



PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Antique/Classic Cars	%	%
Boats - Other Than Jet Skis	%	%
Jet Skis	%	%
Buses	%	%
Contractors Equipment <i>**include complete list of equipment**</i>	%	%
Farm Equipment	%	%
Emergency or Public Livery	%	%
Heavy Truck (over 26,000 GVW) <i>**supplement required**</i>	%	%
Kit Cars or Other Auto Manufacturing	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i>	%	%
Mobile Homes	%	%
Recreational Vehicles and Campers <i>**supplement required**</i>	%	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%
<b>TOTAL</b>	100%	

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Gasoline Station - Self Service	%
Auto Dismantling	%	Impound Yards	
Auto Maintenance or Repair Incl Bedliner	%	Mobile Auto Repair	%
Auto Painting with UL approved spray booth	%	Oil/Lube Service	%
Auto Painting without UL approved spray booth	%	Parking Lots & Garages (self park)	%
Auto Parts (uninstalled) <i>Receipts:</i>	%	Tire Dealers - New	%
Body Shop	%	Tire Dealers - Used, Retreads or Split Rims	%
Butane, Propane or other Liquefied Gas Sales	%	Trailer Hitch Installation or Repair	%
Car Wash - Full Service	%	Upholstery	%
Convenience Store <i>Receipts:</i>	%	Valet Parking <i>**supplement required**</i>	%
Detailing	%	Van Conversion	%
Driveaway Contractor or Wrecker Service	%	Window Tinting	%
Frame or Unibody Straightening	%	Windshield Installation/Repair	%
Gasoline Station - Full Service	%	Other:	%

VEHICLE STORAGE & VALUES	
Owned Autos	Non-Owned Autos
How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot	How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot
Maximum value any one Auto? _____ Maximum number of Autos? _____	Maximum value any one Auto? _____ Maximum number of Autos? _____
<i>*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or fencing. Unprotected Lots: All Other</i>	



<b>COVERAGES &amp; LIMITS</b>			
Garage Liability	Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit		Deductible _____ BI _____ PD
<input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision	
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision	
<input type="checkbox"/> In-Tow Coverage _____ Limit Per Tow Truck		<input type="checkbox"/> For-Hire _____ # of Tow Trucks	<input type="checkbox"/> Not-For-Hire
Medical Payments	_____ Auto _____ Garage Operations		
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Personal Injury Liability		<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products	
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____		
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident _____ Each Accident	Number of Dealer Tags: _____	
Personal Injury Protection	_____ Per Statute		
Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles			
Dealer's Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O			
<input type="checkbox"/> Scheduled Auto Liability or Physical Damage: <b>Complete the Scheduled Auto Supplement</b>			

**ADDITIONAL INFORMATION**

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NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

\_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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