

Used Auto Dealer Application

Commonwealth Underwriters, Ltd.
 P.O. Box 5441
 Richmond, VA 23220
 (800) 396-6226 FAX: (804) 213-0429

Policy Term From: _____ To _____

GENERAL INFORMATION

1. Applicant's Name (you) _____
2. Business Address _____
(number) (street) (city) (county) (state) (zip)
3. Mailing address (if different than business address) _____
4. You are: Individual Partnership Corporation
5. You are: Owner Tenant Does owner need to be named as additional insured? Yes No
 If yes, owner's name _____
6. Insurance is desired from _____ 20 _____ to _____ 20 _____
7. Type of Operation:
 Franchised Dealer Storage Garage or Parking Service Station
 Non-franchised Dealer Repair Shop Wholesale Dealer/Auto Broker
 Equipment & Implement Dealer Automobile Dismantling Other _____
8. Are operations indicated in question 7 your primary business? Yes No If no, what is your primary business?
 Describe _____
9. Person to Contact:
 For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____
10. Current management has controlled the business since _____ (yr.) and has been in this type of business since _____ (yr.)
11. Is this a new venture? Yes No
12. (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? _____ Estimate for coming year? _____
13. (a) Have you ever filed for reorganization or bankruptcy? Yes No
 If yes, show date (month and year) and explain _____
- (b) Have you been released from reorganization or bankruptcy? Yes No Date released _____

14. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused to renew? 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 _____

15. **Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits requested)**
- | <u>LIABILITY</u> | Each Accident | Aggregate
(Garage Operations only) |
|--|---|---------------------------------------|
| <input type="checkbox"/> *Bodily Injury & Property Damage Liability CSL
<small>(Property Damage Liability – subject to \$100 deductible completed operations)</small> | \$ _____ | \$ _____ |
| <input type="checkbox"/> *Limited Liability for Customers | <input type="checkbox"/> *Unlimited Liability for Customers | <small>(Designate choice)</small> |

UNINSURED/UNDERINSURED MOTORISTS

- | | | | | |
|---|-------------|--------------|----------|---------------|
| <input type="checkbox"/> Uninsured Motorists | \$ _____ | Each person | \$ _____ | Each accident |
| | or \$ _____ | Single Limit | | |
| <input type="checkbox"/> Underinsured Motorists | \$ _____ | Each person | \$ _____ | Each accident |
| | or \$ _____ | Single Limit | | |

MEDICAL PAYMENTS

G Automobile & Premises Medical Payments Limit \$ _____

GARAGEKEEPERS COVERAGE G Legal Liability G Direct Excess G Direct Primary

Maximum Limit of any one covered automobile – \$ _____

G Specified Causes of Loss ALL COVERAGES (indicate deductible desired)

G Collision G \$500 Deductible G \$1,000 Deductible
 G \$ _____ other deductible per auto

G In-Tow (Damage to autos while being towed) Limit per vehicle \$ _____ Deductible: _____

List All Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				G All G Part of Premises
No. 2				G All G Part of Premises

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

G Specified Causes of Loss (indicate deductible desired) G Collision (indicate deductible desired)
 G \$500 Deductible G \$500 Deductible
 G \$1,000 Deductible G \$1,000 Deductible
 G Other _____ G Other _____

False Pretense Coverage requested? G Yes G No Limit
 G 25,000
 G 50,000
 G 100,000

List All Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

16. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

Definitions	<u>Number</u>
(A) Proprietors, Partners, Executives active in the business	_____
(B) Sales Persons	_____
(C) General Managers	_____
(D) Service Managers	_____
(E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles	_____
(F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveaway	_____
(G) All other employees	_____

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

***Insert letter from definitions shown above in Duties or Title column.**

Name	*Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

**Part Time = less than 20 hours per week

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished. _____
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. _____
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles. _____
- (4) Any other persons furnished an auto. _____

Name	Date of Birth	If member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

17. Are employed drivers covered by Workers' Compensation Insurance? G Yes G No

UNDERWRITING INFORMATION

18. Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer? 18. G Yes G No
 Do you desire coverage? G Yes G No
 G Liability G Med Pay G UM Physical Damage G Limit _____ Deductible _____

19. (No coverage afforded unless units are described and specifically charged for.)

Year	Make & Model	Gross Vehicle Weight	ID Number	Use	Radius	Coverage Desired
1.						
2.						

20. Do you deal in any of the following?

Private Passenger Autos	G Yes	G No	_____ %	Motor Homes	G Yes	G No	_____ %
Mobile Homes	G Yes	G No	_____ %	Buses	G Yes	G No	_____ %
Motorcycles	G Yes	G No	_____ %	Foreign Sports Cars	G Yes	G No	_____ %
ATVs, Snowmobiles, Jet Skis	G Yes	G No	_____ %	Antique Auto	G Yes	G No	_____ %
Trucks over 10,000 gvw	G Yes	G No	_____ %	Contractor Equipment	G Yes	G No	_____ %
Tractors	G Yes	G No	_____ %	Farm Equipment or			
Trailers	G Yes	G No	_____ %	Implement Dealer	G Yes	G No	_____ %
				Other _____	G Yes	G No	_____ %

21. Where do you obtain autos held for sale? _____

22. How are they delivered? (i.e. by train, drive-away, tow truck, auto transporter, etc.) _____

23. If by drive-away, estimated total number of trips annually: _____

Explain in detail who the drivers are: G Full-time employees G Part-time employees G Contractors
 Name(s) of individuals _____

MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY: 0-150 miles _____ Over 150 miles _____

24. Do you loan autos to customers? 24. G Yes G No

25. Do you rent autos to customers while their autos are left for service or repair? 25. G Yes G No

26. (a) Are customers permitted to test drive autos? 26. G Yes G No

(b) Are customers accompanied by a salesperson? G Yes G No

27. Number (sets) of Plates held by you:

Dealer _____ Repair _____ Transporter _____ Other _____

28. Are autos held for sale stored in open lots or in buildings? _____

(a) If open lot, is lot completely floodlighted? 28. G Yes G No

Are attendants or night watchmen employed? G Yes G No

Is there Security Patrol or Local Law Enforcement patrol? G Yes G No

Is lot fenced, chained or posts 4' apart? G Yes G No

(Describe in detail) _____

(b) If in building:

Is there burglary protection? (Explain) _____ G Yes G No

Is there a sprinkler system? (Explain) _____ G Yes G No

