



**FRANCHISED NEW CAR/TRUCK/RV DEALER APPLICATION FOR 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 \_\_\_\_\_



**ADDITIONAL INSUREDS, LOSS PAYEES AND MORTGAGEES**

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

| INTEREST             |  | NAME AND ADDRESS | INTEREST IN ITEM |
|----------------------|--|------------------|------------------|
| Additional Insured   |  |                  |                  |
| Loss Payee           |  |                  |                  |
| Mortgagee            |  |                  |                  |
| Lien holder          |  |                  |                  |
| Other                |  |                  |                  |
| Certificate Required |  | Reference #      |                  |

## DEALERSHIP OPERATIONS

Type of franchises:     Automotive    Truck    Heavy Truck    Truck-Trailer    RV    Other    None

List all dealership franchises:

| Franchise Name | Maximum Unit Value | Franchise Name | Maximum Unit Value |
|----------------|--------------------|----------------|--------------------|
| 1.             | \$                 | 4.             | \$                 |
| 2.             | \$                 | 5.             | \$                 |
| 3.             | \$                 | 6.             | \$                 |

List other products sold: \_\_\_\_\_

Is the applicant a wholesale distributor for any products?    Yes    No

| Annual Gross Sales New | Annual Gross Sales Used | Annual Gross Sales Parts | Annual Gross Sales Service | Annual Gross Sales Body Shop | Annual Gross Sales Other | Total Annual Gross Sales |
|------------------------|-------------------------|--------------------------|----------------------------|------------------------------|--------------------------|--------------------------|
| \$                     | \$                      | \$                       | \$                         | \$                           | \$                       | \$                       |

Estimated Annual Payroll \$ \_\_\_\_\_

Annual Advertising Expenses \$ \_\_\_\_\_

Is Dealership member of NADA?     Yes    No

Yes    No

State Association

Yes    No

Metro Association

Yes    No

### DOES YOUR OPERATION INCLUDE ANY OF THE FOLLOWING ACTIVITIES

| ACTIVITY             | SALES<br>YES / NO | REPAIR<br>YES / NO | CONVERSION<br>YES / NO | ACTIVITY   | YES<br>/ NO |
|----------------------|-------------------|--------------------|------------------------|--|-------------|
| GRAY MARKET VEHICLES |                   |                    |                        | TIRE RECAPPING                                     |             |
| KIT CARS             |                   |                    |                        |  |             |
| CUSTOM VEHICLES      |                   |                    |                        | BODY SHOP  |             |
| CONVERTED VANS       |                   |                    |                        |  |             |
| MOTORCYCLES          |                   |                    |                        | SERVICE STATION                                    |             |
| ATVS                 |                   |                    |                        | OPEN TO PUBLIC                                     |             |
| RVS                  |                   |                    |                        | CAR WASH   |             |
| STRETCH VEHICLES     |                   |                    |                        | OPEN TO PUBLIC                                     |             |
| PROPANE/LPG          |                   |                    |                        | SPONSOR OR PARTICIPATE IN<br>COMPETITION OR RACING |             |
| TOWING SERVICE       |                   |                    |                        | REPOSSESSIONS                                      |             |
| OTHER-EXPLAIN:       |                   |                    |                        |  |             |

Describe any operations to be provided coverage that **do not** involve the sales or servicing of vehicles:

State licensed to perform vehicle safety inspections?

Yes    No

If yes, please describe: \_\_\_\_\_

Do you do electrical repairs on RV's?

Yes    No

Do you repair stoves and heaters in RV's?

Yes    No

Number of body shop personnel: \_\_\_\_\_

Hourly rate charged for insurance repairs: \$ \_\_\_\_\_

Do you perform any conversions from gasoline to propane/LPG?

Yes    No

Are mechanics certified and do they have at least 3 years experience?

