## **INDEPENDENT AUTO DEALERS**

## Supplemental Application

Deale	rship Name		Other Named Insu	reds	Conta	ct Name(s)
Maili	ng Address					
Locat	ion Address (if dij	fferent than mail	ing address)			
Telep	hone Number		Cell Phone Number		Fax Number	
Feder	al ID Number/SS	#	Website Address			Years in Business
Curre	nt Carrier/Premit	ım		Expiratio	on Date	
E-ma	il					
	iption of" <u>other</u> "	ceipts: " <u>other</u> " operation operations:	ssssan three (3) years, provide of	letails of you	r industry work exp	perience:
Are ye	ou currently a me	mber of NIADA	or NJIADA? Yes 🗌	No 🗌		
PROP Buildi	<b>DRINY</b> ing Value ( if cove	erage is required)	Conten	ts Value		
Age	Sprinklered?	Square Feet	<i>Type of Construction (selew Wood Brick with Wood </i>		with No Wood 🗖 Bl	lock & Steel □
follow Ro Ela Pli	lding is over 20 ye ving items were up of ectric umbing vating ad A/C			her occupant what are they	ts in the building? ?	

# Auto Sales Operations (Complete or circle appropriate answers)

Hours of Operation:	to	
Number of autos sold annually:	~ % Reta	il% Wholesale
Types of vehicles sold? Cars% Vans/SUV's/Light Trucks	% Heavy Trucks	% Motorcycles %
Average age of vehicles sold:	· · <u> </u>	v
Maximum number of autos held for sale:		
Average number of autos held for sale:		
Maximum number of vehicles your lot can hold:		
Maximum value of any one vehicle in your inventory: \$		
Average retail price per auto: \$		
Average number of calendar days an auto is held for sale:		
Number of dealer tags:		
Number of motorcycle tags:		
Number of transporter plates:		
Do others sell your autos on a consignment basis with other dealers?		Yes / No 🗖
Do you sell the autos of others on a consignment basis?		Yes / No 🗖
If yes, do you use a Consignment Agreement?		Yes / No 🗆
If you don't, we will provide you with one that must be utilized.		
Do owners, or any employee, who are provided Demos:		
Have a spouse?		Yes / No 🗆
Have children over age 14 living at home?		Yes / No 🗖
If yes, a copy of their personal auto policy and their drivers lice	nse numbers will b	e required.
If no personal auto policy is in force, we will need their names		
Do you utilize a Demo Agreement with employees who are supplied a		
If no, we will provide you with one for you to utilize.		
Do you repossess vehicles?		Yes / No 🗖
Do you sell salvaged autos?		Yes / No
Do you rent or lease autos to others?		Yes / No 🗖
Prior to test driving, is a copy of the drivers license confirmed for all	customers?	Yes / No 🗆
What percent of customers are accompanied by salespeople during te		%
Are any autos sold other than private passenger autos/vans or pick-u	ps?	Yes / No 🗆
If yes, please describe:		
What are the sources of autos sold?		
Physical damage insured currently?		
What is the distance to the furthest auction you attend?		miles
How many trips per month do you make to auctions?		trips
What percent of autos sold are picked-up or delivered further than 50	) miles?	%
How are vehicles transported to/from auctions?		
If transported, do you obtain Certificates of Insurance showing the		
Do you have tow trucks/flatbeds?		Yes / No 🗆
If <u>yes</u> , do you also tow for others? for who?		
Do you utilize temporary drivers?		Yes / No 🗖
Are the temporary drivers listed on the Employee/Driver Information		Yes / No 🗖
Are all employees (whether or not they drive autos) included on the d		Yes / No 🗖
Is there anyone else (other than your customers) who might drive the	e autos?	Yes / No 🗆
If yes, who?	a nahialas?	
	s venicies?	
How are dealer plates controlled?		
Do you rent or lease your dealer/repair plates to others?		Yes / No
Do you export autos to other countries?		Yes / No
		Yes / No 🗆
Who is responsible for the vehicle safety/damage during the exporting	g process?	

Please answer and DESCRIBE applicable security measures in use:

Fence (Entire Lot):	$\Box Y/N$	Gated?	Height?
Cameras:	$\Box Y/N \Box$		
Watchmen:	$\Box Y/N \Box$	Armed?	
Firearms:	$\Box Y/N \Box$		
Guard Dogs:	$\Box Y/N \Box$		
Alarm:	$\Box Y/N \Box$	Burglar, Fire, Both?	
Lights in Lot:	$\Box Y/N \Box$		
Cash, Credit Slip Controls:	$\Box Y/N \Box$		
Locked Safe for Cash, Checks &			
Important Documents:	$\Box Y/N \Box$		

### After Sale Controls

On average, what is the length in time (in days) required for formal title transfer?	
Do you issue temporary plates?	
Is insurance coverage verified for all customers prior to delivery of vehicles?	
Do you "Spot" vehicles?	
If <u>yes</u> , do you use "Spot" Insurance?	

