



**AUTO DEALERS SUPPLEMENTAL UMBRELLA APPLICATION**

**Name of Insured:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Sales Breakdown:**

New		Service	
Used		Body Shop	
Parts			

**Employee Breakdown:**

Classification	Full Time	Part Time
Class IA – Regular Operators		
Class IE – Salesman – no auto		
Class IB – All Other		
Non-Employees		
Class IIA-Under Age 25		
Class IIB-Age 25 and over		

**Leasing Activity:**

Type	No. of Units	How Insured
Short Term/Daily/Custom Rental		
Long Term (1yr or more) (Cont Lia)		
What Limit is required of Lessees		

Does the insured furnish vehicles to others for their use (i.e., education, promotions, etc). If Yes, provide details. If not, write NO.

\_\_\_\_\_

\_\_\_\_\_

Describe any sponsorship or activity in racing or other competition:

\_\_\_\_\_

Number of tow trucks?		Number of Parts Trucks?	
Number of dealer tags?		Number of Courtesy Vehicles?	
Number of Demos?		Armed Security Guards?	

Requested Umbrella Limits		Current Premium	
Employers Liability Carrier		Limits	

**Personal Umbrella Extensions:** Please complete an ACORD Application for each personal extension.

**Loss Information:** Please provide five years of currently valued loss runs.

**Producer Information:**

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