Yes    No

Is there any Sublet Work?  Yes  No

If yes, are Certificates of Insurance required from Contractors?  Yes  No

**DEALERSHIP SAFETY PROGRAM:**

Do you have a written Safety Program? (If yes, submit copy)  Yes  No

Do you have a designated Safety Director?  Yes  No

Do you have regularly scheduled Safety Meetings?  Yes  No

If Yes, How often? \_\_\_\_\_

Do you distribute propane/LPG?  Yes  No

Is propane/LPG sold to the public?  Yes  No

- Please describe Safety Equipment: \_\_\_\_\_
- If yes, advise total number of gallons dispersed per year: \_\_\_\_\_
- If you do fill ups are they done only by trained employees?  Yes  No
- How far are the tanks from the building? \_\_\_\_\_
- Please describe protection for tanks. \_\_\_\_\_

**CONTROL & MANAGEMENT OF USE OF DEALERSHIP & CUSTOMER VEHICLES**

Do Demos or Dealership Autos provided for full time use equal more than 20 % of total Employees?  Yes  No

**EMPLOYEE LIST AND ANY NON-EMPLOYEES OR FAMILY MEMBERS PROVIDED DEALERSHIP VEHICLES:**

Please provide an **ATTACHMENT** providing the following information: Name, Date of Birth, Job Position or Relationship, Full/Part Time, Drivers License Number, State and indicate if a Dealership Vehicle is provided for full time use etc.

**USE OF DEMONSTRATORS AND OTHER DEALERSHIP VEHICLES:**

Number of Demos: \_\_\_\_\_

Are any Demos or other company autos provided to any employee or non-employee who is age 20 or under?

Yes  No

If yes, please list all employees and non-employees provided demos who are age 20 or under on an additional sheet  
Demonstrators are provided to:

|                     | Number of New Vehicles | Number of used Vehicles |
|---------------------|------------------------|-------------------------|
| Owner/Managers      |                        |                         |
| Employees           |                        |                         |
| Family Members      |                        |                         |
| Other non-employees |                        |                         |

MVR's are checked on all persons with demo privileges?  Yes  No

Currently MVR's are checked by whom?  Dealership  Liability Carrier  Insurance Broker

Please indicate insured's policy on personal use of Demos by employees (i.e. any Dealer Demo Agreements):

\*If a Demo Agreement is used, please attach.

Users are responsible for demo damage (check all that apply):

first \$\_\_\_\_\_ of loss  Collision damage only  only if user is at fault  all vehicles loss/damage

Number of Parts Trucks: \_\_\_\_\_ Number of Motorcycles: \_\_\_\_\_ Number of Tow Trucks: \_\_\_\_\_

Number of Courtesy Cars: \_\_\_\_\_ Number of Vans: \_\_\_\_\_ Maximum Number of Passengers: \_\_\_\_\_

**TEST DRIVE PROCEDURES:**

Sales staff accompanies prospects on test drives?  Yes  No

Describe Test Drive Procedures: \_\_\_\_\_

Photo Copy of Customer's License made?  Yes  No

Thumbprint?  Yes  No

Retained at Dealership during Test Drive?  Yes  No

Describe Customer Rental or Loaner Procedure: \_\_\_\_\_

Loan or Rental Agreement used?  Yes  No (If Yes, PLEASE ATTACH.)

Any public storage of vehicles?  Yes  No

Any drive a ways in excess of 200 miles?  Yes  No

If yes, how many? \_\_\_\_\_

Are any vehicles held on consignment?  Yes  No (If Yes, attach a copy of your form)

Number of Dealer Plates: \_\_\_\_\_

Describe Control of Dealer Plates: \_\_\_\_\_

Any Dealer Plates loaned to customers or others? \_\_\_\_\_

**SPECIALTY, ANTIQUE, MUSCLE CAR OR OTHER COLLECTOR VEHICLES:**

Are specialty vehicles held in inventory or does the applicant have a car collection?  Yes  No

If yes, please describe any antique or collector cars, or any cars with value in excess of \$100,000 and explain what additional precautions, if any, are taken to safeguard (If necessary, attach additional sheet).

