



All Risks, Ltd - Garage Department  
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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		Number of Autos Held for Sale		Enter Limit for Each Location		Deductible Per Auto	Max. Ded. For Any One Loss
				Max. Value Any One Auto	Max. Value for All Autos		
Coverage	Loc.	Maximum	Average				
<input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive	1			\$	\$	\$	\$
	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	1	\$		\$	\$
<input type="checkbox"/> Direct Primary	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!**