



**APPLICATION FOR AUTO DEALERS ERRORS & OMISSIONS INSURANCE  
 CLAIMS MADE INSURANCE**

App No \_\_\_\_\_ of \_\_\_\_\_

Date of Application \_\_\_\_\_ Name of Dealership \_\_\_\_\_  
 Proposed Effective Date \_\_\_\_\_ DBA \_\_\_\_\_  
 Business is \_\_\_\_\_  
 Dealer Group \_\_\_\_\_ Year Established \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**GENERAL INFORMATION**

Majority Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Majority Owners DOB \_\_\_\_\_  
 Tax ID No. \_\_\_\_\_ Majority Owner Active  Yes  No  
 Years of Experience Managing Dealerships \_\_\_\_\_

List all Owners of Dealership **\*Use Separate Sheet if Necessary**

Name	% Ownership	Active Y/N
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other Dealerships under same Majority Ownership for which application is not attached.

Dealership Name	% Ownership	City	State

\* If application is not attached please explain: \_\_\_\_\_

Are there any Foreign Operations:  Yes  No If Yes, explain: \_\_\_\_\_

List and describe all other Subsidiary Operations and Companies **\*Use Separate Sheet if Necessary**

Details \_\_\_\_\_

**Dealership Contact Information**

General Manager \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Accounting Contact \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Name of Person to receive Correspondence from the Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**PRODUCER INFORMATION**

Producer Code \_\_\_\_\_ Producer \_\_\_\_\_  
 Agency Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_  
 Email \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
 Post Office Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## Operations

**PLEASE NOTE:** All questions must be answered.

1. Type of Franchises:  Automotive     Truck     RV     Other     None

2. Prior Insurance Carrier

	Current Term	1st Prior Term	2nd Prior Term	3rd Prior Term
Carrier				
Policy Number				
Estimated Annual Premium				

3. Are there additional locations?  Yes    No

(If yes, please provide a schedule of names and locations.)

4. Number of Employees: \_\_\_\_\_

**For questions 5-9, if the answer is "No", coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "No" answers.**

5. Do you have a handbook or manual addressing dealership procedures for compliance with auto damage disclosure odometer and Truth-In-Lending laws?  Yes    No

6. Does your handbook/manual address when damage must be disclosed in vehicle sales/leases?  Yes    No

7. Do you have a policy on how mileage is to be taken off the odometer and put on the odometer disclosure form?  Yes    No

8. Has training been provided to sales and F&I personnel on how to comply with Regulations M and Z?  Yes    No

9. Do you have procedures for handling lemon law allegations?  Yes    No

**For questions 10 and 11, if the answer is "Yes," coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide details for the "Yes" answers.**

10. Are you aware of any complaints or allegations of violations involving odometer, lemon law, truth-in-lending/leasing, competitive parts, consumer protection statutes, or auto damage disclosure laws that might give rise to a lawsuit?  Yes    No

11. Have there been any lawsuits involving reported violations of the laws mentioned or any other laws or regulations for the past three years?  Yes    No

### Coverage Selection

**Check Options Desired:**

Limit Desired

\$100,000 / \$500,000

\$250,000 / \$500,000

\$500,000 / \$500,000

\$500,000 / \$1,000,000

\$1,000,000 / \$1,000,000

Requested effective date (no backdating): \_\_\_\_\_

