto/$50,000 aggregate & $10,000 collision per auto

Wind/Hail/Earthquake/Flood Deductibles per auto, no maximum aggregate (select one):

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,500 ☐ $3,000 ☐ $4,000 ☐ $5,000

☐ $10,000

Optional Specified Perils Deductible (per occurrence):

| | | | | |
|---|---|---|---|---|
| Hail: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Flood: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Theft: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |
| Wildfire: | ☐ $500 | ☐ $1,000 | ☐ $2,500 | ☐ $5,000 |

On-Hook Limits (In-transit/In-tow) - MUST have Garagekeepers coverage:

| Auto No. | Description of auto transporting a covered "customer's auto" | Number of autos transported at one time | Limit for each auto transported | Select Coverage type and deductible |
|---|---|---|---|---|
| | | | | ☐ **Comprehensive**<br>☐ **Specified Causes of Loss** |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |
| | | | $ | ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 |

**Scheduled Autos (All Service Use autos must be scheduled to be covered)**:

1. If filings are required, what type? ☐ State ☐ Federal ☐ Other: _____

| Auto No. | Loc. No | Vehicle Description - Year, make, body type | Value | GVWR | VIN | Mileage radius | Usage | Coverage(s) Requested |
|---|---|---|---|---|---|---|---|---|
| | | | $ | | | | ☐ Personal<br>☐ Service<br>☐ Commercial | ☐ Liability ☐ UM/UIM<br>☐ PIP ☐ Auto Med Pay<br>☐ Physical Damage<br>☐ Comp ☐ SCL<br>Phys. Ded: ☐ $1,000<br>☐ $2,500 |
| | | | $ | | | | ☐ Personal<br>☐ Service<br>☐ Commercial | ☐ Liability ☐ UM/UIM<br>☐ PIP ☐ Auto Med Pay<br>☐ Physical Damage<br>☐ Comp ☐ SCL<br>Phys. Ded: ☐ $1,000<br>☐ $2,500 |
| | | | $ | | | | ☐ Personal<br>☐ Service<br>☐ Commercial | ☐ Liability ☐ UM/UIM<br>☐ PIP ☐ Auto Med Pay<br>☐ Physical Damage<br>☐ Comp ☐ SCL<br>Phys. Ded: ☐ $1,000<br>☐ $2,500 |
| | | | $ | | | | ☐ Personal<br>☐ Service<br>☐ Commercial | ☐ Liability ☐ UM/UIM<br>☐ PIP ☐ Auto Med Pay<br>☐ Physical Damage<br>☐ Comp ☐ SCL<br>Phys. Ded: ☐ $1,000<br>☐ $2,500 |
| | | | $ | | | | ☐ Personal<br>☐ Service<br>☐ Commercial | ☐ Liability ☐ UM/UIM<br>☐ PIP ☐ Auto Med Pay<br>☐ Physical Damage<br>☐ Comp ☐ SCL<br>Phys. Ded: ☐ $1,000<br>☐ $2,500 |

## ADDITIONAL COVERAGES REQUESTED

1. Additional Insured (list ALL): _____

2. Waiver of Subrogation (list ALL): _____

3. Additional Insured w/ Primary & Non-Contributory wording (list ALL): _____

4. Registration/Transporter plates ($100,000 MAX liability limit available - plate numbers are required to be provided). ☐ Yes ☐ No
   - Personal Injury Protection: ☐ Yes ☐ No
   - Auto Medical Payments: ☐ Yes ☐ No
   - Uninsured Motorists: ☐ Yes ☐ No
   - Underinsured Motorists: ☐ Yes ☐ No
5. False Pretense: ☐ $25,000 ☐ $50,000 ☐ $100,000
6. Drive Other Car (Dealers only; Individuals included for this coverage must be rated as furnished): ☐ Yes ☐ No
   - Auto Medical Payments: ☐ Yes ☐ No
   - Comprehensive & Collision ☐ Yes ☐ No
     - Deductible: ☐ $500 ☐ $1,000 ☐ $2,500
   - Uninsured Motorists: ☐ Yes ☐ No
   - Underinsured Motorists: ☐ Yes ☐ No
   - List Individuals: _____
7. Broadened PIP for Named Individuals: ☐ Yes ☐ No
   - List Individuals: _____
8. Auto Dealer's Errors and Omissions.

