

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY** OR **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED INSURER.

APPLICANT INFORMATION

Policy Period Requested: From _____ To _____

Business Trade Name _____

Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Mailing Address _____ City _____

County _____ State _____ Zip Code _____ Phone _____

What is your **Website address**? http://www. _____

Inspection Contact Person and Phone # _____

Years this business entity has been **in operation***: _____ Years of Experience in this field*: _____

***If less than three (3) years in business or in business with no prior insurance coverage, explain in detail prior relevant experience and any Specialized Training or Certification:**

Description of Operations: _____

GENERAL UNDERWRITING INFORMATION

1. Total gross receipts for: Service/Repair: \$ _____ Dealers Sales: \$ _____

2. Please provide a breakdown of operations. ***Additional Questionnaire required if 10% or more)**

	Service/Repair	Sales
Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Antique/Classic Auto	%	%
Autonomous Vehicle	%	%
*Boats	%	%
*Commercial Vehicles (Heavy Trucks and Trailers, Bus, Equipment)	%	%
*Emergency Vehicles	%	%
*Golf Carts	%	%
*Mobility Vehicles	%	%
*Motorcycle and Off-Road Vehicles	%	%
Parking Lots/Structures/Carousels – Self Parking	%	
*RVs (Motorhomes and Camping Trailers)	%	%
*Salvage - Private Passenger Autos (SUVs, Pick-ups and Vans)	%	%
*Salvage - Other Vehicle Types (Applies to location(s): _____)	%	%
*Storage Facilities/Lots	%	
*Towing Operators	%	
Utility Trailers	%	%
*Valet Parking	%	
Other (describe):	%	%
Grand Total (Must Total 100%):		%

- 3. RATING EXPOSURE BASIS:** List ALL Owners, Employees, Drivers, Household Members & 1099 Contractors that are not required to carry their own insurance.

THIS SECTION MUST BE FULLY COMPLETED, INCLUDING PEOPLE WHO DO NOT DRIVE. Please use legend at bottom to determine Auto Use and Status.

Failure to report all persons throughout the policy term may result in coverage being denied or reduced.

Loc #	Name	Date of Birth	Driver License Number	State of License	CDL? Y/N	Auto Use*	Personal Auto Policy in Place? Y/N	Violations & Accidents Past Three (3) Years	Full or Part Time	Status**

Attach fully completed Additional Employee Schedule if additional space is needed

*** Auto Use:** **A = Covered auto furnished or available for regular personal use**
 B = Business Use only of covered autos
 C = Person to be excluded as a driver

**** Status:**

- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Active owners, partners or officers and their spouses 2. Inactive owners, partners or officers 3. Inactive Spouses 4. Salespersons, General Managers, Service Managers 5. Mechanic 6. Clerical | <ul style="list-style-type: none"> 7. Lot Person 8. Contract Driver or Occasional Driver 9. Inactive member of owner's, partner's or officer's household 10. Other: _____
(Must Describe) |
|--|---|

- a. Have all drivers had a valid U.S. driver's license for at least 2 years? ☐ Yes ☐ No

If "No", provide explanation below:

- b. Do you use contract or occasional drivers not listed above or in the Additional Employee Schedule? ☐ Yes ☐ No

If "Yes",

What is the Minimum Age? _____

How many unlisted contract or occasional drivers do you use annually? _____

4. DEALERS or SERVICE WITH SCHEDULED AUTOS:

- a. Have all members of your household been disclosed on this application? ☐ Yes ☐ No

- b. Have all drivers who may operate your vehicles on a regular or infrequent basis, such as children away from home or in college, been listed on this application? ☐ Yes ☐ No

If "No" to either, provide name(s) and age(s) and driving information below:

5. Locations where you conduct Garage Operations (with Zip Code) 100% Mobile? ☐

1)	Same as Mailing <input type="checkbox"/>	<input type="checkbox"/>
2)		<input type="checkbox"/>
3)		<input type="checkbox"/>
4)		<input type="checkbox"/>

6. Prior Carrier Information (**Must be completed unless New Venture**): New Venture: ☐ No Prior Insurance: ☐

	Policy Year	Premium
Current Carrier		\$
Prior Carrier		\$
Prior Carrier		\$

7. Loss History for three (3) Years (**Must be completed unless New Venture**):

☐ No Known Losses ☐ Losses Reported in last thirty-six (36) months (Attached loss runs or complete details below)