| Model Year & Manufacturer | \$ Value | Location | Security |
|---------------------------|----------|----------|----------|
|                           |          |          |          |
|                           |          |          |          |
|                           |          |          |          |
|                           |          |          |          |
|                           |          |          |          |

**GARAGE LIABILITY COVERAGE**

**PRIOR INSURANCE CARRIER**

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

**LIABILITY COVERAGES**

|                                 |    |                             |
|---------------------------------|----|-----------------------------|
| Garage Liability Coverage Limit | \$ | Occurrence                  |
|                                 | \$ | Aggregate (other than auto) |
| Deductible                      | \$ | per Occurrence              |

**OPTIONAL LIABILITY COVERAGES**

LIMIT OF LIABILITY

Broadened Coverages-Garages

- Personal injury and Advertising Injury INCLUDED
- Host Liquor Liability Coverage INCLUDED
- Incidental Medial Malpractice Liability Coverage INCLUDED
- Non-owned Watercraft Coverage (under 26") INCLUDED
- Additional Persons Insured INCLUDED
- Automatic Liability coverage-Newly Acquired Garage Businesses (90 days) INCLUDED
- Limited Worldwide Liability Coverage INCLUDED
- Fire Legal Liability Coverage \_\_\_\_\_  
 (\$50,000 included, if higher limit is required please indicate)

Broad Form Products Coverage \_\_\_\_\_

Garage Locations and Operations Medical Payments Coverage \_\_\_\_\_

Uninsured/Underinsured Motorist (Statutory-Attach State Form) \_\_\_\_\_

Employee Benefit Liability Coverage \_\_\_\_\_

Dealers Errors & Omissions Coverage

100,000 per Occurrence/Subject to Annual Aggregate

Lemon Law Defense Coverage

25,000 per Occurrence/300,000 Annual Aggregate

Delete Fellow Employee Liability Exclusion

Yes  No

**DRIVE OTHER CAR COVERAGE (BROADENED COVERAGE FOR NAMED INDIVIDUALS)**

Liability Limit \_\_\_\_\_ Medical Limit \_\_\_\_\_ Um/Limit \_\_\_\_\_

Comprehensive  Yes  No

Collision  Yes  No

List individuals requiring DOC coverage below (Attach additional page if necessary)

If any Spouses or other dependants, please include Name, Date of Birth, Driver License No. and relation to Named Individual)

| NAME | POSITION | ANY DEPENDANTS?  |
|------|----------|--|
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|      |          | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Stop Gap (Employers Liability) Coverage (Only Available In Washington, Ohio, Wyoming, North Dakota, West Virginia).

Yes  No

Other-Specify Coverage Forms And Limits (Subject To Company Approval): \_\_\_\_\_

**UNINSURED MOTORIST COVERAGE**

**READ AND ATTACH A SIGNED COPY OF THE STATE UM/UMI SELECTION FORM**  
 (Copies of the State Form may be downloaded from <http://www.armonline.com>)

## GARAGEKEEPERS LIABILITY COVERAGE

### PRIOR INSURANCE CARRIER

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

Complete a copy of this page for each location where service is completed on Customers Cars:

| <b>LOCATION:</b>   |                    |                                       |                                     |  |
|--|--------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Legal Liability Only<br><input type="checkbox"/> Direct Excess<br><input type="checkbox"/> Direct Primary | Limit Of Liability | \$                                    |                                     |  |
|  | Deductible         | Per Auto \$<br>Per Occurrence \$      | Average # Of Autos<br>All Locations |  |
| <b>Repair Percentage</b>   |                    | <b>Storage Of Customer's Vehicles</b> |                                     |  |
| Parts    % Labor    %  | # In Building      | # On Standard Lot                     | # On Non-Standard Lot               |  |

### CUSTOMER AUTO SECURITY CHECKLIST

Complete for each location where Customer Autos are stored:

Location address: \_\_\_\_\_

Nature of business conducted at this location: \_\_\_\_\_

Local police number: \_\_\_\_\_

Distance to nearest inland river/waterway: \_\_\_\_\_ Distance to coastline: \_\_\_\_\_

Maximum values at risk at this location: \_\_\_\_\_ Any one vehicle: \_\_\_\_\_ All vehicles: \_\_\_\_\_

Maximum number of Autos: \_\_\_\_\_

YES NO

- Guard dog(s)
- Camera surveillance covering all lots
- Security guard (describe type and hours): \_\_\_\_\_
- Exterior lights remain on all night
- Exterior lights eliminate dark shadows
- Location not situated in a 100 year flood plain (as designated by the U.S. Army Corps of Engineers or Emergency Management Agency)
- Damage will not result from runoff or melting of snow or ice
- Perimeter fencing/barriers are equipped with central station alarm protecting all vehicles
- All storage areas at this location are secured in such a way that vehicles cannot be removed from premises during non-business hours without causing property destruction to perimeter fences, posts, chains barricades and/or gates (if this item is not checked, please explain why exit of vehicles cannot be prevented (i.e. lack of fencing, gates, zoning restrictions, etc.).
- \_\_\_\_\_  
Public cannot access keys to Customer's vehicles
- Only designated individuals are authorized to dispense keys (please give names/positions of persons positions of persons who have been assigned responsibility for keys: \_\_\_\_\_
- \_\_\_\_\_  
Logs maintained to track key use

- Keys are not left in unattended vehicles
- Unattended vehicles are locked during non-business hours
- Keys are secured after hours. Where: \_\_\_\_\_
- Lockboxes (affixed to vehicles) are used for key storage (If lockboxes are used, please provide details, i.e. manufacturer(s), on what vehicles, during what hours, etc.)

### CONTINGENT LEASE-RENTAL COVERAGE

**PRIOR INSURANCE CARRIER**

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

| COVERAGE TYPE  | INDICATE NUMBER OF UNITS IN EACH CATEGORY |                    |               |                |
|--|---|--------------------|---------------|----------------|
|  | Auto Type                                 | Weight             | Number Leases | Number Rentals |
| <input type="checkbox"/> CONTINGENT LIABILITY ONLY     | Private Passenger                         |                    |               |                |
|  | Light Trucks                              | 10,000 Or less GVW |               |                |
| <input type="checkbox"/> LIABILITY AND PHYSICAL DAMAGE | Motor Homes                               |                    |               |                |
|  | Medium Trucks                             | 10,001-20,000 GVW  |               |                |
|  | Heavy Trucks                              | 20,001-45,000 GVW  |               |                |
| COMP DEDUCTIBLE<br>\$ _____                            | Extra Heavy Trucks                        | 45,001 & Over GVW  |               |                |
| COLLISION DEDUCTIBLE<br>\$ _____                       | Truck Trailers                            |                    |               |                |
|  | Other (Describe)                          |                    |               |                |

Describe Insurance Verification Procedures: \_\_\_\_\_

What Liability Limit is required by the Lease Agreement? \_\_\_\_\_

List prior carrier coverage's provided: \_\_\_\_\_

**\*Contingent Lease-Rental Coverage Requires A Complete Schedule Of Leased-Rented Vehicles To Be Submitted With This Application. Schedule Must Include Make, Model, Vehicle Id Number, Value And Lessee.**

**If Primary Leasing Or Daily Rental Coverage Is Required, Supplemental Applications Must Be Submitted.**

### CRIME and FIDELITY COVERAGE

**Please provide the following information regarding "your" current coverage:**

| Insurance            | Carrier | Limits | Premium | Ex. Date |
|----------------------|---------|--------|---------|----------|
| Fidelity/Crime       |         |        | \$      |          |
| Fiduciary Liability  |         |        | \$      |          |
| D&O Liability        |         |        | \$      |          |
| Employment Practices |         |        | \$      |          |

