

# **Independent Auto Dealer Program Application**

#### **GENERAL INFORMATION**

Effe	ctive Date:	Na	Named Insured:				DE	DBA				
Mail	ing Address:	City	City:				St	State, Zip				
Web Address:				Years in business?				Ye	Years of related experience?			
Age	ncy:		Pro	ducer:					Pł	none:		
Type of Legal entity: Corporation Partnership Individual Limited Liability Corp. Other												
Applicant's Business  Non-franchised retail auto NO service/repair  Non-franchised retail auto WITH service or repair  Auto Auction  Non-franchised retail truck dealers WITH service  Wholesale Dealers												
Doy	ou own any other business	es)? Please	prov	ide details	S							
LO	CATION INFORMATION											
DBA:				Location #2 Address  DBA: Address:  City: State: Zip:				DI Ad Ci	Location #3 Address  DBA:  Address:  City:  State:Zip:			
Doy	ou share these locations wit	h any other	entiti	es?	′es:	No: [	] [	f yes, c	lescrib	e:		
Sal	es and Repair – Provide	percentage	of r	eceipts b	ov type of i	units:						
Sales and Repair – Provide percentage of receipts by type of units:  Repair % Sales % Repair % Sales % Sales % Repair % Sales								Sales %				
	Private passenger cars, pick-up trucks, vans, Sport Utilities			%	%			Motoro ATVs	cycles,	Motorbikes,	%	%
	Motor homes, Recreational v		%	%			Antiqu	e or Cl	assic Vehicles	%	%	
☐ Trucks < 20,000 # GVW				%	%			Utility	trailers		%	%
	Trucks > 20,000 # GVW			%	%			Watercraft (boats, jet skis, etc)l %			%	%
	Sports Cars or high performa cars (Porsche, Corvette etc)	ance		%	%			Farm Equipment			%	%
	Truck tractors, 5th Wheels &	Semi Trailers		%	%			Other: %			%	%
	Service Work - provide percentage of each type of service work from the list below:											
Gross Sales: Dealership: \$ Service/Repair: \$ Other: \$												
		Repair %					Re	oair %				Repair %
	Alignment	%		Oil & Lub	е			%		Tune Up		%
	Body work/paint	%		Radiator				%		Transmissions		%
	Brakes	%		Sound System/Alarms				%		Upholstery		%
	Engine Overhaul	%		Suspension				%				%
	Muffler/Exhaust System	%		Window Tinting				% Sales of Tires - New			New	%
	Gasoline Sales Gallons:	%		LPG Sales Gallons:				% Sales of Tires – Used/Recapped			%	



