



ALL RISKS, LIMITED – National Specialty Programs
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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 & 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. Current Comp, Coll & Weather Deductibles : Comp/FP \$1,000/\$3,000 \$1,500/\$5,000
 \$2,500/\$10,000 \$5,000/\$15,000 \$10,000/\$25,000
 Collision \$1,000 \$1,500 \$2,500 \$5,000 \$10,000

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. **Provide list if non family:**

Are all non-employee with Furnished Vehicles over the age of 25? If no add comment Yes No

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?
If no, how does dealer verify the customer has adequate funds Yes No

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

Additional Comments:

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

- Has any company canceled or declined to renew in the past 5 years?
If yes, please explain: Yes No
- Has the insured ever had a lapse in coverage?
If yes, please explain: Yes No

Claim Information

- Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
- Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
- 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 #