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	

8. In the past three (3) years, have you ever had insurance for this type of operation cancelled, declined or the policy renewal refused? (**Missouri Applicants - Do not answer this question**) ☐ Yes ☐ No

If "Yes", explain:

9. Do any owners of this business have an ownership interest in or operate any other businesses? ☐ Yes ☐ No

- a. Provide full legal business name(s): _____
- b. Entity Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____
- c. Provide full Physical Address(es): _____
- d. Describe the operations of the business(es): _____
- e. What is the relationship to the business we are being asked to insure? _____
- f. Do you share any employees between these businesses (not including owners)? ☐ Yes ☐ No
- g. Do you have Liability insurance elsewhere for your other business(es)? ☐ Yes ☐ No

10. Do you rent any space at this location to anyone? ☐ Yes ☐ No

If "Yes":

- a. Describe occupancy: _____
- b. Do renters carry their own insurance? ☐ Yes ☐ No

11. Are vehicles loaned to customers? ☐ Yes ☐ No

If "Yes":

- a. Is there a contract agreement for loaned vehicles? ☐ Yes ☐ No
- b. Do you get a copy of the driver's license? ☐ Yes ☐ No
- c. Do you verify that the customer has auto insurance? ☐ Yes ☐ No
- d. What is the minimum age? _____

12. Are firearms kept on the premises? ☐ Yes ☐ No

13. Do you conduct towing operations? ☐ Yes ☐ No

If "Yes", do you tow for hire? ☐ Yes ☐ No

14. Do you have any Transporter or Repairer Plates (**do NOT include Dealer plates**)? ☐ Yes ☐ No

If "yes",

- a. How many do you have? _____
- b. How are they used? _____
- c. Provide plate numbers: _____

15. Do you lease, rent or loan Dealer, Transporter, or any other type of plates? ☐ Yes ☐ No

16. Do you lease or rent vehicles? ☐ Yes ☐ No

a. If "Yes", are the leasing or rental operations covered elsewhere? ☐ Yes ☐ No

Provide carrier name, policy number and policy dates: _____

17. Related Operations – Incidental to Garage Operations – **COMPLETE IF YOU HAVE ANY OF THESE EXPOSURES**

Related Operations Class	Class Description	Rating Basis	
Auctions – Other Than Auto	Auction of items that are not autos	Payroll	\$
Auto Parts & Supplies	Uninstalled parts and accessory sales	Gross Receipts	\$
Car Wash – Self Service	Customers Drive Through or Spray Wash Bay	Gross Receipts	\$
Concessionaires	Food & Drink Snack Bars, typically Auctions	Gross Receipts	\$
Gas Sales – Self Service	Customers pump the gas	Annual # Gallons Sold	
Glass Shops	Building glass installation	Gross Receipts	\$
Grocery Stores	Mini-Mart in your garage location Is alcohol sold? Yes _____ No _____	Gross Receipts	\$
Lessor's Risk – Building or Premises <u>at insured location</u>	You are the Landlord Usage: Commercial _____ Residential _____	Area in Square Feet	
LPG Sales	Incidental Sales	Annual # Gallons Sold	
Machine Shops	For machining work done for other garages	Payroll	\$
Manufacturing / Assembly: Vehicle Assembly, Non-Operating Parts, Camper Bodies, Truck Beds, Trailers	Describe operations in detail:	Gross Receipts	\$
Metal Recycling	For recycling scrap or other metal – Not Auto	Gross Receipts	\$
Metal Works – Decorative	For welding other than autos (wrought iron, artistic or decorative, not structural)	Gross Receipts	\$
Mobility Ramp/Accessory Construction	Incidental construction of ramps & other building adaptability exposures	Gross Receipts	\$
Pod Storage or Storage Units	Storing other than autos for customers	Gross Receipts	\$
Pressure/Power Washing	Driveways, sidewalks, etc.	Payroll	\$
Sand Blasting, Powder Coating	Other than autos	Payroll	\$
Signs, Vinyl Wraps	Signs and vinyl wraps for commercial buildings, walls	Payroll	\$
Small Engine Repair	For non-auto equipment (generators, pressure washers, blowers, etc.)	Payroll	\$
Pressure/Power Washing	Incidental – driveways, sidewalks, etc.	Payroll	\$
Stores	Sale of clothing, equipment and supplies	Gross Receipts	\$
Upholstery	Incidental upholstery, other than auto	Gross Receipts	\$
Vacant Land	Owned by the Insured but not in use	# of Acres	
Welding - Offsite Repairs	Typically related to agriculture businesses	Gross Receipts	\$
Window Tinting	Incidental window tinting other than auto	Gross Receipts	\$

18. What is your lot security per location? **Must be completed unless 100% Mobile:**

Location #1: ☐ None ☐ Fence & Gate ☐ Post & Cable ☐ In Building ☐ Other (describe) _____

Location #2: ☐ None ☐ Fence & Gate ☐ Post & Cable ☐ In Building ☐ Other (describe) _____

Location #3: ☐ None ☐ Fence & Gate ☐ Post & Cable ☐ In Building ☐ Other (describe) _____

Location #4: ☐ None ☐ Fence & Gate ☐ Post & Cable ☐ In Building ☐ Other (describe) _____

19. Do you ever store or display autos, owned or non-owned, at a different location other than where you conduct Garage Operations? ☐ Yes ☐ No

If "Yes", provide details of where and how often:

--

20. How are keys secured? (check all that apply)

	During Business Hours	When Lot or Shop is Closed
Key Cabinet in Office	<input type="checkbox"/>	<input type="checkbox"/>
In / On Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Mounted Lockbox*	<input type="checkbox"/>	<input type="checkbox"/>
Taken Home	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

*If keys are stored in a vehicle mounted lockbox:
 Are the keys or devices removed from the vehicles and stored inside after hours? ☐ Yes ☐ No

21. Do you park customer’s vehicles on the street? ☐ Yes ☐ No

22. Racing Exposure (Must answer a., b. and c.)

a. Do you have an owned vehicle racing or exhibition exposure? ☐ Yes ☐ No
 If “yes” is the vehicle titled to the Named Insured? ☐ Yes ☐ No

b. Do you service any vehicles involved in racing or exhibition events? If “Yes”, _____% ☐ Yes ☐ No
 If “yes” provide details of work performed and location where work is performed

c. Do you sponsor any racing related activities? ☐ Yes ☐ No
 If “Yes”, provide details :

SALES QUESTIONS ☐ Not Applicable – No Dealer Operations

23. Do you have a dealer’s license? ☐ Yes ☐ No
 What state(s) are you licensed in? _____

24. Breakdown of vehicle sales: Retail _____% Broker _____% Wholesale _____% (Questionnaire Required)

25. Do you import or export vehicles? ☐ Yes ☐ No
 If “Yes”, describe: _____

If Exporting, are titles transferred before vehicles leave your premises? ☐ Yes ☐ No

26. Do you operate an auction? (If “Yes”, Auction Questionnaire required) ☐ Yes ☐ No

27. Is this a pawn shop with Auto Pawn operations? ☐ Yes ☐ No
 If “Yes”:

a. Do you always take possession of the vehicle? ☐ Yes ☐ No

b. Are Autos the only things pawned? ☐ Yes ☐ No

c. Are there any Title Pawn operations? ☐ Yes ☐ No

28. Provide the total number of plates issued (or applied for if new venture) with your dealer’s license:

Autos		Motorcycles	
Boats		Trailers	

29. Who drives or transports newly acquired vehicles to your lot? (check all that apply)

☐ Insured/Employees: ☐ Driven ☐ Transported by Trailer/Tow Apparatus

☐ Transporter Do you obtain certificates of insurance for Transporters? ☐ Yes ☐ No

☐ Contract Drivers:

30. Are newly acquired autos driven or transported over 300 road miles from point of purchase to your lot? (Over 50 miles if you are in KS, KY, NH, MD, ME or WV) ☐ Yes ☐ No
 If “Yes”

a. How many trips per year? _____

b. How far one-way for longest trip? _____ (road miles)

