



## **Non Admitted - GARAGE & DEALER Application**

Hello@K2Dealerins.com

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

Broker Name: \_\_\_\_\_ Retail Agent Name: \_\_\_\_\_  
Broker Location: \_\_\_\_\_ Retail Agent Address: \_\_\_\_\_  
Broker Contact: \_\_\_\_\_ Retail Agent Phone Number: ( ) -

## **APPLICANT INFORMATION**

Proposed effective date:        /        /        to        /        /

Name of Applicant (include DBA) \_\_\_\_\_

Applicant is:  Individual  Joint Venture  Partnership  LLC  Other Organizational Structure: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) -

Website: \_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years experience in this field: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2

## Location #3

## **EMPLOYEE AND NON-EMPLOYEE INFORMATION**

**Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above?**

Yes  No

**JOB DESCRIPTION OR RELATIONSHIP TO INSURED:**

Owners. Partners. Officers. Salespersons. Managers.

Clerical staff, Lot personnel, Mechanics.

#### **Independent Contractors.**

Contract Driver - provide name(s), or Blanket Contract Drivers.

Inactive Owners, Inactive Partners, Inactive Officers.

Non-Employee - Spouse, Domestic Partner, Children.

**PART TIME:** Employees working less than 20 hours per week shall be considered Part Time.

### INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis*	%	%	Mobile Homes (non-motorized)	%	%
Busses *	%	%	Motorcycles *	%	%
Bucket Trucks / Cranes / Scissor Lift *	%	%	ATVs, UTVs, Scooters, Snowmobiles*	%	%
Contractors Equipment*	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles *	%	%	Race Cars / Street Rods	%	%
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*	%	%		%	%
Kit Cars or Other Auto Manufacturing	%	%			

\*Supplemental application required

### UNDERWRITING INFORMATION

Do you:

Engage in any other operations?

Yes  No

Stack salvaged autos more than  high?

Yes  No

Engage in fuel conversion?

Yes  No

Work at airport, seaport or railroad premises?

Yes  No

Engage in performance enhancements?

Yes  No

Engage in Breathalyzer / ignition interlock?

Yes  No

Loan, Lease or Rent autos to others?

Yes  No

Manufacture / Fabricate any auto parts?

Yes  No

Engage in auto pawning or auto title loans?

Yes  No

Structurally alter or convert vehicles from

Yes  No

Dismantle autos or have salvage operations?

Yes  No

their original factory design?

Own or operate a car crusher?

Yes  No

EXPLAIN ALL YES RESPONSES: \_\_\_\_\_

Do you:

Secure all keys in a lock box or a secure cabinet away from vehicle?

Yes  No

Obtain certificates of insurance from all sub-contractors?

Yes  No  N/A

Accompany customers in the service/repair area?

Yes  No  N/A

Store all paints and solvents in a fire resistive cabinet outside the paint booth?

Yes  No  N/A

Confine all spray painting operations to an UL approved booth?

Yes  No  N/A

If No, is there explosion proof lighting and adequate ventilation?

Yes  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

Non-Franchised Dealership      Retail: \_\_\_\_\_ %      Wholesale/Brokers/Internet: \_\_\_\_\_ %  
 New Auto/ Franchised Dealership      Auction: \_\_\_\_\_ %      Consigned: \_\_\_\_\_ %  
(Provide copy of consignment agreement.)

Number of Dealer Plates \_\_\_\_\_ Plate numbers: \_\_\_\_\_

Do you Lease, Rent, Loan or Sell plates to others?     Yes     No

If yes, explain: \_\_\_\_\_

How are plates being used? \_\_\_\_\_

Where do you store plates when not in use? \_\_\_\_\_

Do you:

Obtain Drivers License and Proof of Insurance before all test drives?

Yes     No

Accompany all test drives?

Yes     No

Allow extended or overnight test drives?

Yes     No

Offer In-house financing or Buy Here / Pay Here?

Yes     No

If yes, are titles transferred to customer at the beginning of the finance period  
and your business named as a lienholder?

Yes     No

Buy or sell autos in the following states? Check all that apply.

State	Buy	Sell	Number of times per year
Kansas			
Kentucky			
Maryland			
Michigan			
Minnesota			

State	Buy	Sell	Number of times per year
New Jersey			
New York			
North Dakota			
South Carolina			

