



# GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	<b>APPLICANT</b> (First Named Insured)										
CODE: AGENCY CUSTOMER ID:	SUB CODE:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">EFFECTIVE DATE</td> <td style="width: 15%;">EXPIRATION DATE</td> <td style="width: 15%;">DIRECT BILL</td> <td style="width: 20%;">PAYMENT PLAN</td> <td style="width: 35%;">AUDIT</td> </tr> <tr> <td colspan="2"></td> <td>AGENCY BILL</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT			AGENCY BILL		
EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT								
		AGENCY BILL										
FOR COMPANY USE ONLY												

### BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES	AUTO DEALERS	VEHICLE STORAGE
	<input type="checkbox"/> FRANCHISED <input type="checkbox"/> NON-FRANCHISED	
REPAIR SHOP	CAR	TYPE OF FACILITY
MOBILE HOME TRAILER DEALER	TRUCK-TRACTOR	LOCATION #
SERVICE STATION	MOTORCYCLE	BUILDING
COMMERCIAL TRAILER DEALER	RECREATIONAL VEHICLE	STANDARD OPEN LOT
STORAGE/GARAGE/PUBLIC PARKING	SNOWMOBILE	NON-STANDARD OPEN LOT

### COVERAGES/LIMITS

**USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

### AUTO DEALERS OPERATORS

CLASS OF OPERATORS	REGULAR OPERATORS	ALL OTHERS	UNDER AGE 25	ALL OTHERS	DEFINITIONS:
CLASS I					CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.
EMPLOYEES					
CLASS II					
NON-EMPLOYEES					

### DEALERS PHYSICAL DAMAGE

### NON-DEALERS PREMISES & OPERATIONS

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE							\$	
SPECIFIED PERILS							\$	
COLLISION							\$	

### SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES \$	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:
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### DRIVER INFORMATION

**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?			11. DOES APPLICANT USE TOW TRUCKS?		
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?			12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?		
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?			13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?		
4. IS TIRE RECAPPING OR RETREADING PERFORMED?			14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)		
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?			15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)		
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?			16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)		
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?			17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?		
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?			18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?		
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?					
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?					

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					

ITEM DESCRIPTION:

**REMARKS**