



AUTO REPOSSESSOR

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

THIS IS FOR QUOTATION PURPOSES ONLY - THIS IS NOT A BINDER

COMPLETE ALL SECTIONS

PROPOSED EFFECTIVE DATE: _____

1. Insured's Name: _____
Insured's Mailing Address: _____
City: _____ State: _____ ZIP: _____
Business Telephone Number () _____ FAX: () _____
Location of Business: _____
Street City State ZIP

2. Principal Person to Contact: _____
E-MAIL Address: _____

3. Insured is: [] Individual [] Corporation [] Partnership [] Franchise

4. Date Current Firm Established (month/date/year): _____

5. Company Officer in Charge of Insurance Program: _____

6. Does your Company have, within its staff, an employee, or employees, with responsibility for product liability, loss control, safety inspections, engineering, consulting or other professional advise? [] Yes [] No

7. Principle activity of business? _____
Please list any other names by which company has been known by: _____

8. Persons name and address providing accounting and tax services: _____

GENERAL INFORMATION

1. Present Insurance Company: _____
Expiration Date: _____ Policy Number: _____

Current Annual Premium:
Automobile Liability \$ _____
Garage Liability \$ _____
Garage Keepers Legal Liability \$ _____
Dealers Open Lot \$ _____
Other Coverage (Describe) \$ _____

2. List all Location(s) Owned or from which you operate: Use separate sheet if necessary. Please list address, city, state and description of use.
LOCATIONS - SHOW MAIN LOCATION AS LOCATION NO. 1

Table with 4 columns: Number & Street, City, State, Zip Code. Contains 5 empty rows for location data.

3. Estimated annual gross receipts:
- Used Car Sales \$ _____
 - Storage of Vehicles \$ _____
 - Mechanical repair or service \$ _____
 - Repossession \$ _____
 - Mini- Mart or Dairy Store Operation \$ _____
 - Other: Specify _____ \$ _____
 - Other: Specify _____ \$ _____
 - Total Gross Receipts \$ _____

4. Average number of vehicles sold annually: _____

5. Indicate how many:
 _____ Dealer Plates
 _____ Transportation Plates Remarks: _____

6. CLAIM HISTORY (last 5 ears)

Date	Description	Amount Paid	Amount Reserved	Insurance Company

7. Coverage's (Please check coverage's desired)
- Garage Liability PIP
 - Owned Autos (Business Use Only) UM/UIM
 - GKLL
 - Dealers Open Lot
 - Other _____

8. Self Insured Retention (Liability)
- \$1,000 Minimum Required
 - \$2,500
 - Other \$ _____

9. Limits of Liability (Per Accident/Policy Aggregate)
- \$25,000 /\$50,000 \$50,000/\$100,000 \$100,000/\$200,000 \$100,000/\$300,000 \$300,000/600,000
 - \$300,000/1,000,000 \$250,000/500,000 \$250,000/\$1,000,000 \$500,000/\$1,000,000 \$1,000,000/2,000,000
 - Other: \$ _____
- Uninsured Motorist: (Minimum Statutory Limit Non-Stacked)
- Underinsured Motorist: (Minimum Statutory Limit Non-Stacked)
- B.I. Per Person \$50,000 \$100,000 \$150,000 \$250,000
- Property Damage: \$50,000 \$100,000 \$150,000 \$250,000
- First Party Benefits: Basic (see applicable state forms attached. If renewal, as expiring)

10. Schedule Of Drivers Furnished Autos: (No coverage afforded unless all drivers who are furnished an auto are listed.)

Class I - Employees

A. Active proprietor, partner or officer (s)

Name	Position	DOB	Drivers License #

B. Any employee who drives autos

Name	Position	DOB	Drivers License #

Schedule of Service Vehicles - Please list all vehicles owned by you and used in your business. (Include all wreckers, tow trucks, and car carriers.) (No coverage afforded unless units described and specifically charged for.