**Indicate Limits of Liability requested:**

|   | LIMIT Requested |
|---|-----------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Employee Theft |                 |

|  |  |              |
|--|--|--------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Forgery Or Alteration                                      |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Money And Securities                                       | Loss Inside  |
|  |  | Loss Outside |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Inside The Premises-Robbery/Safe Burglary (Other Property) |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Money Orders And Counterfeit Paper Currency                |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Computer Fraud   |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Funds Transfer Fraud                                       |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Credit Card Forgery  |              |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | OTHER (Specify)  |              |

**Describe any "employee" (s) or non-"employee" (s) related crimes that your organization has experienced in the past three years, whether covered by insurance or not:**

| Description of Incident | Date of Occurrence | Amount | Preventative Measures Taken |
|-------------------------|--------------------|--------|-----------------------------|
|                         |                    | \$     |                             |
|                         |                    | \$     |                             |
|                         |                    | \$     |                             |
|                         |                    | \$     |                             |

Do "you" have a Code of Business Conduct that applies to all "employees"? Yes No

Are "your" employees required to report any known or suspected fraud or dishonesty to a designated party within "your" organization or to a fraud hotline sponsored by "your" organization? Yes No

Do these controls apply to all employees? Yes No

Are Any Employees To Be Excluded? Yes No

If Yes, List Below:

| Name of Employee | Reason |
|------------------|--------|
|                  |        |
|                  |        |
|                  |        |

Total Revenues: \$ \_\_\_\_\_

Total Number of Premises: \_\_\_\_

Approximate percentage of "your " employees who regularly handle, have access to or maintain records of money, securities, vehicle titles, or other property: \_\_\_\_\_%

**Audit Controls:**

Name of CPA: \_\_\_\_\_

Has CPA been changed in the last three years? Yes No

Does "your" independent CPA conduct a fully opinioned audit annually? Yes No

If No, who prepares "your" annual financial statements? \_\_\_\_\_

Does "your" independent CPA make any recommendations relating to internal control compliance? Yes No

Have "you" implemented, or are "you" in the process of implementing all recommendations made? Yes No

Do "you" have an internal Audit Department? Yes No

If Yes, what is the current Staff Size? \_\_\_\_\_

What was the Staff size three (3) years ago? \_\_\_\_\_

**Safe Information:**

| No. of Safes | Type |
|--------------|------|
| Location     |      |



**Vendor Controls:**

Do “you” have a procedure in place to verify the existence and ownership of all new vendors, prior to adding them to “your” authorized master vendor list? Yes No

Is the review/approval conducted by someone other than the person requesting the addition of the vendor to the master list? Yes No

Do “you” have a competitive bid process at least every three years? Yes No

Are “your” vendors provided with a Business Code of Conduct and/or “your” Ethics Policy requiring that they notify “you” of any known or suspected violations of such policies? Yes No

**Inventory Controls:**

Is a perpetual inventory maintained for all inventory including vehicles, stock, parts, equipment, raw materials, finished goods, scrap? Yes No

If No, explain: \_\_\_\_\_

Are physical inventory counts conducted at least bi-weekly of vehicles? Yes No

If No, how often? \_\_\_\_\_

Are physical inventory counts, other than vehicles, conducted, at least annually, and reconciled against the perpetual inventorying system? Yes No

Is a daily count maintained? Yes No

Are procedures in place to allow management to determine the accurate levels of inventory at each phase? Yes No

Who conducts this reconciliation? \_\_\_\_\_

What are the procedures in place for “your employees” to report inventory variances outside established parameters? \_\_\_\_\_

