



- 3. Estimated annual gross receipts \$ \_\_\_\_\_
- Used Car Sales \$ \_\_\_\_\_
- Storage of Vehicles \$ \_\_\_\_\_
- Mechanical repair or service \$ \_\_\_\_\_
- Sales of Automotive Parts and Service \$ \_\_\_\_\_
- Mini- Mart or Dairy Store Operation \$ \_\_\_\_\_
- Dismantling \$ \_\_\_\_\_
- Salvage Ops \$ \_\_\_\_\_
- 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
  - GKLL
  - Dealers Open Lot
  - Other \_\_\_\_\_

8. Self Insured Retention
- \$1,000 Minimum Required
  - \$2,500
  - Other \$ \_\_\_\_\_

9. Limits of Liability:
- \$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     \$200,000/500,000     \$250,000/\$1,000,000     \$500,000/\$1,000,000     \$1,000,000/2,000,000
- Uninsured Motorist:     Limit: \$ 15,000/30,000    (Minimum Statutory Limit)
- Underinsured Motorist:     Limit: \$ 15,000/30,000    (Minimum Statutory Limit)
- Per Person Sub Limit:     \$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. Any Employee or active proprietor, partner or officer who is furnished a covered auto.

Name	Position	DOB	Drivers License #

B. Service managers, any employee who drives autos, but who is not furnished an auto.

Name	Position	DOB	Drivers License #

Class II - Non Employees:

A. Inactive proprietors, partners or officers whom you will allow to drive an auto.

Name	Position	DOB	Drivers License #

B. Family members of active or inactive proprietors, partners, officers or employees whom you will allow to drive an auto, or other person or organization who you furnish an auto.

Name	Position	DOB	Drivers License #

11. 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

Auto	Year	Make / Model	Serial No	G. V. W	Use	Radius of Operation	Where Garaged	Value

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

Loc. #1            \$ \_\_\_\_\_            Max. Value per Vehicle \$ \_\_\_\_\_  
 Loc. #2            \$ \_\_\_\_\_            Max. Value per Vehicle \$ \_\_\_\_\_  
 Loc. #3            \$ \_\_\_\_\_            Max. Value per Vehicle \$ \_\_\_\_\_

Specified Causes of Loss  
 Comprehensive  (\$1,000 SIR for each covered auto subject to \$5,000 maximum SIR per location for all such loss in any one accident)  
 Collision  (\$1,000 SIR for each covered auto)

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  
 Comprehensive  (\$1,000 SIR for each covered auto subject to \$5,000 maximum SIR per location for all such loss in any one accident) (\$1,000 SIR for each covered auto)  
 Collision

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

Limit of Insurance  
 Limit Per Tow Truck            \$ \_\_\_\_\_

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:            \$ \_\_\_\_\_

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		

16. Are autos kept \_\_\_\_\_ Inside \_\_\_\_\_ %  
 \_\_\_\_\_ Outside \_\_\_\_\_ %
17. 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
18. Is lot completely floodlighted?  Yes  No
19. Do you use guard dogs?  Yes  No
20. Is there police protection?  Yes  No
21. Do you pick-up or deliver automobiles?  Yes  No
22. Do you rent or loan autos to you customers?  Yes  No
23. Do you repossess autos?  Yes  No Number of repossessions annually \_\_\_\_\_
24. Include coverage for wrongful repossession:  Yes  No (Subject to maximum limit of \$100,000)
25. Do you perform lock out service?  Yes  No
26. 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"/>	Auto Salvage	\$
<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"/>	Grocery /Variety Store	\$
<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. Youherewithin 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, youherewithin 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: \_\_\_\_\_

Quotes are only good for sixty (60) days from the date of quotation