



Michael E. JAMES
 Insurance Agency
 FAX (619) 445-0873
 Attn: Donna Kramer

Non-Franchised Auto Dealer & Repair Garage Application

ALL QUESTIONS MUST BE ANSWERED IN FULL AND APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT

Applicant Name and Address:

Garage Location #1 _____

Garage Location #2 _____

Individual Partnership Joint Venture Corporation Other

Inspection (Contact/Phone) _____

Policy Effective Date: _____ Expiration Date: _____ Time 12:01 A.M.

Years in Business _____ Years of experience in this field _____

NATURE OF BUSINESS	
<input type="checkbox"/> Auto Repair Shop	<input type="checkbox"/> Auto Dealer
<input type="checkbox"/> Other (Description): _____	

PRIOR CARRIER / LOSS INFORMATION				
Prior Carriers (Last Three Years) – If no prior insurance state NONE				
Year	Insurance Carrier	Annual Premium	Total Paid + Reserve Losses (attach current loss runs)	Loss Ratio
		\$	\$	%
_____	_____	\$	\$	%
_____	_____	\$	\$	%
_____	_____	\$	\$	%

During the past three years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?

No Yes If yes, please explain: _____

UNDERWRITING INFORMATION
EXPLAIN ALL "YES" RESPONSES

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>	11. Have any security guards?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	12. Any animals kept on premises?	<input type="checkbox"/>	<input type="checkbox"/>
3. Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	13. Own or operate tank trucks?	<input type="checkbox"/>	<input type="checkbox"/>
4. Sponsor and driver's education cars?	<input type="checkbox"/>	<input type="checkbox"/>	14. Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sell any used parts?	<input type="checkbox"/>	<input type="checkbox"/>	15. Sell or distribute butane, propane or other liquefied gas?	<input type="checkbox"/>	<input type="checkbox"/>
6. Engage in auto dismantling or salvage operations	<input type="checkbox"/>	<input type="checkbox"/>	16. Rent, lease or load vehicles, machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
7. Conduct structural alterations or frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	17. Engage in split rim work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Modify vehicles for performance style or handling characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	18. Tow Truck Service For Hire ?	<input type="checkbox"/>	<input type="checkbox"/>
9. Install or repair trailer hitches?	<input type="checkbox"/>	<input type="checkbox"/>	19. Storage/Impound Lots ?	<input type="checkbox"/>	<input type="checkbox"/>
10. Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	20. All ignition keys removed from vehicles when unattended or not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Sell or repair:			21. Allow customers to test drive vehicles unaccompanied?	<input type="checkbox"/>	<input type="checkbox"/>
21. Motorcycles, ATV's, etc	<input type="checkbox"/>	<input type="checkbox"/>			
22. Boats, jet skis or other Watercraft	<input type="checkbox"/>	<input type="checkbox"/>			
23. Farm or Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>			
24. Foreign sports cars, classic autos, antique autos or fiberglass body autos				<input type="checkbox"/>	<input type="checkbox"/>
25. Vehicles where the frame or body is modified, such as van conversions, etc				<input type="checkbox"/>	<input type="checkbox"/>
26. Mobilehomes, motorhomes or other recreational vehicle				<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

PLEASE INDICATE THE PERCENTAGE OF THE FOLLOWING OPERATIONS YOU ARE INVOLVED IN

	Sales	Repair		Sales	Repair
Late model used automobiles and light trucks	_____ %	_____ %	Trucks, tractors, trailers	_____ %	_____ %
Auto Mechanical Repair	_____ %	_____ %	Gasoline or Diesel Sales	_____ %	_____ %
Body Painting or Repair	_____ %	_____ %	Grocery or Liquor Sales	_____ %	_____ %
	Yes	NO	% Brake Work	_____ %	_____ %
Approved spray booth	<input type="checkbox"/>	<input type="checkbox"/>	Auto Parts Sales	_____ %	_____ %
What are the total receipts from your operation?	\$ _____				

DEALERS:

How are autos stored? Inside Building _____ % Outside _____ %

Standard Open Lot: Enclosed on all sides by metal cyclone or equivalent fence not less than six feet in height, or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Non-standard Open Lot: Unfenced

Average Number of Autos held for sale: _____ Number of dealer's Tags: _____

Maximum value of any one vehicle? _____ Maximum value of all vehicles on the lot? _____

Radius of Pickup & Delivery: 0-300 miles 301 + miles

COVERAGE	LIMITS OF LIABILITY OR INSURANCE		DEDUCTIBLE			
Liability Garage Operations (250PD deductible applies)	\$ _____ \$ _____	Each Accident Aggregate Limit	\$ 250 BI/PD <input type="checkbox"/> \$ 500 PD <input type="checkbox"/> \$ 500 B/PD <input type="checkbox"/>			
<input type="checkbox"/> Broad Form Products	<input type="checkbox"/> Pers. Injury \$ _____ (up to \$100,000)	<input type="checkbox"/> Fire Legal \$ _____ (up to \$100,000)				
Medical Payments <input type="checkbox"/> Garage & Operations <input type="checkbox"/> Garage-Operations & Auto	\$ _____					
Uninsured Motorists/ Underinsured Motorists	BI Limit \$ _____					
Garage keepers Legal Liability (\$250 deductible applies)	Comprehensive OR	Location 1 \$ _____	Location 2 \$ _____	Deductible \$ 500 <input type="checkbox"/>		
	Specified Perils	\$ _____	\$ _____	\$ 1000 <input type="checkbox"/>		
	Collision	\$ _____	\$ _____			
In-Tow Coverage (\$500 deductible applies)	In-Tow Coverage Limit: \$ _____ Per Tow Truck					
Physical Damage <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Scheduled Vehicles	Comp. OR Spec. Perils Collision	Per Auto	Location 1	Per Auto	Location 2	Deductible
		\$ _____	\$ _____	\$ _____	\$ _____	\$ 500 <input type="checkbox"/>
		\$ _____	\$ _____	\$ _____	\$ _____	\$ 1000 <input type="checkbox"/>
Description of Scheduled service unit or wrecker: Include Make, Model, Year, Value & Use, and Serial #.						
Truth In Lending E & O <input type="checkbox"/>						

Location # _____

PROPERTY COVERAGES REQUESTED - Please state all applicable coverage's and limits requested:

COVERAGE	LIMITS	PERILS	DEDUCTIBLE
Building (90% Coinsurance)	\$ _____	<input type="checkbox"/> Special <input type="checkbox"/> Basic	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> 2,500
Contents (90% Coinsurance)	\$ _____	<input type="checkbox"/> Special <input type="checkbox"/> Basic <input type="checkbox"/> Special not including theft.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> 2,500
Business Interruption	\$ _____	<input type="checkbox"/> With Extra Expense	Monthly Limitation <input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6
Outdoor Signs	\$ _____		\$500
Other: _____	\$ _____	_____	\$ _____

BROKERS SECTION – ALL questions must be answered by the Broker after obtaining information from the insured.

- Is there an operating central station reporting burglar alarm ? YES NO
- Have you personally inspected the insured's premises? YES NO
- Are there any large cracks or potholes in the pavement? YES NO
- Are there any open or obvious slip and fall hazards? YES NO
- Are there any fire hazards such as gas pumps, open fuel containers, oily rages, paints, etc.? YES NO
- Are there operable fire extinguishers mounted and easily accessible? YES NO
- Is the building sprinklered? YES NO
- Is the wiring in the building up to code? YES NO
- Describe the neighborhood: Good Fair Poor Improving
- Describe the condition of the premises: Good Fair Poor Improving
- Describe the building's construction Frame Masonry Metal Other non -combustible
- Year building constructed : _____ & _____ sq. ft.
- Fire protection class: 1 2 3 4 5 6

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR 280 and 281 for underground storage tanks nor any coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all term thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

_____	_____	_____
Applicant's Signature	Title	Date

_____	_____	_____
Agency Name and Address	Agent's Signature	Date