

Trailer Dealer Application

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

	Name		“dba” (if applicable)
<input type="checkbox"/> Corporation	_____		
<input type="checkbox"/> Partnership	_____		
<input type="checkbox"/> Individual	_____		
<input type="checkbox"/> Other	_____		

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Type of Operation:

<input type="checkbox"/> Franchised Dealer	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Wholesale Dealer/Auto Broker
<input type="checkbox"/> Non-franchised Dealer	<input type="checkbox"/> Automobile Dismantling	<input type="checkbox"/> Other _____
<input type="checkbox"/> Equipment & Implement Dealer		

8. Please check those items below that are part of your dealer operation:

	% of Operation		% of Operation
<input type="checkbox"/> Private Passenger Autos	_____	<input type="checkbox"/> Motor Homes	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Buses	_____
<input type="checkbox"/> ATVs, Snowmobiles, Jet Skis	_____	<input type="checkbox"/> Contractor Equipment	_____
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Farm Equipment/Implement Dealer	_____
<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> Internet sales of trailers	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Internet sales of parts/accessories	_____
		<input type="checkbox"/> Other	_____

9. Person to Contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled the business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance? Yes No If yes, explain. _____

(c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? Yes No If yes, provide complete details _____

13. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you accept autos on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): _____ Dealer _____ Transporter
_____ Repairer _____ Other

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned autos? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

17. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. LIABILITY

	Each Accident	Aggregate (Garage operations only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability subject to	(Combined Single Limit)	(Maximum Aggregate Limit - 2 million)
\$100 deductible completed operations)		

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit: \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

Applicable to scheduled autos or plates attached to autos (UM/UIM coverage does not apply to trailers).

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)
(pick one of the following)

Legal Liability
 Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

18. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

V. DEALERS PHYSICAL DAMAGE *Non-Reporting Form Only, 80% coinsurance clause applies

- Specified Causes of Loss (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

AND

- Collision (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

Any loss payees? Yes No If yes, give name and address of loss payee: _____

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

- (a) Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer? Yes No
 (b) Do you desire coverage? Yes No

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
 UM Limit (policy level) \$ _____ Is intow desired? Which units? _____
 Medical Payments Limit (Must match the garage liability limit) Intow Limit:\$ _____
 Physical Damage Intow Deductible: \$ _____

(select type for each unit on which coverage is desired)

- Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

RATING INFORMATION

20. EMPLOYEE INFORMATION (Include Independent Contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

21. Is the operation in question 6 your primary operation? If not, explain. _____ 21. Yes No
22. (a) Do you sell tires? _____% of Receipts New Tires _____% Used Tires _____% 22. (a) Yes No
 (b) Do you recap or retread tires? (b) Yes No
23. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 23. Yes No
24. Do you hold a salvage dealer license or operate a salvage yard? 24. Yes No
25. Do you salvage cars for resale? 25. Yes No
26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation. 26. Yes No
27. Do you weld gas tanks? 27. Yes No
28. Do you repossess autos? 28. Yes No
29. Do you sell parts? 29. Yes No
- Gross Receipts from Parts Sold but not Installed: _____
 Used Parts _____% New Parts _____%
30. (a) Do you spray paint at your business location? 30. (a) Yes No
 (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
31. Do you loan autos to customers? 31. Yes No
32. Do you rent autos to customers while their units are left for service repair? 32. Yes No
33. Do you furnish autos to anyone? 33. Yes No
34. Do you sponsor any racing events? 34. Yes No
35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 35. Yes No
36. **PREMISES**
- Where are the units held for sale stored (in building, open lot, etc.)? _____
- If open lot, is lot floodlighted? 36. Yes No
- Are attendants or night watchmen employed? Yes No
- Is there an alarm system? If yes, what kind? _____ Yes No
- Is lot fenced? Yes No
- If yes, describe (e.g., chained, posts 4 feet apart). _____
- Are customers permitted in the service area? Yes No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- Do you have fire and smoke alarms? Yes No
- Do you have fire extinguishers? Yes No
- Are firearms kept on premises? Yes No
- Do you occupy all of the premises? Yes No
- Do you lease part of premises to others? If yes, to whom? _____ Yes No
- Is your operation located at your private residence? Yes No
- If yes, do you have homeowners or renters insurance? Yes No

**SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE
(Virginia)**

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

(Applicable item marked)

- Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.
- Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower** than the liability limits under the policy but higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)
\$ _____ Bodily Injury each person
\$ _____ Bodily Injury each accident
\$ _____ Property Damage each accident

(Enter limit if a single limit of liability applies)
\$ _____ Each accident

MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

Medical Expense Benefits - Choose one:

- Reject**
- Accept** If accepting, choose one: \$500 \$1000 \$2000 \$5000

Income Loss Benefits - Choose one:

- Reject**
- Accept**

I have indicated my choice above ("X" indicates my choice):

_____ Signature of Insured	_____ Signature of Insured
_____ Date	_____ Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

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.

Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address Phone No.