# <u>Scheduled Vehicle(s)</u> (if none, skip to next section)

VEH					COST		GARAGE
#	YEAR	MAKE	MODEL	VIN #	NEW	GVW	LOCATION
1							
2							

### Auto Repair Operations

Do you major repairs to autos prior to their sale?	$\Box$ Yes / No $\Box$
Do you perform warranty work for your customers?	□Yes / No □
Do you perform repairs for the general public?	$\Box$ Yes / No $\Box$
Do you subcontract repair work out to others?	□Yes / No □
If <u>yes</u> , do you obtain Certificates of Insurance that show they have	
Garagekeepers Coverage (Direct Primary)? If all above answers are No, then skip next 11.	$\Box$ Yes / No $\Box$
Number of auto repair bays:	
Maximum number customers autos on premises at one time:	
Average number of customers autos on premises at one time:	
Maximum total value of customers vehicles left on your premises for repair	r at one time?
Average total value of customers vehicles left on your premises for repair a	
Number of licensed mechanics:	
Number of unlicensed mechanics:	
Are signs posted restricting customers from all service areas?	$\Box Yes / No \Box$
Is any body work performed?	$\Box$ Yes / No $\Box$
If body work is performed, please describe:	
Who is responsible for test driving vehicles after repairs are completed?	
Are customers furnished with loaner or rental automobiles?	□ <i>Yes / No</i> □
<i>If <u>yes</u>, is there a standard loaner/rental agreement in use?</i>	□Yes / No □
<i>If <u>ves</u>, do you confirm their insurance coverage?</i>	□Yes / No □
Do any underground oil, gas or storage tanks exist?	□Yes / No □
If <u>ves</u> : # of tanks?	
Age of tanks?	
Construction of tanks?	

The undersigned certifies that the above information is complete, true and correct.

Named Insured's Signature\_\_\_\_\_ Date:\_\_\_\_\_

# **DEALER PLATE AGREEMENT**

I agree that at no point in time while I'm insured with Peerless Insurance Company will I rent, lease or loan a dealer plate to another party. I understand that this would be in violation of my license agreement with the State of New Jersey Department of Motor Vehicles and that this can result in the termination of my insurance program.

DEALERSHIP NAME

INSURED'S SIGNATURE

DATE

Return to Creative Agency Group 15 Creative Circle, Route 520 Holmdel, New Jersey 07733 Fax (732) 946-2044

### MOTORCYCLE DEALER PLATES UNDERWRITING INFORMATION

1. Number of motorcycles sold per year?

2.	Motorcycle inventory is garaged after hours? If not, are they blocked in by other vehicles and disabled during and after hours?	Yes	☐ No ☐ No
3.	Do you permit any test-driving of motorcycles?	Yes	No
4.	Do you do any service or repairs to any motorcycles?	Yes	No
5.	Do you ever use these tags for personal use?	Yes	No

NAMED INSURED

INSURED'S SIGNATURE

### **EMPLOYEE CENSUS INFORMATION**

Named Insured:

Policy Number:	
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Effective Date: \_\_\_\_\_

Dear Client:

A review of our underwriting file indicates that we are in need of a current list of employees and non-employees for your policy. Please remember to include the names and driver information for the following individuals:

- Owners/Managers/Salespersons
- Mechanics
- Regular Auction Drivers
- Lot (get-ready) persons
- Family members with a dealer plate
- Any other non-employees with a dealer plate

#	DRIVER'S NAME	DOB	LICENSE NUMBER	ST	JOB DESCRIPTION OR NON-EMPLOYEE WITH DEALER TAG (i.e., Family Members)	FULL OR PART- TIME	DEMO PROVIDED Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note:

- 1. All accounts are physically inspected by the carriers. If the number of employees/non-employees differ from this list, it could result in a premium adjustment because your Liability premium is based upon this information.
- 2. Anyone operating any of your vehicles on a regular basis who are not listed above (especially nonemployees) could possibly result in a declination or termination of coverage.

### **NEW JERSEY NOTICE OF ELECTION – PROPRIETORS AND PARTNERS** WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

The New Jersey Workers' Compensation Law was amended effective April 13, 2000. The amendment permits election by a self-employed person or partners of any partnership including partners of a limited liability partnership and members of a limited liability company actively performing services on behalf of the business to be deemed employees for the purpose of receipt of benefits and the payment of premiums. This election does not affect the insurance obligations for employees other than the self-employed person, partners or members.

The election must be made at the time the policy is purchased or renewed and must be effective at the inception date of the policy. It is important to note that the election cannot be rescinded during the policy period and that in the case of any partnership including a limited liability partnership or limited liability company, ALL of the partners or ALL of the members must elect the coverage. You will be required to pay a premium based on the remuneration and duties of the self-employed person or each partner or each member.

The insurer or insurance producer shall not be liable in an action for damages on account of the failure of a business, limited liability partnership, limited liability company or partnership to elect to obtain workers' compensation coverage for a self-employed person, limited liability partner, limited liability company member or partner, unless the insurer or insurance producer causes damage by a willful, wanton or grossly negligent act of commission or omission.