## **Independent Auto Dealer Program Application**

#### **OPERATIONAL QUESTIONAIRE**

How many vehicles do you sell per year?	How many of those are on consignment?							
Where do you purchase vehicles? What is your normal radius of operation?								
How many times per year do you drive-away more than 50 miles from point of purchase? Who drives or tows vehicles to your lot?								
How many Dealer Plates do you have? Transporter Plates?		Othe	er Plates (Describe)					
Describe how Plates are stored/secured Are	e Plates	loaned	to others? ☐Yes ☐No					
Describe your vehicle theft protection								
□ Fence & Gate □ Post & Cable □ Guard Dogs □ Security Guard □ Alarm/Cameras □ Other								
Describe your key controls  Are keys kept in/on vehicles?   No								
		الدام المالية						
Do you always ride along on test drives?  Yes No Photo copy of								
Do you verify that customers have liability insurance before a customer is	s allowe	d to tak	ke a vehicle after purchase? LYes LNo					
Do you buy & sell "salvage titled" vehicles?  Yes No  If yes, what percentage of vehicles require: cosmetic repair% me	ochanic	al rona	sir % structural ropair %					
Is a "Car Fax" or equivalent report obtained on all vehicles in inventory?		_	iii/0 Structurai repaii/0					
Is a copy provided to the customer at time of purchase?   Yes   No								
	no, expla	in:						
Do you tow vehicles? Yes No. If yes, percentage For Hire		; Repo	% Used Car Sales %;					
		-	<u></u>					
Is there work done at locations other than the insured's premises?	Yes	No	Explain					
(roadside, at workplace, etc)								
Are cars rented or loaned to customers?								
Do you obtain proof of insurance from customers								
Do you dismantle autos or have salvage operations?								
Do you repair vehicles with damage totaling more than 75% of the ACV of the vehicle?								
Do you own, repair, service, or sponsor a race car?								
Do you perform any work on airbags (including any deactivating) or breathalyzers?								
Do you repossess autos?		_ <u> </u>						
Do you have a storage lot on premises?								
Do you park customer's vehicles on the street?								
If you have a spray booth, is it equipped with explosion proof lights, outside ventilation & bay separation (NFPA 33 Compliance)?								
Is your lot well lit at night?								
Are signs posted to keep customers from the work area?	<u> </u>							
Do you rent bays out to others?  Are Firearms kept on the premises or Armed Security Guard?	H							
Do you have any animals on premises?								
Do you leave keys in vehicles?								
Do you store customer's vehicles overnight? If yes, describe your lot protection (each location). How are vehicles stored? How are keys controlled?								
Do you perform any frame straightening?  Yes No Make & Model Type of frame straightener: Laser Measuring device Optical Measuring device  Mechanical Gauge  Page 2 of 5  IADP Supplemental Application (02/11)								

Continental Brokers, Inc.



# **Independent Auto Dealer Program Application**

Coverage Limits & Options								
Garage Liability	Deductible	Э	Limits of Liability					
	\$500		\$300,000 CS					
	\$1000     \$		\$500,000 CSI					
			_	SL 1X Aggrega	te 2X Aggregate			
Personal Injury Lia	ability	Same	Limits as Liability (N	OT needed if Broader	ned Coverage is Selected			
Owner of Premises				d for Liability Coverage				
Additional Insured			/Address		, -			
☐Broadened Covera	ge -		Includes: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical					
Garages					Persons insured, Automatic Liability			
				bility (Refer to policy	for policy conditions, definitions and			
		limits.)						
Broad Form Produ			Limits as Liability	□ <b>#</b> 0 <b>=</b> 00 □ <b>#</b> = 0	200			
Medical Payments			Per Person  \$1000		000			
Fire Legal Liability Dealers Drive Awa	N. Coverege	Mileag	0,000	00 🗌 \$				
Uninsured/Undering			ite Statutory					
Motorists (Signed sta			ner \$					
selecting or rejecting			ιοι ψ	·				
required.)	oororago is							
Personal Injury Pr	otection	☐ State Statutory						
(Signed state form se		☐ Oth	ner \$	. <u></u>				
rejecting coverage is	required.)							
				T				
Coverage	Perils			Location & Limit	Deductible Deductible			
Dealer' Physical	Comprehe			1. \$	Collision Deductible			
Damage	☐ Specified ☐ Fire & The			2. \$ 3. \$	□ \$500 □ \$1,000			
Inventory Must be	☐ File & Tile	FIL		Э. Ф	\$1,000 \$2,000			
Insured 100% to				Per Car Limit	Ψ2,000			
Value				\$15,000	Other Than Collision			
				\$20,000	□ \$500			
Maximum per Auto				<b>\$25,000</b>	□ \$1,000			
is \$50,000				\$30,000	☐ \$2,000			
				\$35,000				
GarageKeepers	Comprehe	neiva	Legal Liability	□ \$ 1 \$	\$500			
Specified Per			☐ Direct Primary	2 \$	□ \$300 □ \$1,000			
Fire & Theft			Biroot i iiiiary	3 \$	\$2,000			
<u> </u>		-		<u>  -                                   </u>				
☐ Federal Odometer		25,000		\$50,000	<b>\$100,000</b>			
Truth-in-Lending	25,000		\$50,000	\$100,000				
Title Errors & Omis		25,000		\$50,000	\$100,000			
Agent's E & O	\$	25,000		\$50,000	\$100,000			



