



NON-FRANCHISED DEALER INSURANCE APPLICATION

APPLICANT INFORMATION
Legal Name of Company, Effective Date of Coverage, Mailing Address, City, State, Zip Code, Individual/Corporation/LLC/Partnership/Joint Venture/Other, Years in Business, Inspection Contact, Phone, Federal ID#
LOCATION INFORMATION
Table with 2 columns: #, Street, City, County, State, Zip Code; Use of Location

- 1. Does The Applicant operate out of residence?
2. a. Does the Applicant sell anything other than private passenger vehicles, vans or pickup trucks?
b. Are any antique cars or high performance sold?
c. Are any 2 or 3 wheel vehicles or trucks with a GVW over 10,000 sold?
d. Any boats or snowmobiles sold?
e. If yes to any of the above, explain in detail

3. Where does the Applicant purchase the vehicles that are for sale?

Table with 2 rows and 6 columns: New Car Dealers, Auctions, Consignments, Wholesale, Trade Ins, Others, each with a percentage field.

4. If vehicles are purchased from auction, how are the vehicles delivered to the Applicant's lot?

5. If the Applicant delivers the vehicles, are only his/her employees delivering the vehicles? Yes No

6. If the Applicant transports vehicles to his/her lot, what percentage of vehicles are transported within the following mileage groups for each location?

Table with 3 columns: Under 50 miles, 50 - 200 miles, Over 200 miles, each with a percentage field.

7. What percentage of vehicles for sale on your lot fall into the following age groups?

Table with 4 columns: 1-6 years, 6-10 years, 10-20 years, Over 20 years, each with a percentage field.

8. Vehicles on the Applicant's lot:

Location	Number Of Vehicles On Lot For Sale			Value Of All Vehicles On Lot For Sale		
	Present	Average	Maximum	Present	Average	Maximum
Loc. #1				\$	\$	\$
Loc. #2				\$	\$	\$
Loc. #3				\$	\$	\$
Loc. #4				\$	\$	\$
Loc. #5				\$	\$	\$

9. Vehicle lot security:

Stored in Building			
Location	Central Alarm	Average # of Cars	Percent of Vehicles For Sale on Lot
Loc. #1	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
Loc. #2	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
Loc. #3	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
Loc. #4	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
Loc. #5	<input type="checkbox"/> Yes <input type="checkbox"/> No		%

Stored on Open Lot						
Location	Perimeter Enclosure	Encl. Height/ Post Spacing	Gates Locked at Night	Well Lit	Alarm	Average # of Cars
Loc. #1	<input type="checkbox"/> Fenced <input type="checkbox"/> Railing <input type="checkbox"/> Posts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #2	<input type="checkbox"/> Fenced <input type="checkbox"/> Railing <input type="checkbox"/> Posts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #3	<input type="checkbox"/> Fenced <input type="checkbox"/> Railing <input type="checkbox"/> Posts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #4	<input type="checkbox"/> Fenced <input type="checkbox"/> Railing <input type="checkbox"/> Posts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loc. #5	<input type="checkbox"/> Fenced <input type="checkbox"/> Railing <input type="checkbox"/> Posts		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. a. Does Applicant have dogs on Premises? ..... Yes No  
 b. If yes, number \_\_\_\_\_ Breed \_\_\_\_\_  
 c. Are they Police/security trained Guard Dogs? ..... Yes No  
 d. Are "Beware of Dog" signs posted on gate? ..... Yes No  
 e. Are dogs penned up during business hours? ..... Yes No  
 11. a. Do you employ a watchman or security guard?..... Yes No  
 b. Is the watchman armed? ..... Yes No  
 12. a. Do you hire an independent security service? ..... Yes No  
 b. If yes, does the independent security service place dogs on the premises?..... Yes No