Whether electing or rejecting coverage, it will be necessary to complete the information as requested below. This completed form must then be returned to the carrier/producer. A copy of this Notice and proof of mailing should be retained for your records.

NAME OF BUSINESS				
Name(s) of Proprietor         or ALL Partners         (Please print)         1.         2.         3.         4.         5.         6.			Complete this section only when coverage is elected.	
Signature(Proprietor or	a Partner)	Date	Always complete this section.	

### Federal ID # and/or Social Security # Other Employee's Payroll \$

Workers' Compensation and Employer's Liability Insurance Policy

NJCRIB FORM PP-1 A 7/01

AGENT NAME AND NUMBER

### APPLICATION FOR USED MOTOR VEHICLE DEALER BOND

NAME OF DEALERSHIP		TAX I.D. NUMBER	BOND AMOUNT \$		
BUSINESS ADDRESS		PHONE NUMBER	BOND EFF. DATE		
TYPE OF DEALERSHIP	HOW LONG H	AS THIS DEALERSHIP BEEN	ESTABLISHED?		
NAME OF LIABILITY INSURANCE COMPANY AND LIMITS CARRIED	DOES DEALEI	RSHIP SELL CARS USING TH	E INTERNET?:		
LIST ALL OWNERS, PARTNERS, MEMBERS, WHO SHALL BE LEGALLY RESPONSI			.s		
1. NAME & POSITION	2. NAME & POSITION				
HOME ADDRESS	HOME ADDRESS				
SOCIAL SECURITY #	SOCIAL SECU	RITY #			
3. NAME & POSITION	4. NAME & POSITION				
HOME ADDRESS	HOME ADDRESS				
SOCIAL SECURITY #	SOCIAL SECURITY #				
YESHAS YOUR PRIVILEGE TO SELL MOTOR VEHICLES ENOOR SALESMAN, IN THIS OR ANY OTHER STATE?	VER BEEN SUSPE	ENDED OR REVOKED, AS A I	DEALER		
YES HAVE ANY OF THE OWNERS, SPOUSES, MANAGEME NO FINANCIAL INTEREST EITHER DIRECT OR INDIRECT THAN A TRAFFIC VIOLATION ? IF ANSWER IS YES G	IN SUCH BUSINE	SS, EVER BEEN CONVICTED	OF A CRIME OTHER		

It is acknowledged that all information is complete and correct and is given to induce the insurance company and its agent to execute the bond applied for. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Authorization is given to investigate the credit, character, capacity and capital of the applicant(s) for bonding purposes.

Should the Selective Insurance Company of America, (hereinafter called the Company) execute or procure the execution of the suretyship hereinbefore applied for, or other suretyship in lieu thereof or in connection therewith, the Indemnitors, do, in consideration thereof, jointly and severally and for each other undertake and agree:

That the statements contained in the foregoing application are true.

That the Indemnitors will pay the Company, at its office in Branchville, New Jersey, in advance, in each and every year,

Dollars for such suretyship, or any renewal, extension, modification or continuation thereof, or Consent of Surety, requested or assented to by the Applicant, and until the Indemnitors shall serve upon the Company competent written legal evidence satisfactory to it of its final discharge from such Applicant, and until the indemnitors shall serve upon the Company competent written legal evidence satisfactory to it of its that discharge non-such suretyship and all liability by reason thereof. And the Indemnitors hereby agree that the voucher or other evidence of any payment made by the Company by reason of such suretyship shall be competent evidence of such payment and the propriety thereof, and of the Indemnitors' liability therefor to the Company, and do hereby further bind themselves, their heirs, executors, administrators, successors and assigns, to indemnify and save the Company harmless, and on demand to pay it any and all claims, demands, loss and damages of every nature and kind, as well as all legal and other costs, counsel fees and expenses which the Company shall at any time sustain, directly or indirectly, by reason or in consequence of such suretyship, or any renewal, extension, modification or continuation thereof, or Consent of Surety or additional suretyship, whether before or after legal proceedings by or against the Company, and whether with or without notice thereof to the Indemnitors. The Indemnitors will, on the request of the Company, procure the discharge of the Company from said suretyship, and all liability by reason thereof, and any and all renewals and extensions of the same. The Company shall not be required to remove or join in the removal of any action arising upon the obligation referred to or in any way connected therewith from the State Court to the Federal Court, if there by any law or practice prevailing in the state in which such action is brought fixing any penalty for such removal or providing for the revocation of the license to transact business in said State of a foreign corporation applying for such removal.

That if the Indemnitors, or one or more of them be a corporation, it is specifically and beneficially interested in obtaining said bond and that the officer executing on its behalf is thereunto duly authorized with full power to bind said corporation in the premises.

That no change or modification of or in the terms of this agreement shall be effective unless such change or modification is in writing and signed by the President, a Vice-President, a Secretary, or an Assistant Secretary of the Company.

STATE OF COUNTY OF	SS:	×	(L.S.)
Subscribed and sworn to before me this	day of	*	(L.S.)
		×	(L.S.)
(Notary Public)		۲	(L.S.)

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