31. Do you deliver vehicles to customers after the sale is complete? ☐ Yes ☐ No
 If "Yes",
 a. How many trips per year? _____
 b. How far one-way for longest trip? _____ (road miles)
 c. Who drives the vehicles to the customer's destination?
☐ Insured/Employees ☐ Contract Drivers ☐ Transporter
32. How many vehicles do you sell per year? _____
 a. What percentage is sold "sight unseen", using only the internet (customer does not come to the lot)? _____ %
 Provide website address if over 15%: <http://www.> _____
 b. How many vehicles do you sell per year on consignment? _____ (Attach Consignment Agreement if any)
33. Do you sell salvage or total loss titled vehicles? ☐ Yes ☐ No
 a. If "Yes", do you repair salvage titled vehicles prior to sale? ☐ Yes ☐ No
 If "Yes, are repairs: ☐ Structural _____ % ☐ Mechanical _____ % ☐ Cosmetic _____ %
34. Are titles transferred promptly upon sale in compliance with state guidelines? ☐ Yes ☐ No
35. Do you offer Buy Here / Pay Here Options? ☐ Yes ☐ No
 a. If "Yes", do you transfer title to the buyer at the time of sale as lienholder? ☐ Yes ☐ No
36. Do you repossess the vehicles you sell yourself? ☐ Yes ☐ No
37. Do you always ride along on test drives? ☐ Yes ☐ No
38. Do you verify the customer has a current driver's license in hand prior to test drives? ☐ Yes ☐ No
39. Do you allow over-night or extended test drives? ☐ Yes ☐ No
40. Do you use any owned autos to driver for a Rideshare Program (ex. Uber, Lyft)? ☐ Yes ☐ No

SERVICE QUESTIONS ☐ Not Applicable – No Service/Repair of Non-Owned Vehicles

41. What percentage of your work is? Describe all with *

(N/A if 100% Service/Repair of Boats, Emergency Vehicles, Heavy Vehicles/Equipment, RVs or Vehicle Conversion)

Airbags (Safety)	%	Engine Overhaul	%	Suspension	%
Air Conditioning	%	Fiberglass (If Any, see #49)	%	Tires (See #53)	
Alignment	%	Frame Repair/Straightening:	%	New Tire Sales	%
Antique/Classic Restoration (Complete Questionnaire)	%	Lawn Mower Blades/Cutting Tools	%	Used Tire Sales	%
				Tire Service	%
Batteries	%	Lift Kits (If any, see #47)	%	Towing (Complete Questionnaire)	%
Booting Operations (Complete Questionnaire)	%	Muffler/Exhaust System	%	Trailer Hitches	%
Brakes	%	Oil & Lube	%	Transmission	%
Breathalyzers/Ignition Interlock	%	Paint & Body (not fiberglass) (If Any - see #48 & #49)	%	Tune Up	%
				Upholstery	%
Customization/Fabrication *	%	Performance Enhancement (If any, see #50)	%	Vehicle Wraps	%
Car Wash / Detail	%	Radiator	%	Welding *	%
Diagnostics	%	Roadside Assistance	%	Window Tinting	%
Driver Assist Technology (If any, see #46)	%	Self-Park Parking (If any, see #51) (Lots, Structures, Carousels)	%	Windshields	%
				Other *	%
Electrical	%	Sound / Alarm System	%	Grand Total (Must Total 100%)	%

***Describe:**

42. Do you outsource or subcontract any work? ☐ Yes ☐ No
 If "Yes", are certificates of insurance are obtained? ☐ Yes ☐ No
 Provide details of subcontracted work: _____

43. Are signs posted to keep customers out of the work area? ☐ Yes ☐ No

44. Do you sell gasoline? ☐ Yes ☐ No
 If "Yes",
 a. Is it: ☐ Self-Service ☐ Full Service
 b. How many gallons do you sell annually? _____

45. Do you sell Liquefied Petroleum Gas (LPG)? ☐ Yes ☐ No
 If "Yes", Is it: ☐ Pre-filled cannisters ☐ Filling customers' tanks
 If Filling Tanks: a. Is the storage tank protected by collision barriers? ☐ Yes ☐ No
 b. Are "No Smoking" signs posted? ☐ Yes ☐ No
 c. Do only qualified operators fill customer's tanks? ☐ Yes ☐ No
 d. How many feet separate storage tank from adjacent buildings & vehicles? _____

46. If you install, service or repair Advanced Driver Assistance Systems, do these systems:
 a. Allow the car to self-drive but require intervention in severe conditions? ☐ Yes ☐ No
 b. Perform all driving tasks under all conditions, with no human attention or interaction required? ☐ Yes ☐ No

47. If you install Lift Kits, do you lift over 6"? ☐ Yes ☐ No
 a. What percentage is: Body Lifts _____% Suspension Lifts _____%
 b. What is your training and experience? _____

48. If you paint, do you have a spray paint booth/separate room? ☐ Yes ☐ No
 If "Yes", is booth/room well ventilated? ☐ Yes ☐ No

49. Are all flammable materials kept in a fire-proof metal cabinet when not in use? ☐ Yes ☐ No

50. If any Performance Enhancement, are vehicles street legal when your work is completed? ☐ Yes ☐ No
 Describe work performed: _____