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13. a. Where are vehicle keys kept when open for business? \_\_\_\_\_  
 b. Where are vehicle keys kept when closed for business? \_\_\_\_\_  
 c. Are they kept in the ignition at any time? .....  Yes  No  
 d. If so, explain \_\_\_\_\_
14. a. How often is inventory taken? \_\_\_\_\_  
 b. By who? \_\_\_\_\_
15. a. Does salesperson accompany customer when test driving a car on every test drive? .....  Yes  No  
 b. If not, is the customer's drivers license obtained for security? .....  Yes  No  
 c. Are there circumstances in the operation where a or b will not be followed? .....  Yes  No  
 d. If yes, please explain \_\_\_\_\_
16. Do you allow customers to test drive vehicles in poor weather conditions? .....  Yes  No
17. a. Is mechanical work performed? .....  Yes  No  
 b. If yes, does the Applicant work on cars held for sale or consignment? .....  Yes  No  
 c. Is the garage open to the public? .....  Yes  No
18. a. Are there underground tanks on the premises? .....  Yes  No  
 b. Age of tanks \_\_\_\_\_  
 c. Date of last inspection \_\_\_\_\_
19. What type of mechanical work is performed? E
- 20.

OPERATION	Location #	
Install roll bar?		
Body work?		Do you paint? <input type="checkbox"/> Yes <input type="checkbox"/> No      UL approved spray booth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Welding?		Do you use welding curtains? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tire sales?		Percent of new tire sales? _____ %      Do you retread tires? <input type="checkbox"/> Yes <input type="checkbox"/> No Percent of used tire sales? _____ %
Other		Explain:

21. a. Is smoking allowed in repair shop? .....  Yes  No  
 b. Is "No Smoking" sign displayed? .....  Yes  No
22. How are oils and other chemicals disposed? \_\_\_\_\_
23. Do you sell cars in need of repair? .....  Yes  No
24. Do you rent, loan or lease vehicles to customers? .....  Yes  No
25. a. Are take home test drives or extended test drives allowed? .....  Yes  No  
 b. If yes, please explain \_\_\_\_\_
26. Do you sponsor a car for racing? .....  Yes  No
27. a. Are vehicles furnished to organizations, churches, clubs, etc.? .....  Yes  No  
 b. If yes, please explain \_\_\_\_\_
28. a. Is applicant a subsidiary of another entity or does applicant have any subsidiaries? .....  Yes  No  
 b. If yes, please explain \_\_\_\_\_
29. a. How many dealer tags to you have? \_\_\_\_\_  
 b. Please list plate numbers \_\_\_\_\_  
 c. Are dealer plates loaned to others? .....  Yes  No

30. a. Are any dealer tags permanently used on a vehicle for business or personal use? .....  Yes  No  
 b. If yes, please explain \_\_\_\_\_
31. Has the area you are located been flooded in the last 10 years? .....  Yes  No
32. If you own a tow truck, please complete the following section and a vehicle schedule:
- a. Do you tow for the public? .....  Yes  No  
 b. Are you on a city or police rotation? .....  Yes  No  
 c. Do you have contracts to tow for any other businesses? .....  Yes  No  
 d. Do you perform any repossession? .....  Yes  No  
 e. If yes, please explain NO TOW TRUCK

		Location 1	Location 2	Location 3	Location 4	Location 5
<b>Number of Class I Employees</b>	Regular					
	All Others					
<b>Number of Class II Employees</b>	Regular					
	All Others					

Insurance Co.	Year	Premium	Limits	Deductible	# of Losses	Amount
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

**Attach copy of insurance company loss runs.**

33. a. Has The Applicant ever been cancelled or non-renewed? (Do not answer if risk is located in MO).  Yes  No  
 b. If yes, why? \_\_\_\_\_

34. **Vehicles Owned – Not for Sale:** Complete attached vehicle schedule.

