

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD/REPAIRED					
	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis	%	%	Kit Cars or Other Auto Manufacturing	%	%
Busses*	%	%	Mobile Homes (non-motorized)	%	%
Bucket Trucks / Cranes / Scissor Lift*	%	%	Motorcycles*	%	%
Contractors Equipment*	%	%	ATVs, UTVs, Scooters, Snowmobiles	%	%
Emergency Vehicles*	%	%	Private Passenger, Light & Medium Truck	%	%
Farm Equipment*	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation*	%	%	Semi Trailers*	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW)*	%	%	OTHER (Provide complete description):		
Jet Skis	%	%		%	%

*Supplemental application required

UNDERWRITING INFORMATION

Do you:

- | | | | | | |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Engage in any other operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dismantle autos or have salvage operations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Engage in fuel conversion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Own or operate a car crusher? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Engage in performance enhancements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stack salvaged autos more than 2 high? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Offer Towing / Repossession for hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Work at airport, seaport or railroad premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loan, Lease or Rent autos to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Engage in Breathalyzer / Ignition interlock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manufacture/ Fabricate any auto parts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Engage in auto pawning or auto title loans? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Structurally alter or convert vehicles from their original factory design? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

EXPLAIN ALL YES REPOSSES: _____

Do you:

- | | | |
|---|------------------------------|-----------------------------|
| Accompany customers in the work area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Secure all keys in a lock box? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Obtain certificates of insurance from all sub-contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all paints and solvents stored in a fire resistive cabinet outside the paint booth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all spray painting operations confined to an UL approved booth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PRIOR INSURANCE COMPANY AND LOSS HISTORY

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

- If there is No Prior Insurance, check the box.
- If there are No Prior Losses, check the box.

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years? Yes No
 (Missouri Applicants - Do not answer this question)

If yes, explain: _____

Dealers proceed to page 3, Non-Dealers proceed to page 4.

DEALER OPERATIONS

Retail % Internet % Consigned % (Provide copy of consignment agreement.)
 Wholesale % Auction %

Non-Franchised dealership New Auto/ Franchised Dealership

Do you obtain Drivers License and Proof of Insurance before all test drives? Yes No
 Are all test drives accompanied by a salesperson? Yes No
 Do you allow extended or overnight test drives? Yes No
 At the time of sale, do you confirm the purchaser has Auto Liability insurance? Yes No
 Do you offer: In-house financing or Buy Here / Pay Here? Yes No

If yes, titles are transferred to customer: At the beginning of the finance period. When final payment has been made.

DEALERS COVERAGES & LIMITS

Auto Dealers Liability

Symbol 22 & 29
 or
 Symbol 21

Deductible

Covered Autos Liability	_____	Each Accident
General Liability BI & PD	<i>same as above</i>	Each Accident
Damage to Premises Rented	_____	Any One Premises
Personal & Advertising Injury	_____	Any One Person or Organization
General Liability	_____	Aggregate Limit
Products & Work Performed	_____	Aggregate Limit
Loc & Operations Medical Payments	_____	Any One person

Radius pickup & delivery miles: 0-300 Mi. 301-500 Mi. 501-1000 Mi. Unlimited

Hired Auto Broad Form Products Assault & Battery Buyback

Personal Injury Protection: Limit per Statute / Limit: _____ # of Dealer Plates: _____

Auto Medical Payments _____

Uninsured Motorists Coverage _____ Each Acc. # of Dealer Plates: _____

Underinsured Motorists Coverage _____ Each Acc. _____

Uninsured Motorists Property Damage _____ Each Acc. _____

Additional Insureds

Lessor of Leased Equipment
 Grantor of Franchise
 Owner of Garage Premises
 Designated Person or Organization
 Scheduled Person or Organization Primary and Non-Contributory
 Waiver of Subrogation

Relationship to Insured: _____
 Name: _____
 Address: _____

Dealers Open Lot

Comprehensive
 Specified
 Collision

Owned Auto Coverage:

_____	Limit Location 1	_____	Maximum Limit Per Auto
_____	Limit Location 2	_____	
_____	Limit Location 3	_____	Deductible Per Auto

Vehicle storage: Building Standard Lot* Non-Standard Lot Unprotected Lot

Theft Buyback, for Unprotected Lot. (subject to guidelines) False Pretense

Types of Autos: New Autos Used Autos, Demonstrators, Service Vehicles

Interest(s) Covered (Check all that apply):

Your interest in covered autos you own Your interest only in financed autos
 Your interest & interest of any creditor/ loss payee Consigned Auto

*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.