# **Independent Auto Dealer Program Application**

EMPLOYE	E AND NON-EM	<b>IPLOYEE I</b>	<b>NFORMATI</b>	ON - ATTAC	CH M	VRS FOR	EACH DR	IVER		
YOU MUST COMPL	ETE THE FOLLOWING	G FOR ALL O	WNERS, EMPLO	YEES, DRIVER	RS AND	HOUSEH	OLD MEMBE	RS		
DRIVER NAME	LICENSE # & STATE	DATE OF BIRTH	VIOLATIO ACCIDENTS YEAR	NS & LAST 3 ST	ATUS	HOURS WORKED	AUTO	EXCLUDE		
			TEAR	3						
	For a	dditional	drivers, use	a separate	shee	et .	L	1		
		<u>iaannoman</u>	STATUS	и соригию	000					
1. Active Owner, Part	ner or Officer			Owner, Partner o	or Office	or who are	14 years of ac	and older		
2. Inactive Owner, Pa				ether licensed or				je and older		
3. Sales Person	artifor of Officer			ny other person						
4. Lot Person				any other perso				vears of age		
5. Mechanic				rdless of whethe				,		
6. Clerical			11. Occasional or Contract Driver							
7. Spouse of Owner,	Partner or Officer		12. Other							
HOURS WORKED:			AUTO USE:							
F = Full Time (Over 2				covered auto fo			rsonal use			
P = Part Time (20 or	less hours per week)			ered auto strictly		siness use				
N = Non-Employee			C. Does not dr	ive a covered au	uto					
PRIOR INSURANC	E AND LOSS HIST	ODV INFORI	MATION (3 VE	AD)						
Policy Period	Carrier	OKT IN OK	MATION (3 TE	AIV)		10	Premium			
1 Olicy I eriou	Carrier						Territarii			
****I OSS RUNS R	EQUIRED *** Provid	de current nli	is three prior ve	ar loss history	for all	coverage	s requested			
LOGO RONO R	LQUINED TION	ac current pic	is tilico pilor yo	ai 1033 filotory	ioi aii	Coverage	o requesteu.			
Has similar insuran If yes, explain:	ce ever been cancel	lled, declined	or refused for	renewal? (Not	applic	able in Mis	ssouri) 🔲 Y	es 🗌 No		
On Hook (Coverage	e for vehicle in tow)	Legal Liabilit	y Only							
_	d Causes of Loss/w			aniya/w Callinia	<b>an</b>					
	d Causes of Loss/W	Collision OK	Comprehe	ISIVE/W COIIISIC	JII					
						Deductible	s			
Uni	t Description		Limit	Specified Cause of Loss	es	Comprehensi	ive Col	lision		
		\$		\$		\$	\$			
		\$		\$		\$	\$			
		-		_						



**Independent Auto Dealer Program Application** 

Phone: 866-386-4136 Fax: 601-707-1002 collier@continentalbrokers.biz

### Schedule of Covered Autos (Dealers only)

List any owned tow truck, car hauler, or service vehicle to be insured including ALL furnished autos.

Unit				Where		Physical Damage		
No.	Year	Model and Body Type	Serial Number	Garaged	Radius	Stated Amount	ACV	Deductible
1						\$	\$	\$
2						\$	\$	\$
3						\$	\$	\$
4						\$	\$	\$
5						\$	\$	\$

#### Loss Payable Name and Address (advise which unit this applies to)

Unit No.	Loss Payee Name	Loss Payee Address

**Workers Compensation Coverages.** 

If coverage is requested, please complete and attach ACORD Application.

List any Additional Insureds to be named and advise what their interest is in this operation.

Signature of Applicant	Date
Signature of Producer	Date