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Nonfranchised Used Auto Dealer or Service and Repair Garage Application

Agency Name: _____

All Risks Agency Code: _____

Producer: _____

APPLICANT INFORMATION

Proposed Policy Term: From: _____ To: _____

Name: _____ Phone: (____) _____

Mailing Address: _____ Contact Name: _____
 (Street, City, State & Zip Code)

Location Address: 1. _____ Alt. Phone: (____) _____

2. _____ Web Address: _____

3. _____ County: _____

Form of Business: Individual Partnership Corporation Other: _____

Applicant's Years in Business: _____ New Venture Years of Experience
 in the Auto Industry: _____

COVERAGES AND LIMITS OF LIABILITY

Coverages	Limits Of Liability		
<input type="checkbox"/> Liability—Garage Operations	\$ _____	Per Occurrence	\$ _____ Aggregate
<input checked="" type="checkbox"/> P.D. Deductible \$ (\$500 Min.)			
<input type="checkbox"/> PIP, if applicable	Basic		
<input type="checkbox"/> Medical Payments	\$ _____	<input type="checkbox"/> Auto	<input type="checkbox"/> Premises <input type="checkbox"/> Both
<input type="checkbox"/> Uninsured Motorist	\$ _____		
<input type="checkbox"/> Underinsured Motorist, if applicable	\$ _____		
Total Number of Plates:	Dealer: _____	Transporter: _____	Other: _____

DEALERS OPEN LOT PHYSICAL DAMAGE COVERAGE

Average number of units sold per year:

Dealers Open Lot Physical Damage	Loc.	Number of Autos Held for Sale		Enter Limit for Each Location		Deductible Per Auto	Max. Ded. For Any One Loss
		Maximum	Average	Max. Value Any One Auto	Max. Value for All Autos		
<input type="checkbox"/> Specified Perils	1			\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Comprehensive	2			\$ _____	\$ _____	\$ _____	\$ _____
	3			\$ _____	\$ _____	\$ _____	\$ _____
Collision	\$ _____					Deductible \$ _____	

Other Coverage—Specify: _____

GARAGEKEEPERS LIMITS

	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.	No. of Autos	Deductible Per Auto	Max. Ded. For Any One Loss
<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary	1	\$		\$	\$
	2	\$		\$	\$
	3	\$		\$	\$
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils	Collision	1	\$	\$	
		2	\$	\$	
		3	\$	\$	

Reason for Coverage: Repair Consignment Other:

Used Auto Wholesale Dealer _____%

Used Auto Retail Dealer _____%

	Sales	Repair	Total Gross Receipts from:	
Private Passenger Autos (include pickups & vans)	_____%	_____%	Sales	\$ _____
Motorcycles	_____%	_____%	Repair	\$ _____
Boats	_____%	_____%	Tow Truck Operations	\$ _____
Snowmobiles	_____%	_____%	Accessory/Parts	\$ _____
Motor Homes	_____%	_____%	Total Gross Sales	\$ _____
Utility Trailers	_____%	_____%		
Campers	_____%	_____%		
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	_____%	_____%		
Farm Machinery/Contractors Equipment	_____%	_____%		
Other—Describe: _____	_____%	_____%		
	100%	100%		

***New Auto Franchised Dealers are not acceptable for this program.**

Please complete and attach Commercial Automobile and/or Property Application if coverage is requested.

LOSS EXPERIENCE AND EXPOSURE INFORMATION—CURRENT PLUS THREE PREVIOUS YEARS

1. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST FIVE YEARS? (Not applicable in Missouri.)..... Yes No
 If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

2. **Copies of Currently Valued Loss Experience Attached?**..... Yes No

Policy Period		Name of Insurance Company	Premium	
From	To			
Date of Loss	Description of Claim		Amount Paid	Amount Reserved

GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS

1. Do you service any vehicles? Yes No
If "Yes," please describe type of service(s) performed: _____
2. Do you install trailer hitches? _____ % Bolt On _____ % Weld On Yes No
3. Do you perform any welding?..... Yes No
If "Yes," **explain**: _____
4. Do you conduct any spray painting operations? Yes No
If "Yes," do you have an approved spray booth? Yes No
If "No," **explain** extent of spray painting operations: _____
5. Do you have any storage of oil, gasoline or other petroleum products? Yes No
If "Yes," **explain**: _____
6. Do you do sell or install: _____% New Tires _____% Used Tires _____% Recap/Retread Tires _____% Split Rim Work
7. Do you rent or loan autos? Yes No
If "Yes," **explain** _____
8. Do you own or sponsor any racing vehicles?..... Yes No
9. Do you pick up inventory of automobiles to be held for sale?..... Yes No
Under 50 mi: _____ # of trips 51 to 200 mi: _____ # of trips 201 to 300 mi: _____ # of trips Over 300 mi: _____ # of trips
Are the drivers: employees hired "as needed"
Are the vehicles transported using YOUR dealer tags? Yes No
If "No," explain: _____
10. Do you have any dogs on premises? Yes No
*Animal exclusion applies
11. Do you repossess autos?..... Yes No
If "Yes," is repo contracted out to others?..... Yes No
If "Yes," please provide proof of coverage.
12. Do you engage in any dismantling/salvage or rebuilding autos? Yes No
13. Do you have frame straightening equipment?..... Yes No
If "Yes," provide year, make and model of frame machine: _____
14. Do you deal in any of the following: Foreign Sports Cars Fiberglass Body Antique Autos Buses
If "Yes," please provide details: _____
15. Are photocopies of Drivers Licenses and Insurance Cards made prior to all test drives? Yes No
16. Are customers permitted to test drive auto without a salesperson?..... Yes No
If "Yes," please describe procedures: _____
17. Do you have any consigned autos held for sale?..... Yes No
If "Yes," you must provide a copy of the consignment agreement.

18. If you finance autos held for sale, do you:
- a. Hold title in your name for final payment? Yes No
 - b. Hold title as leinholder only for final payment?..... Yes No
 - c. Require a proof of insurance from the buyer?..... Yes No
 - d. Are titles transferred at time of sale? Yes No
19. Do you export vehicles out of the United States?..... Yes No
 If "Yes," is the title transferred prior to shipping? Yes No
20. Describe any other operations at the insured locations: _____

PREMISES AND AUTO INFORMATION

1. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock?..... Yes No
- a. Is (Are) your lot(s) lighted?..... Yes No
 - b. Is there police protection?..... Yes No
 - c. Do you employ a guard while business is closed?..... Yes No
 - d. Does building have a central station alarm? Yes No

2. Where are the keys kept during business hours? _____ After hours: _____

3. Please indicate the interests to be covered for autos held for sale.

Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a Loss Payable	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Vehicle Storage—Indicate Type of Facility.

Type of Facility	Location		
	1	2	3
Building Age: _____ Construction: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonstandard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE AND DRIVER INFORMATION

Using the key below, complete the information below for **ALL owners, employees and drivers.***

Key:

Position:

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto
11. Occasional Driver
12. Other

Status:

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-employee

Vehicle Use:

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customers' vehicles.

1	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Name		Position	Status	Vehicle Use
	DL#	State	DOB	Viol or Acc in 3 yrs	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*If additional employees please attach list.

Explain any violations or accidents: _____

OPTIONAL COVERAGES—PLEASE MARK ANY THAT APPLY

- 1. Broadened Coverages (CA 25 14) Yes No
- 2. False Pretense (CA 25 03) *Provide copy of test drive procedures Limit \$ _____ Yes No
- 3. Fire Legal Liability (CA 25 10) Limit \$ _____ Yes No
- 4. Owners of Garage Premises (CA 25 09), as additional insured Yes No
- 5. Dealers Drive-Away Collision, if greater than 50 mile radius is needed Yes No
- 6. Errors and Omission Coverage Yes No
- 7. Other Additional Insureds (list below) Yes No

- 8. Loss Payees (list below) Yes No

FRAUD WARNINGS AND ATTESTATION

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING:

Any person who knowingly and with 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 subjects such person to criminal and civil penalties.



APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____ DATE: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

***Fully completed and signed application is required to bind coverage. No Exceptions!**