**PROPERTY COVERAGE**

**PRIOR INSURANCE CARRIER**

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

**PROPERTY INFORMATION**

Complete this section for each location:

|                     |  |                              |  |
|---------------------|--|------------------------------|--|
| Loc#                |  | %Occupied                    |  |
| Bldg#               |  | No. Of Employees At This Loc |  |
| Street              |  | Construction                 |  |
| City                |  | Year Built                   |  |
| State               |  | Date Remodeled               |  |
| Zip                 |  | Sq Footage                   |  |
| Occupancy           |  | # Of Stories                 |  |
| Owner Or Tenant     |  | Basement                     |  |
| Property Deductible |  | Sprinklers                   |  |
| Bldg Limit Required |  | Burglar Alarms               |  |
| Bldg Coins %        |  | Other Protection             |  |
| Contents Limit      |  | Age Of Wiring                |  |

|   |  |                                    |  |
|---|--|------------------------------------|--|
| Contents Coin %   |  | Age Of Roof                        |  |
| Special Forms   |  | Age Of Plumbing                    |  |
| Business Income Incl<br>Extra Expense Limit                   |  | Age Of Heating                     |  |
| Extra Expense   |  | Roof Construction                  |  |
| Ordinance And Law Limit                                       |  | <b>North</b> Exposure And Distance |  |
|   |  | <b>SOUTH</b> Exposure And Distance |  |
|   |  | <b>East</b> Exposure And Distance  |  |
|   |  | <b>WEST</b> Exposure And Distance  |  |
| No. of Glass Panes  |  | Flood Evaluation                   |  |
| Fire District   |  | Distance To Water                  |  |
| Distance To Fire Hydrant                                      |  | Fed Flood Zone Designation         |  |
| Distance to Fire Station                                      |  |                                    |  |
| Boiler  |  | Paint Booth                        |  |
| Any Artwork On Display  |  | # Hoists                           |  |
|   |  | Protection Class                   |  |
| Describe Building   |  |                                    |  |
| Describe Any Renovations<br>Completed In The Last 10<br>Years |  |                                    |  |

**BUSINESS INCOME WORKSHEET**

|                            |  |
|----------------------------|--|
| <b>Locations Included:</b> |  |
| \$                         | Salaries, Draws, Wages, Bonuses and Commissions for those persons remaining on the payroll during the rebuilding process, do not include Sales Staff, if vehicle sales will continue |
| \$                         | Employee Benefits, Pension Costs and Payroll Taxes for those listed above.   |
| \$                         | Continued Fixed Expenses   |
| \$                         | Net Profit after taxes (exclude profit from sale of vehicles, if vehicle sales will continue)  |
| \$                         | Extra Expense  |
| #                          | Number of Months to Resume Business  |
| %                          | Growth Factor  |

|                 |      |          |   |                                |   |                       |   |                  |   |                                |
|-----------------|------|----------|---|--------------------------------|---|-----------------------|---|------------------|---|--------------------------------|
| \$ _____        | /12= | \$ _____ | X | _____                          | = | _____                 | X | _____            | = | \$ _____                       |
| BI Income Basis |      |          |   | # Months to<br>resume business |   | Monthly<br>Limitation |   | Growth<br>Factor |   | Minimum Amount of<br>Insurance |

**COMMERCIAL INLAND MARINE COVERAGE**

**PRIOR INSURANCE CARRIER**

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

Accounts Receivable Coverage-Blanket Form

| Location # | Building # | Limit | Deductible |
|------------|------------|-------|------------|
|            |            |       |            |
|            |            |       |            |
|            |            |       |            |

Valuable Papers Coverage-Blanket Form

| Location # | Building # | Limit | Deductible |
|------------|------------|-------|------------|
|            |            |       |            |
|            |            |       |            |
|            |            |       |            |
|            |            |       |            |

Can Papers Be Replaced?       Yes  No      Are Papers Kept In Fire Proof Safe?       Yes  No

Employee Tools Coverage

| Location # | Building # | Limit | Deductible | Limit Per Employee |
|------------|------------|-------|------------|--------------------|
|            |            |       |            |                    |
|            |            |       |            |                    |
|            |            |       |            |                    |
|            |            |       |            |                    |

\*If per employee limit exceeds \$25,000 a schedule of tools per employee is required.