Coverage Desired: Liability Physical Damage

***SEE ATTACHED VEHICLE/EQUIPMENT SCHEDULE**

12. Garage Keepers Legal Liability - \$1,000 SIR Min.: Optional SIR Limit \$1,500 \$2,500 \$5,000

Limit of Insurance

Loc. #1 \$ _____ Max. Value per Vehicle \$ _____

Loc. #2 \$ _____ Max. Value per Vehicle \$ _____

Loc. #3 \$ _____ Max. Value per Vehicle \$ _____

Loc. #4 \$ _____ Max. Value per Vehicle \$ _____

Specified Causes of Loss

Fire, Theft & CAC

Collision

Direct-Primary

Direct-Excess

Legal Liability

13. Dealers Open Lot Coverage- (Non reporting basis) With \$1,000 SIR: Optional SIR \$1,500 \$2,500 \$5,000

Limit of Insurance

Loc. #1 \$ _____ Max. Value per Vehicle \$ _____

Loc. #2 \$ _____ Max. Value per Vehicle \$ _____

Loc. #3 \$ _____ Max. Value per Vehicle \$ _____

Specified Causes of Loss

Fire, Theft & CAC

Collision

14. On-Hook - With \$1,000 SIR: Optional SIR \$1,500 \$2,500 \$5,000

Limit of Insurance

Limit Per Tow Truck \$ _____

Total all Tow Trucks: \$ _____

15. Transportation - With \$1,000 SIR: Optional SIR \$1,500 \$2,500 \$5,000

Limit of Insurance

Limit Per Rollback Truck/Carrier/Trailer \$ _____

Max. Value per Vehicle \$ _____

Total all Carriers: \$ _____

15. Drive-Away PD - With \$1,000 SIR: Optional SIR \$1,500 \$2,500 \$5,000

Limit of Insurance

Per Trip \$ _____

Number of Trips _____

Please Indicate the interests to be covered for autos held for sale				Vehicle storage - Indicate lot type		
Your interests in covered autos you own	Your interest only in financed covered autos	Your & financed interest in covered autos	All interest in covered autos	Type Of facility	Loc #1	Loc#2
				Building		
				Standard open lot		
				Non standard open lot		

17. Are autos kept _____ Inside _____ %
 _____ Outside _____ %
18. If autos are outside is lot completely enclosed by a chain link fence or chain and posts not more than four feet apart? Yes No
19. Is lot completely floodlighted? Yes No
20. Do you use guard dogs? Yes No
21. Is there police protection? Yes No
22. Do you pick-up or deliver automobiles? Yes No
23. Do you rent or loan autos to you customers? Yes No
24. Do you repossess autos? Yes No Number of repossessions annually _____
25. Do you do drive-a-way repossessions? If yes, indicate number done annually: _____
26. Include coverage for wrongful repossession: Yes No (Subject to maximum limit of \$100,000)
27. Do you perform lock out service? Yes No
28. Please indicate Yes or No and gross receipts from each activity:

Yes	No	Activity	Estimated Gross Receipts
<input type="checkbox"/>	<input type="checkbox"/>	Parts Sales	\$
<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Repair or Service	\$
<input type="checkbox"/>	<input type="checkbox"/>	Spray Painting	\$
<input type="checkbox"/>	<input type="checkbox"/>	Auto Body Repair	\$
<input type="checkbox"/>	<input type="checkbox"/>	Tire Sales and Service	\$
<input type="checkbox"/>	<input type="checkbox"/>	Gasoline Sales	\$
<input type="checkbox"/>	<input type="checkbox"/>	Alteration of Equipment	\$
<input type="checkbox"/>	<input type="checkbox"/>	Install Trailer Hitches	\$
<input type="checkbox"/>	<input type="checkbox"/>	LPG or Welding Equipment sales/service	\$
<input type="checkbox"/>	<input type="checkbox"/>	Rental of Vehicles	\$
<input type="checkbox"/>	<input type="checkbox"/>	Sponsor any racing vehicles	\$

DISCLOSURES AND AGREEMENTS

NOTE: The insurer may present a quote with a sub-limit of liability for certain exposures. The Insurer may quote certain coverage with certain activities, events, services, or waivers excluded from the quote. The Insurer may offer several optional quotes for consideration by the owner and/or operator.

