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.	Арр	licant's Name (y	ou)											
2.	Bus	iness Address												
_			(numb	, ,	street)	(city)	((county)	(state)	(zip)				
					address)									
		are: G Individu			•									
5.	You	are: G Owner	G	Tenant					d? G Yes G No					
					If yes, owner's	name								
			from			20	to			20				
7.	Type of Operation:													
	G Franchised Dealer				G Storage Gar	G Service Station								
		3 Non-franchised				G Wholesale Dealer/Auto Broker								
-	G Equipment & Implement Dealer								<u> </u>					
8. Are operations indicated in question)	If no, what is	your primary busines	is?				
•														
9.		son to Contact:		.										
	⊢or	Inspection (Nam	e & Phor	ne Number)										
4.0	For	Accounting Reco	ords (Nar	ne & Phone N	lumber)	()								
					siness since	(yr.) an	id nas b	een in this ty	pe of business since	(yr.)				
		is a new venture												
12.	(a)	List major owne	rs/snarer	iolders, manag	-	with Commonweak			0/ of Oursersh	:				
		Name			rears	with Company			% of Ownersh	ιp				
	(h)	What is estimate	ad not we	orth of the bus	iness?									
	(0)	Gross receipts I	ast vear?			Estin	nate for	coming year	2					
13	(c) Gross receipts last year? Estimate for coming year?													
13. (a) Have you ever filed for reorganization or bankruptcy? G Yes G No														
	If yes, show date (month and year) and explain													
	(b)	Have vou been	released	from reorgani	zation or bankrup	otcv? G Yes	G No	Date	released					
14.					ANY LOSS EXF									
	. ,	Year	Carrier		Policy Number	Loss Date	Am	nount Paid	Description	of Loss				
							-							
							_							
	(b)	During the past	three (3)	years has any	/ insurer cancelle	d or refused to r	enew?	G Yes	G No					
	If yes, explain													
	(c)	Are you aware o					s which	could give ris	se to a claim under th	e insurance				
		sought in this ap	oplication	? GYes	G No If yes, j	provide complete	e details							
15.	Lim	its of Liability a	Ind Cove	rage(s) Requ	ested – (Check d	lesired coverage	and inse	ert limits requ	ested) Agg	regate				
	LIA	BILITY					Each	Accident	(Garage Operations only)					
	G	*Bodily Injury &	Property	Damage Liah	ility CSI	\$			\$					
	U				uctible completed ope									
		G *Limited Liak					ty for Customers (Designate choice)							
	UNINSURED/UNDERINSURED MOTORISTS													
				*		Each per	son	¢	F	ach acaidant				
	G Uninsured Motorists \$						E	Each accident						
	G	Underinsured M	Or Intorists					\$	E	Each accident				
	U		or				mit	Ψ	E					
2133		(11/2003)	U	Ψ					Used Auto Dealer App	lication Page 1 of 4				
		·······				_			· · · · · · · · · · · · · · · ·					

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GARAGEKEEPERS COVE					G Direct Prima	ry	
Maximum Limit of any one of G Specified Causes of Lo	ss <u>ALL COVER</u>	9	ate dedu	uctible desired)	-		
G Collision	G \$500 G \$) Deductible	e other	G \$1,000 Deduc deductible per auto	tible		
G In-Tow (Damage to aut	os while being tow	ed) Limit pe	r vehicle	\$	Deduct	tible:	
List All Locations To Be Cov	vered –			Garage	keepers		
		Garagek Lim		Average/Maximum Value Per Auto	Average/Maximu Number of Auto		Applicant Occupies
No. 1						G A	II G Part of Premises
No. 2						GA	All G Part of Premises
				<u> </u>	1		
	G \$	500 Deduct 1,000 Dedu)ther	ctible		G		Deductible
False Pretense Covera	ge requested? G	Yes GNo	G G	n <u>it</u> 25,000 50,000 100,000			
	-	Yes GNo	G G	25,000 50,000			
False Pretense Covera	-	Yes G No	G G G Dealer	25,000 50,000	Average/Ma Value Per		Average/Maximum Number of Autos
List All Locations To Be Cov	-	Yes G No	G G Dealer Per Lo Dealer	25,000 50,000 100,000 rs Physical Damage Limit	Value Per	Auto	
List All Locations To Be Cov No. 1 No. 2 PROVIDE TOTAL NUMBER Definitions (A) Proprietors, Partners, E (B) Sales Persons (C) General Managers (D) Service Managers (E) Other employees whos (F) Other employees or op	vered – R OF EMPLOYEES Executives active in e principal duty is d	S IN EACH (the busines driving garage	G G G Dealer Per Lo Dealer Per Lo OF THE ss	25,000 50,000 100,000 rs Physical Damage Limit ocation: \$ FOLLOWING CATE	Value Per Average/Ma Value Per EGORIES:	Auto Iximum Auto	Number of Autos Average/Maximum
List All Locations To Be Cov No. 1 No. 2 PROVIDE TOTAL NUMBER Definitions (A) Proprietors, Partners, E (B) Sales Persons (C) General Managers (D) Service Managers (E) Other employees whos	vered – R OF EMPLOYEES Executives active in e principal duty is o erators whose duty <u>S BELOW:</u> vers to be covered inc	S IN EACH (the busines driving garag	G G G Dealer Per Lo Dealer Per Lo OF THE ss ge vehicl arage ve members	25,000 50,000 100,000 rs Physical Damage Limit ocation: \$ FOLLOWING CATE POLLOWING CATE es or who are furnis chicles for delivery of s not residents of the h	Value Per Average/Ma Value Per EGORIES:	Auto Iximum Auto	Number of Autos Average/Maximum Number of Autos Number

3.

4.

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 <u>14 years of age</u> 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 o Do you desire cov		Automobile	Transpor	ter, tow tr	ruck, tank tr	uck or tank t	trailer?		18.	G Yes G Yes	G No G No
	•	Med Pay	G UM	Phy	sical Dam	nage G Lim	it	Deductible				
19.	(No coverage affo	orded unles	s units are							_		
	Year	Make & M	lodel	Gross Vel Weigh		ID Num	ber	Use	Radius	Co	verage Des	red
	1.											
	2.											
20.	Do you deal in an	y of the foll	owing?									
	Private Passenge	er Autos	G Yes	G No		%	Motor H	lomes	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, Snowmobi	les, Jet Ski	s GYes	G No		%	Antique	Auto	G Yes	G No		%
	Trucks over 10,00	00 gvw	G Yes	G No		%	Contrac	tor Equipment	G Yes			
	Tractors		G Yes	G No		%		quipment or				
	Trailers		G Yes	G No		%	Implem	ent Dealer	G Yes	G No		%
										G No		%
21.	Where do you ob	tain autos h	held for sale	?								
	How are they deli											
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									tractors		
	Name(s) of individ											
	MAXIMUM MILE	AGE PER D	DRIVE-AW	AY OR DE	LIVERY:	0-150 miles	S		Over 150	miles		
	Do you loan auto										G Yes	G No
25.	Do you rent autos	s to custom	ers while th	eir autos	are left fo	r service or	repair?			25.	G Yes	G No
26.	(a) Are custome	rs permitted	d to test dri	ve autos?						26.	G Yes	G No
	(b) Are custome	rs accompa	anied by a s	salesperso	on?						G Yes	G No
27.	Number (sets) of											
	Dealer	Repair	TI	ansporter		Other						
28.	Are autos held for	r sale store	d in open lo	ots or in bu	uildings?							
	(a) If open lot, is									28.	G Yes	G No
	Are attendan	its or night v	watchmen	employed	?						G Yes	G No
	Is there Secu				ment pati	rol?					G Yes	G No
	Is lot fenced,	chained or	r posts 4' a	oart?							G Yes	G No
	(Describe in											
	(b) If in building:											
											G Yes	G No
	Is there a sp	rinkler syste	em? (Expla	in)							G Yes	G No

Number

 32. Are automobiles consigned? If yes, enclose copy of agreement% 33. Do you conduct any other business than stated in Items 7 or 8 from any location? 33. If yes, explain 34. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? 34. 34 	1. G Yes 2. G Yes 3. G Yes 4. G Yes 5. G Yes 6. G Yes	G No G No G No G No G No
31. Are vehicles encumbered? If yes, indicate mortgagee	 32. G Yes 33. G Yes 34. G Yes 35. G Yes 36. G Yes 36. G Yes 	G No G No G No G No
 32. Are automobiles consigned? If yes, enclose copy of agreement% 32. Do you conduct any other business than stated in Items 7 or 8 from any location?33. If yes, explain34. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure?34 	 32. G Yes 33. G Yes 34. G Yes 35. G Yes 36. G Yes 36. G Yes 	G No G No G No G No
 33. Do you conduct any other business than stated in Items 7 or 8 from any location? 33. If yes, explain	3. G Yes 4. G Yes 5. G Yes 6. G Yes	G No G No G No
If yes, explain	94. G Yes 95. G Yes 96. G Yes	G No G No
34. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure?	85. G Yes 86. G Yes	G No
held under pressure? 34	85. G Yes 86. G Yes	G No
	85. G Yes 86. G Yes	G No
35 Do you have a repair shon? If yes %	6. G Yes	
55. Do you have a repair shop ? If yes, // 50		C N-
36. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % 36		G No
37. (a) Do you spray paint on premises? 37	87. G Yes	G No
(b) Do you use booth meeting governmental standards?	G Yes	G No
38. Describe neighborhood: G Commercial G Residential G Mercantile G Mercantile & Residential		
39. Answer the following only if Garagekeepers' Liability is requested:		
(a) Do customers park their own cars? 39	89. G Yes	G No
(b) Are customers cars stored in: G Buildings G Open Lots		
(c) If stored in buildings: Age of building Number of floors		
Type of construction Number of exits		
Are ignition keys left in cars that are stored?	G Yes	G No
If no, where are keys kept?		
(d) If stored in open lot:		
Is lot lighted?	G Yes	G No
Is lot enclosed?	G Yes	G No
Type of enclosures (explain)	0163	
Is attendant on duty at all times?	G Yes	G No
Are cars locked when stored after hours?	G Yes	G No

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).

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
Will premium be financed? G Yes G No I	f yes, with whom?	
	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	a had the account?
How long have you known applicant?		
REQUEST TO COMPANY GENERAL AGENT:		
G Please quote G Please bind at earliest p	possible date and issue policy	
G Please issue policy effective	Bound by General Agent)	Coverage was bound by
Applicant's Representati	ve's Name and Address	Phone No.