

Motorcycle & Recreational Vehicle Dealers Garage Application

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Policy Term From: _____ To _____

GENERAL INFORMATION

1. Named Applicant (you): _____
2. Business Address: _____
3. Mailing Address: _____
4. You are: Individual Partnership Corporation
5. You are: Owner Tenant Does owner of premises need to be named as additional insured? Yes No
If yes, owner's name: _____
6. Insurance is desired from _____ 20____ to _____ 20____
7. Your Business is: Franchised Dealer Non-Franchised Dealer Repair Shop Service Station
8. Do you conduct any other business other than stated in item 7 from any location? Yes No
9. Person to Contact:
For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____
10. Current management has controlled the business since _____ (yr.) And has been in this type of business since _____ (yr.)
11. Is this a new venture? Yes No

12. (a) **Previous 3 Years' Carriers and any Loss Experience**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused to renew? Yes No
If yes, explain _____
- (c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? Yes No If yes, provide complete details _____

13. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- (a) **Bodily Injury & Property Damage Liability** CSL (State Permitting) \$ _____ Each Accident \$ _____ Aggregate (Garage operations only)
- (Property Damage Liability – subject to \$100 deductible completed operations)
- Limited Liability for Customers (State Permitting – Designate Choice)
- Unlimited Liability for Customers
- Passenger Hazard** – Financial Responsibility Limit only (State Permitting)
- Personal Injury Protection** (State Permitting)

UNINSURED/UNDERINSURED MOTORISTS

- Uninsured Motorists** \$ _____ each person/\$ _____ each accident or \$ _____ SL
- Underinsured Motorists** \$ _____ each person/\$ _____ each accident or \$ _____ SL

List All Locations To Be Covered for bodily injury and property damage liability –

Location No. 1 – Address
Location No. 2 – Address

- (b) **NUMBERS (sets) OF PLATES HELD BY YOU:** _____

(ENTIRE APPLICATION MUST BE COMPLETED)

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES

Maximum limit of any one unit: _____

Legal Liability

\$250 Deductible

Specified Causes of Loss

Direct

Primary

\$500 Deductible

Collision

Excess

Other Deductible _____

List All Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

*Non-Reporting Form Only

Specified Causes of Loss

\$250 deductible

\$500 deductible

Collision

\$250 deductible

\$500 deductible

List All Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

Any loss payees? Yes No If yes, give name and address of loss payee: _____

14. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

CLASS I EMPLOYEES

Number

Number

Definitions:

(A) Proprietors, Partners, Executives active in the business _____

(E) Other employees whose principal duty _____

(B) Sales Persons _____

is driving garage vehicles or who are furnished garage vehicles

(C) General Managers _____

(F) Other employees or operations whose _____

(D) Service Managers _____

duty is driving garage vehicles for delivery or Driveaway

(G) All other employees _____

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

†Insert letter from above definitions

††Part Time = less than 20 hours per week

CLASS II EMPLOYEES

Number

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished. _____
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. _____
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto. _____

List all Class II employees as defined above:

Name	Date of Birth	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

Description of automobile to be covered:

Year	Model	Body Type	Load Capacity	Identification No.	Radius

UNDERWRITING INFORMATION

- 1. Are floors free of oil, grease and other flammable materials? 1. Yes No
- 2. Do you store gasoline on location? 2. Yes No
- 3. Are ignition keys left in vehicles that are stored? 3. Yes No
If not where? _____
- 4. During working hours - where are keys to units? _____
- 5. Are windows on sides and back barred? 5. Yes No
- 6. Are bolt locks on all doors? 6. Yes No
- 7. Is the front and back well lighted? 7. Yes No
- 8. Do you have an alarm system? Type _____ 8. Yes No
- 9. Do you have a sprinkler system? 9. Yes No
- 10. Do you have fire extinguishers? 10. Yes No
- 11. Do you deal in any of the following?
 - Mobile Homes Yes No _____ %
 - Trailers Yes No _____ %
 - Motorcycles Yes No _____ %
 - All Terrain Vehicles Yes No _____ %
 - Lawn & Garden Vehicles Yes No _____ %
 - Jet Skis/Waverunners Yes No _____ %
 - Camper Trailers (Pull Type) Yes No _____ %
 - Boats Yes No _____ %
 - Snowmobiles Yes No _____ %
 - Golf Carts Yes No _____ %
 - Motorhomes Yes No _____ %
 - Other (Specify) _____
 - Sale, repair or installation of trailer hitch or 5th wheel connections Yes No _____ %
- 12. Do you rent or lease units to others? 12. Yes No
- 13. Do you loan units to customers? 13. Yes No

- | | |
|---|--|
| 14. Do you rent units to customers while their units are left for service repair? | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Do you furnish units to anyone? | 15. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Are customers permitted to test drive?
Accompanied by a salesperson? | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you service customers vehicles? If yes, _____ % Receipts
Are they stored in building? | 17. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you sell parts and accessories? Receipts _____ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Accessories | 18. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Are units consigned? If yes _____ % | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. Are you involved in the sale of distribution of butane, propane or any other liquefied gas held under pressure? | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21. Do you weld gas tanks? | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom _____

Witness Applicant's Signature Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote

Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.