This Application, duly completed, together with any supplementary information, must be signed, in ink, by the insured. One signed copy will be attached, and form a part of any coverage contract issued. Completion of this Application does not bind or obligate any insurance company, or the Insurer to complete this insurance.

Signing this form and tendering any premium payment does not bind the insurance company to provide insurance. The application must be signed to be considered for quotation. By signing below you do hereby certify that all information you have provided is correct. You herewithin authorize the company and/or the Insurer to gather any additional information they may deem necessary in order to process this application for quotation or to issue any coverage contract. Your signature below authorizes, but does not obligate the Insurer and/or the insurance company to obtain additional information or to verify the information provided from any regulatory agency, provider of services to your business, and any financial institution or credit rating company relating to information about your business. By your signature, you herewithin authorize the release of information regarding your losses, any financial information, or any regulatory compliance matters, to this Insurer and/or the insurance company.

No insurance will become effective until the Insurer Accounting Office has received the required premium payment.

This Application is for Quotation Purposes ONLY-This is not a Binder

Insured Signature: _____

Date: _____

Agent/Broker Signature: _____

Date: _____

COMMERCIAL AUTOMOBILE
VEHICLE AND EQUIPMENT SCHEDULE

Insured: _____ Date: _____

Address: _____ County: _____

Policy Number: _____ Control Number: _____

Limit of Liability: _____ SIR: _____

Note #1. Only equipment listed and scheduled will be provided coverage under any coverage contract issued by the insurer. Equipment without ID numbers are entered below or later added by separate endorsement, will be excluded from the coverage contract issued to the insured.

Note #2. The insured understands that his/her broker has directly negotiated an insurance contract with an Insurer. Liability Insurance Policy in exchange for a reduced coverage charge, the Insured freely negotiated a non-adhesive automobile liability contract, with limited and restricted coverage, to be issued to the Insured. Coverage offered is limited to specified scheduled named driver coverage and is restricted to business use only. Accidents while the insured is being used for personal use is excluded.

Unit No.	Year	Make	Body Type	Serial Number	GVW	Describe Use	Odometer Reading	Radius of Operation	Stated Value	Garage Location	Annual Mileage

Herein Stated and Agreed to by: (First Named Insured) _____ Title: _____ (Print)

Name: _____ (Print)

CLAIMS HISTORY STATEMENT AND WARRANTY ENDORSEMENT

This Endorsement changes the policy/certificate issued. Please read it carefully!

Coverage provided under the policy/certificate is contingent on the following warranty, requirements and acknowledgements as evidenced by the named insured's signature:

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It is understood and agreed that in lieu of the required insurance company loss runs to document the prior Loss history of the named insured, the following statement of claims is accepted as supplemental application information and also serves as a warranty statement and is made a part of the policy.

Policy Year	Date of Loss	Description of Loss	Amount Paid
2005 to 2006			
2004 to 2005			
2003 to 2004			
2002 to 2003			
2001 to 2002			

New Venture - No Prior Losses (if losses under different name or organization, please describe above and provide name)

If necessary, copy Loss History and Warranty Endorsements to complete the additional required history. The insured must sign each separate completed form. DO NOT ANSWER "SEE LOSS RUNS ATTACHED." ANSWER "NONE" IF NO CLAIMS TO REPORT.

As the Named Insured, I warrant that the above loss history represents all claims, losses, incidents, occurrences, events or circumstances, which the named insured, knows about or should have known about and that no accident or incident has taken place which has not been revealed which could reasonably be expected to result in a claim, and further, that the loss history provided herein is true, correct and complete.

Named Insured

Authorized Signature:

Policy Number:

Date

CHSWOI-0102