<b>COVERAGES AND LIMITS DESIRED</b>	
<b>Auto Dealer Liability</b>	CSL <span style="float: right;"><i>(Up to \$1,000,000)</i></span>
	General Liability/Products Aggregate <span style="float: right;"><i>(Aggregate up to 3 times)</i></span>
<b>Location/Premises Medical Payments</b>	Limit <input type="checkbox"/> \$5,000 <input type="checkbox"/> Reject coverage
<b>Auto Medical Payments</b>	Limit per person <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 (RI only) <input type="checkbox"/> \$5,000
<b>Personal Injury Protection</b>	Each limit <span style="float: right;"><i>(As required by state law)</i></span>
<b>Uninsured Motorists</b>	CSL <span style="float: right;"><i>(As required by state law)</i></span>
<b>Garagekeepers Legal Liability</b>	Limit Location 1
	Limit Location 2
	Limit Location 3
	Limit Location 4
	Limit Location 5
	Deductible
<b>Dealers Open Lot</b>	Limit Location 1
	Limit Location 2
	Limit Location 3
	Limit Location 4
	Limit Location 5
	Deductible
<b>False Pretense</b>	Limit <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000
<b>Drive Away Collision</b>	Limit <span style="float: right;">Number trips annually 51-200:</span>
	Limit <span style="float: right;">Number trips annually over 200:</span>
<b>Drive Other Car Coverage</b>	Limit
	Named Individuals
<b>Errors &amp; Omissions (E&amp;O) Coverage: Odometer Mileage, Title, and Truth in Lending/Consumer Leasing Acts.</b>  <i>*Please note: Insurance Agent or Broker Errors and Omissions is not available with this insurance.</i>	<input type="checkbox"/> Include Aggregate limit for all three coverages. <i>*Insurance Agent or Broker Errors and Omissions will be automatically excluded and a credit applied to the premium when opting for the coverage above.</i>  <input type="checkbox"/> Exclude Odometer Mileage E&O <input type="checkbox"/> Exclude Title E&O <input type="checkbox"/> Exclude Truth in Lending/Consumer Leasing Acts E&O

For Property Coverage complete the ACCORD application

## **Fraud Warnings:**

### **ARKANSAS**

“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.”

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### **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 claiming 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.”

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### **DISTRICT OF COLUMBIA**

“WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

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### **FLORIDA**

“Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

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### **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.”

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### **LOUISIANA**

“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.”

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### **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.”

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### **NEW JERSEY**

“Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

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### **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.”

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### **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.”

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### **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.”

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**PENNSYLVANIA**

“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.”

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**RHODE ISLAND**

“Notwithstanding any similar requirements in title 28, every claim form and application for insurance, regardless of the form of transmission (not applicable to any claim form for health insurance which is on a form promulgated by the centers for Medicare and Medicaid Services, or in electronic format pursuant to 45 C.F.R. Part 162, or to reinsurance)”

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**TENNESSEE**

“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.”

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**VIRGINIA**

“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.”

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**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.”

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**ALL OTHER STATES**

“Any person who knowingly and with intent to defraud any insurance company or other person, files an application of insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent act which is a crime.”

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**NO COVERAGE IS BOUND UNTIL ACCEPTED BY THE COMPANY.**

Date: \_\_\_\_\_

Signed \_\_\_\_\_

Applicant

**VEHICLE SCHEDULE Insured Name:** \_\_\_\_\_

Date \_\_\_\_\_

<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
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Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		
<b>Vehicle #</b>							
Year	Make	Model	Body Type	Full Serial Number	Stated Amount		
GVW	Class Code	On-Hook Limit	<b>Deductibles:</b>	<b>Comp</b>	<b>Collision</b>	<b>On-Hook</b>	
Use of vehicle					Radius of operation		
Describe tow/specialty equipment separately (rotator, etc.)					Garaging Location		

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**NON-FRANCHISED DEALER EMPLOYEE LIST**

Date \_\_\_\_\_

Employee's Name	DOB	Date Of Employment	Duties	Years Used Car Exp.	Furnished Auto?	Status	Company Use Only			
							VIOL	ACC	DEL	ADD
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
11.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
12.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
13.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
14.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
15.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
16.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
17.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
18.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
19.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				
20.					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time				

Have you identified every possible driver of an insured vehicle including those who may fill in during peak periods and emergencies?  
(Such as members of households, friends, etc.)?..... Yes No

Are any vehicles furnished to family members? ..... Yes No If yes, are they listed above? ..... Yes No

\_\_\_\_\_, understands and agrees that on any proposed addition or substitution of driver, the MVR must be submitted to the insurance company for approval prior to hire.

\_\_\_\_\_  
Applicant's Signature

**ADDITIONAL NOTES:**

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