## DEALERS COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 300 Miles <input type="radio"/> 301 - 500 Miles <input type="radio"/> 501 - 1,000 Miles <input type="radio"/> Unlimited	
Auto Dealers Liability  <input type="checkbox"/> Symbol 22 & 29 or <input type="checkbox"/> Symbol 21  Deductible _____	Covered Autos Liability General Liability BI & PD Damage to Premises Rented Personal & Advertising Injury General Liability Products & Work Performed Loc & Operations Medical Payments <input type="checkbox"/> Auto Medical Payments <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Personal Injury Protection:    Limit per Statute <input type="checkbox"/> Uninsured Motorists Coverage    Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage    Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage    Each Acc.	Each Accident Each Accident Any One Premises Any One Person or Organization Aggregate Limit Aggregate Limit Any One person Any One person Limit per Statute Each Acc. Each Acc. Each Acc.
Dealers Physical Damage Symbol 31  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	Owned Auto Coverage: 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) <input type="checkbox"/> False Pretense Types of Autos: <input type="checkbox"/> New Autos <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles <u>Interest(s) Covered (Check all that apply):</u> <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest & interest of any creditor/ loss payee <input type="checkbox"/> Creditor/Loss Payee: Name: _____ Address: _____  <b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. <b>*Non-Standard Lot:</b> Any other type of protection. <b>*Unprotected Lot:</b> No theft barrier.	<input type="checkbox"/> Your interest only in financed autos <input type="checkbox"/> Consigned Auto
Dealer's Acts, Errors & Omissions:	<input type="checkbox"/> Title E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Insurance Agents E&O	

## NON-DEALERS / SERVICE OPERATIONS

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

\*Supplemental application required

## NON-DEALER COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 25 Miles	<input type="radio"/> 26 - 100 Miles	<input type="radio"/> 101 - 200 Miles	<input type="radio"/> Over 200 Miles
Non-Dealer Liability Symbol 29  Deductible _____	Auto Only			Each Accident
	Other Than Auto	<u>same as above</u>		Each Accident
	Other Than Auto			Aggregate Limit
	<input type="checkbox"/> Personal Injury Liability			
	<input type="checkbox"/> Broadened Coverage ( <i>includes Personal Injury &amp; \$100,000 Damage to Rented Premises</i> )			
	<input type="checkbox"/> Damage to Rented Premises			Any One Premises
	<input type="checkbox"/> Loc & Operations Medical Payments			Any One person
	<input type="checkbox"/> Auto 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"/> Registration / Repairer / Transporter Plates	# of Plates: _____			
Plate Numbers: _____				
<input type="checkbox"/> Personal Injury Protection			Limit Per Statute	
<input type="checkbox"/> Uninsured Motorists Coverage			Each Acc.	
<input type="checkbox"/> Underinsured Motorists Coverage			Each Acc.	
<input type="checkbox"/> Uninsured Motorists Property Damage			Each Acc.	
Garagekeepers Symbol 30  <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision  <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 ( <i>subject to guidelines</i> )			
	<b>*Standard Lot:</b> During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks.			
	<b>*Non-Standard Lot:</b> Any other type of protection.			
<b>*Unprotected Lot:</b> No theft barrier.				

## ADDITIONAL INSUREDS

- Lessor of Leased Equipment (CA 2047)
- Grantor of Franchise (CA 2049)
- Owner of Garage Premises (CA 2509)
- Designated Person or Organization (CAG 1712 / CAG 1912)
- Scheduled Person or Organization Primary and Non-Contributory (CAG 1752 / CAG 1952)
- Waiver of Subrogation (CA 0444)

## ADDITIONAL INSURED / WAIVER OF SUBROGATION INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Insured: \_\_\_\_\_

Applies to location:  # 1  # 2  # 3

## AUTO TRANSPORT / TOWING

How do you transport autos?

Driven by:  Employee  Temporary / Contract Driver

Towed by:  Employee  Temporary / Contract Driver

Third party Tow Truck or Car Hauler

Certificate of Insurance on file?  Yes  No

Do you:

Repossess vehicles for others?  Yes  No

Require a Federal Filing?  Yes  No

Tow, Haul or Carry more than 2 autos at once?  Yes  No

Tow For-Hire?  Yes  No

If yes, is In-Tow Coverage required? Number of Tow Trucks: \_\_\_\_\_

## SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE (Symbol 27)

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

**Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.**

**Coverage: (check all that apply)**

- Liability
- Uninsured/Underinsured
- Personal Injury Protection
- Specified Causes
- Comprehensive
- Collision

Year: \_\_\_\_\_

Make & Model: \_\_\_\_\_ GVW: \_\_\_\_\_

VIN: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured?  Yes  No

Lessor - Additional Insured & Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check all that apply:

- Service Use
- Personal Use
- Rental / Loaner
- Towing Not For-Hire
- Towing For-Hire
- Trailer, Tow Dolly or Car Hauler

Year: \_\_\_\_\_

Make & Model: \_\_\_\_\_ GVW: \_\_\_\_\_

VIN: \_\_\_\_\_ Radius of Operation: \_\_\_\_\_ Miles

Stated Value: \$ \_\_\_\_\_

Is vehicle titled to the Named Insured?  Yes  No

Lessor - Additional Insured & Loss Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check all that apply:

- Service Use
- Personal Use
- Rental / Loaner
- Towing Not For-Hire
- Towing For-Hire
- Trailer, Tow Dolly or Car Hauler

## 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 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.

Applicable in NY: Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim 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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness