



**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): _____

