



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

| | | | | | | |
|---------------------|---|---|-----------------|--|--------------|-------|
| AGENCY | PHONE (A/C, No, Ext): FAX (A/C, No): | APPLICANT (First Named Insured) | | | | |
| | | EFFECTIVE DATE | EXPIRATION DATE | <input type="checkbox"/> DIRECT BILL <input type="checkbox"/> AGENCY BILL | PAYMENT PLAN | AUDIT |
| | | FOR COMPANY USE ONLY | | | | |
| CODE: | | SUB CODE: | | | | |
| AGENCY CUSTOMER ID: | | | | | | |

BUSINESS/VEHICLE STORAGE INFORMATION

| AUTO SERVICE OPERATIONS OR TRAILER SALES | | AUTO DEALERS | | VEHICLE STORAGE | | |
|--|-------------------------------|-------------------------------------|---|-----------------------|--|------------|
| | | <input type="checkbox"/> FRANCHISED | <input type="checkbox"/> NON-FRANCHISED | | | |
| | REPAIR SHOP | CAR | % | TYPE OF FACILITY | | LOCATION # |
| | MOBILE HOME TRAILER DEALER | TRUCK-TRACTOR | % | | | |
| | SERVICE STATION | MOTORCYCLE | % | BUILDING | | |
| | COMMERCIAL TRAILER DEALER | RECREATIONAL VEHICLE | % | STANDARD OPEN LOT | | |
| | STORAGE/GARAGE/PUBLIC PARKING | SNOWMOBILE | % | NON-STANDARD OPEN LOT | | |
| | | | % | | | |

COVERAGES/LIMITS

USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

AUTO DEALERS OPERATORS

| CLASS OF OPERATORS | | BY LOCATION NUMBER | | | DEFINITIONS: CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT. |
|--------------------|-------------------|--------------------|--|--|---|
| | REGULAR OPERATORS | | | | |
| CLASS I | | | | | |
| EMPLOYEES | ALL OTHERS | | | | |
| CLASS II | UNDER AGE 25 | | | | |
| NON-EMPLOYEES | ALL OTHERS | | | | |

DEALERS PHYSICAL DAMAGE

NON-DEALERS PREMISES & OPERATIONS

| COVERAGE | NEW | USED | YOUR INTEREST IN COVERED AUTOS YOU OWN | | | YOUR INTEREST ONLY IN FINANCED COVERED AUTOS | | | YOURS AND FINANCED INTERESTS IN COVERED AUTOS | | | LOC # | ESTIMATED ANNUAL REMUNERATION | # EMPLOYEES |
|------------------|-----|------|--|--|--|--|--|--|---|--|--|-------|-------------------------------|-------------|
| | | | | | | | | | | | | | | |
| COMPREHENSIVE | | | | | | | | | | | | | \$ | |
| SPECIFIED PERILS | | | | | | | | | | | | | \$ | |
| COLLISION | | | | | | | | | | | | | \$ | |

SERVICE OR REPAIR SHOPS

| | |
|-----------------------|---|
| ANNUAL GROSS SALES \$ | NUMBER OF GALLONS OF GAS PUMPED PER YEAR: |
|-----------------------|---|

DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

| DRIVER # | NAME (Include address, if required) | SEX | MAR STAT | DATE OF BIRTH | YRS EXP | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | STATE LIC | DATE HIRE | USE VEH # | % USE |
|----------|-------------------------------------|-----|----------|---------------|---------|----------|---|-----------|-----------|-----------|-------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

GENERAL INFORMATION

| EXPLAIN ALL "YES" RESPONSES | YES | NO | EXPLAIN ALL "YES" RESPONSES | YES | NO |
|--|-----|----|--|-----|----|
| 1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS? | | | 11. DOES APPLICANT USE TOW TRUCKS? | | |
| 2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS? | | | 12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS? | | |
| 3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES? | | | 13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES? | | |
| 4. IS TIRE RECAPPING OR RETREADING PERFORMED? | | | 14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants) | | |
| 5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING? | | | 15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards) | | |
| 6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES? | | | 16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc) | | |
| 7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS? | | | 17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES? | | |
| 8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING? | | | 18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? | | |
| 9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS? | | | | | |
| 10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION? | | | | | |

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|--------------------|-------|------------------|--------------|----------------------|-------------------------|
| ADDITIONAL INSURED | | | | | VEHICLE: |
| LOSS PAYEE | | | | | SCHEDULED ITEM NUMBER: |
| LIENHOLDER | | | | | OTHER |
| EMPLOYEE AS LESSOR | | | | | |

ITEM DESCRIPTION:

| INTEREST | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|--------------------|-------|------------------|--------------|----------------------|-------------------------|
| ADDITIONAL INSURED | | | | | VEHICLE: |
| LOSS PAYEE | | | | | SCHEDULED ITEM NUMBER: |
| LIENHOLDER | | | | | OTHER |
| EMPLOYEE AS LESSOR | | | | | |

ITEM DESCRIPTION:

REMARKS