



Dealers Physical Damage Application

Agency Name & Address: _____

Phone/Fax & E-Mail: _____

Agency Contact: _____

1. Named Insured: _____

(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address _____
 No. Street City County State Zip Code

3. Please make certain for any locations not included below an additional Dealers Physical Damage Application is completed.

4. Inspection Contact _____ Phone () _____
 Claims Contact _____ Phone () _____

5. Telephone () _____ Fax () _____

6. Website _____ FEIN _____

7. Date established _____ Sole Proprietor Partnership Corporation Other

8. Policy proposed effective date _____ to _____

9. Current coverage expires/expired on _____

10. Deductibles: Comp/FP \$1,000/\$3,000 \$1,500/\$5,000 \$2,500/\$10,000 \$5,000/\$15,000 Other _____
 Collision \$500 \$1,000 \$1,500 \$2,500 \$5,000 \$10,000 Other _____

11. Type of Franchise(s): _____

12. Comprehensive & False Pretense Inventory Limits: (include new, owned, furnished, service & shop rentals)

Location # & Address:	Location Description:	Policy Limit (highest monthly value)	Average 12 month Insurable Inventory Value
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

Collision Inventory Limits:

Location # & Address:	Location Description:	Policy Limit (highest monthly value)	Average 12 month Inventory Value
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$

13. Stated Amount Vehicles:

Vehicle Description – Year, Make, Model	Vin #	Value	Annual Miles	Owner of vehicle
1.				
2.				
3.				
4.				
5.				

14. Does the dealer own antique autos or collector cars? Yes No

15. Does the dealer have vehicles on the lot with values greater than \$100,000? Yes No
If yes, please attach a list of specific vehicles

16. Lot Protection (check all that apply):
 Post & Chain Gated Entrance Completely enclosed by Fencing Guard Rail
 Security Guard Local Patrol Trenching Overnight Lighting
 Video Surveillance Guard Dogs Other _____

17. Are any of the above locations within a designated Flood Zone? If yes, provide details. Yes No

18. Key Controls (check all that apply):
 Lock Boxes Peg Board Key Cabinet Key Trak System Other _____

- a. If dealer uses lock boxes describe the type of Lock box utilized _____
If yes, are keys removed at night? Yes No
- b. Managers must approve/record the duplication of keys? Yes No
- c. Extra sets of keys are locked away with limited access? Yes No
- d. Is it standard practice to leave the keys in dealer vehicles? Yes No
- e. Are keys kept away from public access? Yes No

19. Furnished Vehicles:
Total # of Furnished Vehicles (Demos) provided to owners and employees: _____
Total # of Furnished Vehicles provided to non-employees: _____
Does the dealer utilize a demo agreement? (please attach copy) Yes No

20. Parts Trucks & Service Loaners:
Total # of Parts Trucks: _____
Total # of Service Loaners provided to customers: _____
Does dealer utilize a customer loaner form? Yes No
Is there are minimum age requirement: Yes No
If yes, describe: _____

21. Does the Dealer review employees motor vehicle reports at the time of hire and annually? Yes No

22. Does the Dealer follow written standards for acceptable MVR's? Yes No

23. How often is there a physical audit of inventory? _____

24. Are customers' license reviewed and copied prior to test drives? Yes No

25. Does the dealer verify the customer's funds during a sales transaction? Yes No
If no, how does dealer verify the customer has adequate funds _____

26. Does dealer require bankers or cashier checks when working with wholesalers? Yes No

Lienholder Information

Lienholders Name:		
Address:		
Location #:		
Interest in Dealership:		

Lienholders Name:		
Address:		
Location #:		
Interest in Dealership:		

Prior Carrier Information

Policy Year:	YR	YR	YR	YR	YR
Carrier					
Premiums:					
Policy Limit:					

Current Information

1. Has any company canceled or declined to renew in the past 5 years? Yes No
 If yes, please explain: _____

2. Has the insured ever had a lapse in coverage? Yes No
 If yes, please explain: _____

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? Yes No

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLEY ON THE INFORMATION PROVIDED.

Fraud Warning Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IN COLORADO, THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

 Name (type or print) Signature Date

NOTICE TO PRODUCERS: THE PRODUCER HEREBY WARRANTS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF THEIR KNOWLEDGE.

 Name (type or print) Signature Date License #

Monthly Inventory Statement of Values Worksheet

Insured Name: _____
Insured Location: _____

Month	New Vehicles Monthly Average Value (Column B)	New Vehicles insured by floorplanner (Column C)	New Vehicles Insurable Value (B Minus C)	Owned Vehicles Monthly Average Value (Column E)	Owned Vehicles insured by floorplanner (Column F)	Owned Vehicles Insurable Value (E Minus F)	Furnished Vehicles Monthly Average Value (Column H)	Furnished Vehicles insured by floorplanner (Column I)	Furnished Vehicles Insurable Value (H Minus I)	Shop/Service Vehicles Average Value (Column K)	Shop/Service Vehicles insured by floorplanner (Column L)	Shop/Service Vehicles Insurable Value (K Minus L)
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												

Average Values per Column:

	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	New Vehicles	Owned Vehicles	Furnished Vehicles	Shop/Service Vehicles

Total Average Ratable Value: **Use this figure on page 1 of application**

Dealer Officer & Title: _____
(form should be signed by the officer who has completed the above information)

Date: _____