Dealer's Acts, Errors & Omissions:

Title E&O Federal Odometer E&O
 Truth In Lending E&O Insurance Agents E&O

NON-DEALERS OPERATIONS

Alarm, Stereo or Navigational System	%	Impound Yards	%
Auto Detailing (other-than car wash - full service)	%	Lift Kit/ Lower Kit Installation, Service or Repair	%
Auto Dismantling / Salvage Yard		Mobile Auto Repair / Roadside Assistance	%
<i>Payroll:</i>	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Maintenance or Repair Incl Bed liner	%	Oil/Lube Service	%
Auto Parts - New Parts Only (Uninstalled)		Parking Lots & Garages - self park only*	%
<i>Receipts:</i>	%	Rim Repair	%
Auto Parts - Used Parts Only (Uninstalled)		Tire Sales, Installation, Service or Repair	%
<i>Receipts:</i>	%	Trailer Hitch Installation or Repair	%
Body & Paint Shop	%	Upholstery	%
Butane, Propane or other Liquefied Gas Sales	%	Valet Parking*	%
Car Wash - Full Service	%	Van Conversion	%
Convenience Store <i>Receipts:</i>	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Driveaway Contractor	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station: Full Service	%	Wrecker Service: For-Hire	%
Gasoline Station: Self Service only	%	Wrecker Service: Not-For-Hire	%
Handicap Vehicle Modification	%	Other:	%

*Supplemental application required

Do you pickup & deliver Customer's Autos? Yes No If yes, Number of times per week: _____
 Radius of pickup/delivery: _____

NON-DEALER COVERAGES & LIMITS

Non-Dealer Liability Deductible _____	<table style="width: 100%;"> <tr> <td>Auto Only</td> <td>_____</td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td>_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$100,000 Damage to Rented Premises) <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Auto Medical Payments _____ <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. # of Dealer Plates: _____ <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. _____ <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc. _____	Auto Only	_____	Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit
Auto Only	_____	Each Accident								
Other Than Auto	<u>same as above</u>	Each Accident								
Other Than Auto	_____	Aggregate Limit								

Additional Insureds

<input type="checkbox"/> Lessor of Leased Equipment <input type="checkbox"/> Grantor of Franchise <input type="checkbox"/> Owner of Garage Premises <input type="checkbox"/> Designated Person or Organization <input type="checkbox"/> Scheduled Person or Organization Primary and Non-Contributory <input type="checkbox"/> Waiver of Subrogation	Relationship to Insured: _____ Name: _____ Address: _____
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Garagekeepers (includes in-tow) <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	Customer's Auto Coverage Basis: <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary _____ Limit Location 1 _____ Maximum Limit Per Auto _____ Limit Location 2 _____ _____ Limit Location 3 _____ Deductible Per Auto Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot <input type="checkbox"/> Unprotected Lot <input type="checkbox"/> Theft Buyback, for Unprotected Lot (subject to guidelines) <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.</small>
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Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.

SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE
Available in AL, CA, IL, MN, MS, MO, NM, OH, SC, SD, TN, TX, VA, WA, WY.

Coverage: (check all that apply) Name: _____
 Liability Lessor - Additional Insured & Loss Payee Address: _____
 Uninsured/Underinsured Vehicle: _____
 Personal Injury Protection
 Physical Damage: Comprehensive & Collision, or Specified Causes & Collision

Year: _____ Make & Model: _____ VIN: _____
 GVW: _____ Radius of Operation: _____ Miles Stated Value: \$ _____
 Check all that apply: Towing: For-Hire Towing: Not-for-Hire Trailer or Tow Dolly
 Rental / Loaner Personal Use

Year: _____ Make & Model: _____ VIN: _____
 GVW: _____ Radius of Operation: _____ Miles Stated Value: \$ _____
 Check all that apply: Towing: For-Hire Towing: Not-for-Hire Trailer or Tow Dolly
 Rental / Loaner Personal Use

Year: _____ Make & Model: _____ VIN: _____
 GVW: _____ Radius of Operation: _____ Miles Stated Value: \$ _____
 Check all that apply: Towing: For-Hire Towing: Not-for-Hire Trailer or Tow Dolly
 Rental / Loaner Personal Use

Year: _____ Make & Model: _____ VIN: _____
 GVW: _____ Radius of Operation: _____ Miles Stated Value: \$ _____
 Check all that apply: Towing: For-Hire Towing: Not-for-Hire Trailer or Tow Dolly
 Rental / Loaner Personal Use

Year: _____ Make & Model: _____ VIN: _____
 GVW: _____ Radius of Operation: _____ Miles Stated Value: \$ _____
 Check all that apply: Towing: For-Hire Towing: Not-for-Hire Trailer or Tow Dolly
 Rental / Loaner Personal Use

ADDITIONAL INFORMATION

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 CERCLA 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.

 Witness Date Applicant's Signature



Garage & Auto Dealer Application is required in addition to this Supplemental.

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Name of Applicant (include DBA): _____

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTO EXPOSURES	
Cruiser/ Touring Motorcycles (i.e. Choppers, Trikes)	_____ %
Sport/ Speed Motorcycles (i.e. Ninja, Ducati, Buell)	_____ %
Dirt Bike, ATVs, UTVs, Snowmobile (other off-road vehicles)	_____ %
Moped, Goped, Scooter - Licensed for public road use	_____ %
Moped, Goped, Scooter - Not Licensed for public road use	_____ %
Recreational Vehicle / Motor Coaches	_____ %
Watercraft or Boats (other than Jet Skis): Size: _____ feet	_____ %
Jet Skis	_____ %
Bucket Trucks, Cranes, Scissor Lifts	_____ %
Forestry or Logging Equipment	_____ %
Garbage Trucks	_____ %
Farm Tractors, Equipment or Implements	_____ %
Contractors Equipment	_____ %
Heavy Trucks or Tractors (26,001 or more GVW)	_____ %
Semi-Trailers, Livestock Trailer	_____ %
Tanker Truck or Trailers	_____ %
Utility Trailers, Service Trailers, Horse Trailers	_____ %
Busses (over 15 passenger capacity)	_____ %
Shuttle Busses (15 passenger or less capacity)	_____ %
School Busses	_____ %
Emergency Vehicles: (check all that apply) <input type="checkbox"/> Fire Truck <input type="checkbox"/> Ambulance <input type="checkbox"/> Police Car	_____ %
OTHER (Provide complete description): _____	_____ %

UNDERWRITING INFORMATION

Provide % exposure in relation to total business operations.

- _____ % Service/ Repair: Alignment, Steering or Front End Suspension
- _____ % Service/ Repair: Brakes
- _____ % Service/ Repair: Frame or Unibody Straightening
- _____ % Service/ Repair: Pumps, Valves, Hoses of a Tank (other than Gas Tank)
- _____ % Service/ Repair: Medical or Lifesaving Equipment
- _____ % Service/ Repair: Gasoline Tanks Provide details: _____
- _____ % Service/ Repair: Hydraulic Systems Provide details: _____
- _____ % Service/ Repair: Structural Welding Provide details: _____
- _____ % Structurally Alter/ Convert Vehicles Provide details: _____
- _____ % Manufacture/ Fabricate: Auto Parts Provide details: _____
- _____ % Custom Auto Assembly: Kit Car / Bike Building If yes, provide details below.

Do you:

- Service/ Repair: Watercraft while in the water? Yes No
- Service/ Repair: Watercraft hull? If yes, provide details: _____ Yes No
- Storage or parking space rental operations? If yes, provide receipts: _____ Yes No
- Diversion of traffic required? If yes, provide details: _____ Yes No
- Any out-of-state pickup or delivery requiring federal filing? Yes No
- Are autos taken to trade shows or special events? If yes, how many times per year: _____ Yes No

ADDITIONAL INFORMATION

Witness Date Applicant's Signature