



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

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

BUSINESS/VEHICLE STORAGE INFORMATION

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

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 OPERATORS			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 OTHERS - ALL OTHER EMPLOYEES	
CLASS II NON-EMPLOYEES	UNDER AGE 25			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.	
	ALL OTHERS			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.	

DEALERS PHYSICAL DAMAGE

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	<input type="checkbox"/>	<input type="checkbox"/>					\$	
SPECIFIED PERILS	<input type="checkbox"/>	<input type="checkbox"/>					\$	
COLLISION	<input type="checkbox"/>	<input type="checkbox"/>					\$	

NON-DEALERS PREMISES & OPERATIONS

SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES \$	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:
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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?	<input type="checkbox"/>	<input type="checkbox"/>	11. DOES APPLICANT USE TOW TRUCKS?	<input type="checkbox"/>	<input type="checkbox"/>
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?	<input type="checkbox"/>	<input type="checkbox"/>	12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?	<input type="checkbox"/>	<input type="checkbox"/>
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?	<input type="checkbox"/>	<input type="checkbox"/>	13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?	<input type="checkbox"/>	<input type="checkbox"/>
4. IS TIRE RECAPPING OR RETREADING PERFORMED?	<input type="checkbox"/>	<input type="checkbox"/>	14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)	<input type="checkbox"/>	<input type="checkbox"/>
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?	<input type="checkbox"/>	<input type="checkbox"/>	15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)	<input type="checkbox"/>	<input type="checkbox"/>
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?	<input type="checkbox"/>	<input type="checkbox"/>	16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)	<input type="checkbox"/>	<input type="checkbox"/>
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?	<input type="checkbox"/>	<input type="checkbox"/>	17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?	<input type="checkbox"/>	<input type="checkbox"/>
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?	<input type="checkbox"/>	<input type="checkbox"/>	18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?	<input type="checkbox"/>	<input type="checkbox"/>
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?	<input type="checkbox"/>	<input type="checkbox"/>			
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

ACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

REMARKS