Sign Coverage

| Location # | Building # | Sign Description | Limit | Deductible |
|------------|------------|------------------|-------|------------|
|            |            |                  |       |            |
|            |            |                  |       |            |
|            |            |                  |       |            |

Are there any signs off premises?     Yes     No

If yes, describe: \_\_\_\_\_

Data Processing Coverage Form

Deductible \_\_\_\_\_

Indicate Limits Required

| LOC # | BUILDING # | HARDWARE | SOFTWARE | EXTRA EXPENSE | BUSINESS INTERRUPTION |
|-------|------------|----------|----------|---------------|-----------------------|
|       |            |          |          |               |                       |
|       |            |          |          |               |                       |
|       |            |          |          |               |                       |

In the event of a major or total loss, could you return to operation within a week?     Yes     No

Do you have an arrangement for the use of temporary substitute equipment?     Yes     No

Are duplicates of software maintained off premises?     Yes     No

Are anti-virus safeguards in place?     Yes     No

How often are systems backed up? \_\_\_\_\_

**AUTOMOBILE DEALERS ERRORS & OMISSIONS AND/OR DEALERS LEGAL DEFENSE COVERAGE**

**PRIOR INSURANCE CARRIER**

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

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

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

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

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

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

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

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

### DEALERS OPEN LOT COVERAGE APPLICATION

#### PRIOR DOL INSURANCE CARRIER INFORMATION:

|                          | CURRENT TERM | 1 <sup>ST</sup> PRIOR TERM | 2 <sup>ND</sup> PRIOR TERM | 3 <sup>RD</sup> PRIOR TERM |
|--------------------------|--------------|----------------------------|----------------------------|----------------------------|
| Carrier                  |              |                            |                            |                            |
| Policy Number            |              |                            |                            |                            |
| Estimated Annual Premium | \$           | \$                         | \$                         | \$                         |

Has your Dealers Open Lot Insurance ever been cancelled or non-renewed? Yes No

If Yes, explain: \_\_\_\_\_

**ATTENTION: Please attach Declaration Pages for current carrier showing the current deductibles.**

#### Describe Lot Protection (Fences, Posts, Chains, Etc)

| LOC# | FRONT LOT | REAR (STORAGE) LOT |
|------|-----------|--------------------|
|      |           |                    |
|      |           |                    |
|      |           |                    |
|      |           |                    |
|      |           |                    |
|      |           |                    |

#### Key Control:

| LOCATION OF KEYS | DEALERSHIP AUTOS |      | CUSTOMER AUTOS |
|------------------|------------------|------|----------------|
|                  | NEW              | USED |                |
| Daytime          |                  |      |                |
| Nighttime        |                  |      |                |

Do you use lockboxes? Yes No If yes, are lockboxes removed at night? Yes No

#### INVENTORY CONTROL

How often do you take Inventory? Used Autos: \_\_\_\_\_ New Autos: \_\_\_\_\_

#### YES/NO

- Yes No All units were located during the last audit? Date of last audit? \_\_\_\_\_
- Yes No Factory deliveries are made only during business hours?
- Yes No Vehicles are inspected carefully at delivery and discrepancies noted on the receipt?
- Yes No Written Insurance verification is secured from customers before vehicles are delivered? (A policy requirement).
- Yes No Parts or accessories are not cannibalized from inventory audits?
- Yes No Is there off site storage and sales? If yes, describe:
- Yes No Vehicles are sold through brokers.