   **Select additional optional <u>exclusions</u> below (may exclude up to three)**:

   ☐ Federal Odometer and Omissions ☐ Title E&O

   ☐ Truth in Lending ☐ Insurance Agent or Broker (Submit if requested and applicant holds an active insurance agent/broker license)
9. Broad Form Products (not available for salvage yard, rebuilders): ☐ Yes ☐ No
10. **OTHER INFO**:

## PROPERTY COVERAGE - MUST COMPLETE REQUIRED PROPERTY ACORD 140 APPLICATION OR EQUIVALENT TO OBTAIN COPE

## FRAUD WARNING STATEMENTS

**NOTICE TO APPLICANTS:** 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** 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 OF THE THIRD DEGREE.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:**

**APPLICABLE TO OTHER THAN AUTO:** 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.

**APPLICABLE TO AUTO:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE OR DEFRAUD ANY INSURER FILES AN APPLICATION OR CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION SHALL, UPON CONVICTION, BE SUBJECT TO IMPRISONMENT FOR UP TO SEVEN YEARS AND THE PAYMENT OF A FINE OF UP TO $15,000.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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.

Named Insured (Print): _____ Date: _____

Named Insured (Signature): _____

*Authorized owner, partner or executive officer

**Retail Agent Information**:

Retail Agency: _____

Name of Retail Agent: _____ Retail Agent License No. _____

Retail Agent Address: _____

**Surplus Insurance Brokers Agency Inc.**

Call 800-342-5706
Fax 800-578-7758 ▪ www.surplusins.com
Email quotes: submit@surplusins.com
P O Box 749, South Bend IN 46624-0749

# WHOLESALE DEALER QUESTIONNAIRE

An Auto Wholesaler buys and sells used autos from and to retail auto dealers and at auction. Complete this application if you are a licensed Wholesale Dealer or have any Wholesale Dealer sales exposure.

Anyone furnished an auto for personal use must reside in the state where you are licensed as a Wholesale Auto Dealer and be reported to us.

Business Trade Name: _____

**1.** Do you sell autos to the public? ☐ Yes ☐ No
If "Yes", explain:

**2.** Do you store or display any autos held for sale on your premises? ☐ Yes ☐ No
If "Yes", for Dealers Physical Damage coverage complete that section on page 8 of the Garage Application for only those vehicles displayed or stored on your premises.

**3.** Do you store or display covered autos at locations other than your primary location? ☐ Yes ☐ No
If "Yes", where are they displayed or stored?

**4.** List the major auctions you attend in the order of the most frequented by City & State:

**5.** Do you pick up & deliver covered autos over 300 miles? ☐ Yes ☐ No
If "Yes", advise city/state destination(s) and how many miles:

**6.** Pick-up and delivery, enter a percentage for each category, must total 100%:

| Drivers | Annual Percentage |
|---|---|
| Owners/Employees | % |
| Contract Drivers (see a. below) | % |
| Drivers other than owners/employees or contract drivers (see b. below) | % |
| Customer arranges transport through 3rd party | % |
| You arrange transport through 3rd party | % |
| **Total** | **100%** |

**a.** Contract driver hiring practices:
  **i.** What is the minimum age requirement? _____
  **ii.** Do you verify each contract driver has a valid driver license? ☐ Yes ☐ No

**b.** Explain 'drivers other than owners/employee or contract drivers':

**7.** Do you or any of your drivers have out of state driver's licenses? ☐ Yes ☐ No
If "Yes", please explain:

**8.** Describe how your dealer plates are used:

**9.** Do you have registration plates (not dealer plates) that are not issued for a specific auto? ☐ Yes ☐ No
If "Yes":

**a.** List registration plate numbers: _____

**b.** Describe how they are being used:

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

| APPLICANT'S SIGNATURE | DATE |
|---|---|
| | |