

Section I - General Information (These questions apply to both Dealer and Service Operations.)

- Policy Period Desired _____ Fax # _____
 Phone # _____
1. Insured Name _____
 (dba) _____
 2. Mailing Address _____
 3. Location #1 Address _____
 4. Location #2 Address _____
 Is there work done elsewhere? (i.e., Roadside?) _____ Customer's business location? _____
 5. Applicant's Business
 Dealer: Franchised Non Franchised (Retail Wholesale Auction Consignment)
 Service: General Service Trailer Sales
 Other: Please specifically describe _____
 6. Do salespeople accompany customers on demonstration rides? Yes No If "No", please explain. _____
 7. Do you modify, rebuild or perform conversions on vehicles? Yes No If "Yes", please explain. _____
 8. Do you perform any frame straightening? Yes No If "Yes", please answer the following questions:
 - a. List Equipment: Year _____ Brand _____ Model _____
 - b. Bench Type Floor Model
 - c. Laser Measuring Device Optical Measuring Device
 - d. Do you buy salvage for reconstruction? Yes No
 - e. Do you repair vehicles with damage totaling more than 60% of the ACV of the vehicle? Yes No
 9. Do you install trailer hitches? Yes No If "Yes", what % is this of your operation? _____
 10. Do you perform any work on airbags (including any deactivating) or breathalizers? Yes No
 11. Do you perform any hydraulic work? Yes No If "Yes", please explain _____
 12. Do you repossess autos? Yes No If "Yes", please complete questionnaire AU 1110 (Repossessed Autos Supplement).
 13. Do you have a Valet Parking Service? Yes No If "Yes", please complete questionnaire AU 1128 (Valet Parking Questionnaire).

If you are a Dealer, please answer the following questions:

14. Do you drive or transport vehicles more than 100 miles from your garage location? Yes No If "Yes", estimate number of trips annually. _____
15. How do you transport or drive away vehicles?

Own Tow Truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Car Hauler Contracted by Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tow Bars or Dollies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tow Trucks Contracted by Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Own Car Haulers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Temporary or Contract Drivers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Number of Dealer Plates _____ Transporter Plates _____ Full Use or Personal Tags _____
 Other plates/tags used in your garage business (please describe) _____

The following questions apply to ALL applicants:

Section II - Security and Protection

17. Is your lot well lit? Yes No
18. Are signs posted to keep customers from the work area? Yes No
19. Are firearms kept on the premises? Yes No
20. Is your lot patrolled by a security guard? Yes No Is the guard armed? Yes No
21. Do you leave keys in vehicles? Yes No
22. Describe how keys are controlled _____
23. Describe how plates are stored/secured _____

Section III - Selection of Additional Coverages

24. **Hired Auto** Cost of Hire \$ _____ Total cost of hire last 3 years \$ _____
 Non Owned Auto Number of employees _____
25. **On Hook** (Coverage for vehicle in tow when insuring the Tow Truck)
 Limit per vehicle should match Garagekeepers per vehicle coverage (if that coverage is provided).

Unit Description	Limit of On Hook Coverage	Deductible

26. **Fire Legal**
 Limit of Liability \$50,000 \$100,000 \$200,000 \$300,000 \$400,000 \$500,000
27. **False Pretense**
 Limit of Insurance \$25,000 with \$50,000 aggregate \$50,000 with \$100,000 aggregate
 \$100,000 with \$100,000 aggregate
- a. Confirm weekly inventory control procedures in place. _____
 b. Confirm all test driving is accompanied by a salesman. _____
28. **Broadened Coverage**
 Limit of Insurance \$ _____
 Personal Injury and Advertising Injury \$ _____
 Fire Legal \$ _____
29. **Drive Other Car Coverage**
 Limit of Insurance \$ _____
- a. Are there any autos titled in your name? Yes No
 b. List individuals who are being provided this coverage.

	Name	Date of Birth	License Number	Relationship to Insured
1				
2				

30. **Building and Personal Property** (only available in some states). If selected, please complete and attach an Acord Property Application.

Section IV – Previous Insurance and Loss Experience

Has insurance ever been cancelled, declined or refused renewal? Yes No
 If "Yes", advise under which coverage this occurred and provide details. _____

Have there been any losses on any of the above coverages? Yes No
 If "Yes", advise under which coverage this occurred and provide details. _____

Section V - Signatures

 Applicant Signature

 Date

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 may be subject to civil or criminal penalties.