**COVERAGE REQUIREMENTS:**

**INVENTORY-CONSIGNED-DEMONSTRATORS-SERVICE VEHICLES-OTHER ROAD VEHICLES**

| Vehicle Type | Comprehensive - Average Values | Collision - Average Values | False Pretense - Average Values | Maximum Values at Risk |
|--------------|--------------------------------|----------------------------|---------------------------------|------------------------|
| New          |                                |                            |                                 |                        |
| New          |                                |                            |                                 |                        |
| New          |                                |                            |                                 |                        |
| Used         |                                |                            |                                 |                        |
| Used         |                                |                            |                                 |                        |
| Consigned    |                                |                            |                                 |                        |
| Demos        |                                |                            |                                 |                        |
| Demos        |                                |                            |                                 |                        |
| Service      |                                |                            |                                 |                        |
| Non-owned    |                                |                            |                                 |                        |

**Deductibles Requested**

|                         | NEW             | USED            | DEMOS           | Service         |
|-------------------------|-----------------|-----------------|-----------------|-----------------|
| Deductible Collision    | Per Auto _____  | Per Auto _____  | Per Auto _____  | Per Auto _____  |
|                         | Per Occur _____ | Per Occur _____ | Per Occur _____ | Per Occur _____ |
| Deductible Comp Other   | Per Auto _____  | Per Auto _____  | Per Auto _____  | Per Auto _____  |
| Deductible Comp Weather | Per Auto _____  | Per Auto _____  | Per Auto _____  | Per Auto _____  |
|                         | Per Occur _____ | Per Occur _____ | Per Occur _____ | Per Occur _____ |

**SECURITY CHECKLIST**

*\*COMPLETE THIS SECTION FOR EACH LOCATION WHERE DEALERSHIP VEHICLES ARE PARKED*

Location Number \_\_\_\_\_

Dealership name: \_\_\_\_\_

Location address: \_\_\_\_\_

Nature of business conducted at this location: \_\_\_\_\_

Local police number: \_\_\_\_\_

Distance to nearest inland river/waterway: \_\_\_\_\_ Distance to coastline \_\_\_\_\_

Maximum values at risk at this location: \$ \_\_\_\_\_ any one vehicle \$ \_\_\_\_\_ all vehicles

Number of vehicles \_\_\_\_\_ Maximum number of vehicles \_\_\_\_\_

- Yes  No Guard Dogs(s)
- Yes  No Camera surveillance covering all lots
- Yes  No Vehicle anti-theft systems (i.e., "lojack", window etching, sirens, etc., describe) \_\_\_\_\_
- Yes  No Security Guard (describe type and hours) \_\_\_\_\_
- Yes  No Exterior lights remain on all night
- Yes  No Exterior lights eliminate dark shadows
- Yes  No Location not situated in a 100-year flood plain (as designated by FEMA)
- Yes  No Damage will not result from runoff or melting snow or ice
- Yes  No Perimeter fencing/barriers are equipped with central station alarm protecting all vehicles

- Yes No All storage areas at this location are secured in such a way that vehicles cannot be removed from premises during non-business hours without causing property destruction to perimeter fences, posts, chains, barricades and/or gates  
If this item is not checked, please explain why exit of vehicles cannot be prevented (i.e. lack of fencing, gates, zoning restrictions, etc.). \_\_\_\_\_
- Yes No Public cannot access key to inventoried vehicles
- Yes No Only designated individuals are authorized to dispense keys  
Please give names/positions of persons/positions of persons who have been assigned responsibility for keys: \_\_\_\_\_
- Yes No Logs maintained to track key use
- Yes No Keys are not left in unattended vehicles
- Yes No Automated key machines are used to dispense all keys. Manufacturer: \_\_\_\_\_
- Yes No Keys are secured after hours. Where: \_\_\_\_\_
- Yes No Keys are cut from codes, but only after identifying requester
- Yes No Removable key codes are stored with warranty documents
- Yes No Lockboxes (affixed to vehicles) are used for key storage (if lockboxes are used, please provide details, i.e. manufacturer(s), on what vehicles, during what hours, etc.)

#### GENERAL FRAUD STATEMENT

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES.**

**(Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, Insurance benefits may also be denied)**

**IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE**

**IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

#### COLORADO FRAUD WARNING

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Agencies.**

#### HAWAII FRAUD WARNING

**FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.**