51. If Parking lot, structure or carousel, do you provide charging stations to your customers? ☐ Yes ☐ No
 If "Yes", at which location(s)? _____

52. Do you drive customers' vehicles for the purpose of pick up and/or delivery? ☐ Yes ☐ No
 If "Yes",
 a. How many times per week? _____
 b. How far from your shop? _____ miles

53. TIRES: If you sell, install or service Tires (other than Roadside Assistance) complete the following section:

a. Do you sell, install or service racing tires? ☐ Yes ☐ No
 b. Do you sell, install or service Recap / Retread Tires? ☐ Yes ☐ No
 c. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes? ☐ Yes ☐ No
TIRE SALES ☐ I do not sell any Tires

d. Do you sell new tires manufactured more than three (3) years ago? ☐ Yes ☐ No
 e. When selling less than a full set of tires, are the newest always installed on the rear axle? ☐ Yes ☐ No
 f. Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
 g. If you sell used tires, what method do you use to mark them? _____

TIRE SERVICE ☐ I do not service any Tires

h. Work Performed (check all that apply): ☐ Fixing Flats ☐ Tire Rotation ☐ Tire Siping ☐ Comp Cutting
☐ Other (describe): _____

COVERAGES REQUESTED - MUST BE FULLY COMPLETED

☐ **Liability Limit:** \$ _____ each accident, \$ _____ aggregate

☐ Liability Deductible: ☐ \$500 ☐ \$1,000 ☐ \$2,500

☐ Broadened Coverage – Garage

☐ Errors and Omissions for Auto Dealers - select limit: ☐ \$25,000 ☐ \$100,000 ☐ \$200,000 ☐ \$300,000

☐ **Medical Payments Limit:** \$ _____ ☐ Premises Only ☐ Premises and Auto

For Dealers and Scheduled Autos; Also Service risks but only where required by state law:

☐ Uninsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

☐ Underinsured Motorist \$ _____ (signed state form selecting or rejecting coverage is required)

☐ Personal Injury Protection (signed state form selecting or rejecting coverage is required)

☐ **GARAGEKEEPERS COVERAGE (Non-Owned Autos)**

If this coverage is chosen, please complete the following chart:

Location #	Average # on Lot	Average Value per Vehicle	Maximum # on Lot	Maximum Value per Vehicle	Maximum Value – How many vehicles a month?	Total Lot Limit
1		\$		\$		\$
2		\$		\$		\$
3		\$		\$		\$
4		\$		\$		\$

Per Vehicle Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: \$ _____

Aggregate Deductible ☐ 5X ☐ 10X ☐ 20X ☐ No Aggregate

Garagekeepers (coverages selected by location):

Location #	Choose One for each location if coverage desired:		Check if coverage desired:		Coverage	
	Specified Causes of Loss	Comprehensive	Collision		(Choose One)	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Legal Liability <input type="checkbox"/> Primary	

Garagekeepers Wind/Hail/Flood and Earthquake Deductible Options (applies to **Comprehensive Primary** only):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:			Earthquake Per Vehicle Deductible (*see below)
	Wind, Hail & Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail & Flood	Wind/Hail only	Flood Only	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

***Earthquake Restriction** applies to Comprehensive Primary only with in-building storage

Garagekeepers Theft/Vandalism/Mischief Deductible Options (applies to SCOL & Comprehensive Primary only):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For On-Hook Coverage, see Auto Physical Damage Section below

☐ **DEALERS PHYSICAL DAMAGE COVERAGE**

If this coverage is chosen, please complete the following chart:

Location #	Average # on Lot	Average Value per Vehicle	Maximum # on Lot	Maximum Value per Vehicle	Maximum Value – How many vehicles a month?	Total Lot Limit
1		\$		\$		\$
2		\$		\$		\$
3		\$		\$		\$
4		\$		\$		\$

SCOL/Comprehensive Per Vehicle Deductible: ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000

Aggregate Deductible ☐ 5X ☐ 10X ☐ 20X ☐ No Aggregate

Collision Per Vehicle Deductible (applies to all locations):

☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other: \$ _____

Dealers Physical Damage Coverages - Selected by location:

Location #	Choose One for each location if coverage desired:		Check if coverage desired:
	Specified Causes of Loss	Comprehensive	Collision
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dealers Physical Damage Wind/Hail/Flood and Earthquake Deductible Options (for SCOL and Comprehensive):

