



PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Buses	%	%
Contractors Equipment <i>**include complete list of equipment**</i>	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 26,000 GVW) <i>**supplement required**</i>	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i>	%	%
Mobile Homes	%	%
Recreational Vehicles and Campers <i>**supplement required**</i>	%	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
<b>TOTAL</b>	100%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Gasoline Station - Self Service	%
Auto Dismantling	%	Impound Yards	
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages (self park)	%
Auto Parts (uninstalled) <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

VEHICLE STORAGE & VALUES	
Owned Autos	Non-Owned Autos
How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot	How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot
Maximum value any one Auto? _____ Maximum number of Autos? _____	Maximum value any one Auto? _____ Maximum number of Autos? _____
<small>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot Any other type of protection or fencing. Unprotected Lots: All Other</small>	

**EMPLOYEE AND NON-EMPLOYEE INFORMATION**

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- |                                       |  |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer   | 7. Spouse of Owner, Partner or Officer             |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer           |
| 3. Salesperson                        | 9. Spouse of any other person furnished an auto    |
| 4. Lot Person                         | 10. Children of any other person furnished an auto |
| 5. Mechanic                           | 11. Occasional or Contract Driver                  |
| 6. Clerical                           | 12. Other _____                                    |

HOURS WORKED:  
 F = Full Time (Over 20 hours per week)  
 P = Part Time (20 or less hours per week)  
 N = Non-Employee

AUTO USE:  
 A = Furnished a covered auto for personal use  
 B = Uses a covered auto strictly for business use  
 C = Does not drive a covered auto

**THREE-YEAR PRIOR CARRIER AND LOSS HISTORY**

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_

If there is no prior insurance, check the box.

Date of loss	Amount paid/reserve	Description of loss including driver

If there are no prior losses, check the box.

<b>COVERAGES &amp; LIMITS</b>			
Garage Liability	Limit of Liability		Deductible
	Auto _____	Each Accident	_____ BI
	Other Than Auto _____	Each Accident	_____ PD
	Other Than Auto _____	Aggregate Limit	
Dealers Open Lot	Limit of Coverage		Deductible
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified	_____ Limit Per Location	_____ Other Than Collision	
<input type="checkbox"/> Collision	_____ Limit Per Auto	_____ Collision	
<input type="checkbox"/> False Pretense			
Garagekeepers	Limit of Coverage		Deductible
<input type="checkbox"/> Legal Liability	_____ Limit Per Location	_____ Other Than Collision	
<input type="checkbox"/> Direct Excess	_____ Limit Per Auto	_____ Collision	
<input type="checkbox"/> Direct Primary			
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified	In-Tow Coverage <input type="checkbox"/> For-Hire <input type="checkbox"/> Not-For-Hire		
<input type="checkbox"/> Collision	_____ Limit Per Tow Truck	_____ # of Tow Trucks	
Medical Payments	_____ Auto _____ Garage Operations		
<input type="checkbox"/> Broadened Coverage <i>(includes Personal Injury &amp; \$50,000 Fire Legal)</i>	<input type="checkbox"/> Hired Auto		<input type="checkbox"/> Broad Form Products
<input type="checkbox"/> Fire Legal Liability Limit _____			
<input type="checkbox"/> Personal Injury Liability			
<input type="checkbox"/> Additional Insured	Name _____		
<input type="checkbox"/> Waiver of Subrogation	Address _____		
	Insurable Interest _____		
Uninsured Motorists Coverage	_____ Each Accident	Number of Dealer Tags: _____	
Underinsured Motorists Coverage	_____ Each Accident		
Personal Injury Protection	_____ Per Statute		
Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles			
Dealer's Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O			
<input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O			
<input type="checkbox"/> Scheduled Auto Liability or Physical Damage: <b><i>Complete the Scheduled Auto Supplement</i></b>			

**ADDITIONAL INFORMATION**

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NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

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Witness
Date
Applicant's Signature