Location #	Wind/Hail/Flood Exclusion applies to:			Wind/Hail/Flood Deductible		Wind/Hail/Flood Deductible applies to:			Earthquake Per Vehicle Deductible (*see below)
	Wind, Hail & Flood	Wind/Hail only	Flood Only	Per vehicle:	Aggregate:	Wind, Hail & Flood	Wind/Hail only	Flood Only	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

*Earthquake Restriction applies only with in-building storage

Dealers Physical Damage Theft/Vandalism/Mischief Deductible Options (Applies to SCOL & Comprehensive):

Location #	Theft/VM Exclusion applies to:			Theft/VM Deductible		Theft/VM Deductible applies to:		
	Theft Only	Theft/VM	VM Only	Per vehicle:	Aggregate:	Theft Only	Theft/VM	VM Only
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicles: ☐ New ☐ Used

Interests Covered: ☐ Owner ☐ Owner & Creditor ☐ Consignment

Loss Payee: _____

OPTIONAL COVERAGES

☐ Additional Insured Name & Relationship: _____
Address: _____

☐ Fire Legal Liability: ☐ \$100,000 ☐ \$ _____

☐ Hired Auto – Cost of Hire: \$ _____ ☐ If Any

☐ Broad Form Products Liability

☐ Cyber Suite (Cyber Liability, Data Compromise, Identity Theft Recovery) ☐ Cyber Liability SERP

☐ Drive Other Car Coverage: Number of individuals other than spouse: _____

☐ False Pretense: ☐ \$25,000 ☐ \$50,000 ☐ \$100,000

☐ Commercial Property Coverage Part (attach Garage Property Questionnaire/accord 140)

☐ Stop Gap – Employers Liability Coverage (ND, OH, WA and WY only)

☐ Waiver of Subrogation

☐ Watercraft Liability

SPECIFICALLY DESCRIBED AUTOS

Use ACORD 127 for additional vehicles

If coverage is desired, the following must be fully completed:

Are all the scheduled units registered and titled in the business name?

☐ Yes ☐ No

If "No", explain:

Are any units listed below operated using a Dealer or Transporter Plate?

☐ Yes ☐ No

If "Yes", explain:

****Vehicle Usage (enter any that apply):**

1) Parts Delivery 2) Roadside Assistance/Mobile Service 3) Towing (Not For Hire) 4) Loaner Vehicle

5) Shuttle – if any, provide maximum passenger capacity: _____

6) Other (describe any additional uses): _____

Auto#	Year	Make/Model	VIN	Radius	GVW	Primary Driver	Vehicle Usage **	(Must = 100%)	
								Business	Personal
1								%	%
2								%	%
3								%	%
4								%	%
5								%	%

Auto Physical Damage Section:

Auto #	Stated Amount	Comp or SCOL	COMP/SCOL Deductible	Collision	Collision Deductible	On-Hook	On-Hook Limit	Comp or SCOL (collision included)	On-Hook Deductible
1	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
2	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
3	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
4	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
5	\$	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="checkbox"/> Check to include Bailees	<input type="checkbox"/> SCOL <input type="checkbox"/> Comp	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

Optional Scheduled Auto Coverages:

☐ Additional Interest for autos only:

Vehicle #	Names/Address:	Interest
1		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
2		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor
3		<input type="checkbox"/> Loss Payee <input type="checkbox"/> Lessor

FRAUD STATEMENT**(Not applicable in the states mentioned below where a specific warning applies.)**

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 committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

Alabama

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.

Arkansas, Louisiana, Rhode Island, West Virginia

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.

California

For your protection California law requires the following 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.

Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida

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.

Kansas

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Kentucky

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.

Maine

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 denial of insurance benefits.

Maryland

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.

New Mexico

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.

Ohio

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.

Oklahoma

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.

Pennsylvania

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.

Pennsylvania (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.

Tennessee, Virginia, Washington

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.

Vermont

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.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New York (Auto)

Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

SIGNATURES

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).

I have reviewed the contents of this application and with my signature, I declare to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

APPLICANT/NAMED INSURED

APPLICANT/NAMED INSURED SIGNATURE

DATE

Agent/Broker:

Are you personally familiar with this Applicant's operations?

☐ Yes ☐ No

Did your office control this risk in the past year?

☐ Yes ☐ No

AGENT'S OR BROKER'S NAME AND ADDRESS

TELEPHONE NUMBER

LICENSE NO.

AGENT'S OR BROKER'S SIGNATURE

DATE