

Motorcycle & Recreational Vehicle Dealers Garage Application (Motorhomes not included)

American Surplus Lines Agency
 PO Box 26882,
 Overland Park, KS 66225
 Ph: 913-888-8400 Fax: 913-888-8984

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

	Name	"dba" (if applicable)
<input type="checkbox"/> Corporation	_____	_____
<input type="checkbox"/> Partnership	_____	_____
<input type="checkbox"/> Individual	_____	_____
<input type="checkbox"/> Other	_____	_____

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Type of Operation:

Franchised Dealer
 Non-Franchised Dealer
 Repair Shop
 Service Station

8. Please check those items below that are part of your dealer operation:

	% of Operation		% of Operation
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Camper Trailers (pull type)	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Boats	_____
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Snowmobiles	_____
<input type="checkbox"/> All Terrain Vehicles	_____	<input type="checkbox"/> Golf Carts	_____
<input type="checkbox"/> Lawn & Garden Vehicles	_____	<input type="checkbox"/> Motorhomes	_____
<input type="checkbox"/> Jet Skis/Waverunners	_____	<input type="checkbox"/> Internet sales of ATVs, Motorcycles, etc. (incl. EBay)	_____
<input type="checkbox"/> Internet sales of parts/accessories	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Go Karts	_____		

9. Person to Contact:
 For Inspection (Name & Phone Number) _____
 For Accounting Records (Name & Phone Number) _____

10. Current management has controlled the business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance? Yes No If yes, explain. _____

(c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? Yes No If yes, provide complete details _____

13. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership
_____	_____	_____
_____	_____	_____

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____
 (d) How many autos did you sell in the past year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you accept units on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned units included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): _____ Dealer _____ Transporter
 _____ Repairer _____ Other

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned autos? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

17. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. **LIABILITY**

<input type="checkbox"/> Bodily Injury & Property Damage Liability (Property Damage Liability subject to \$100 deductible completed operations)	Each Accident \$ _____ (Combined Single Limit)	Aggregate (Garage operations only) \$ _____ (Maximum Aggregate Limit - 2 million)
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If liability coverage is desired, please also complete the following:

Limited Liability for Customers
OR (State Permitting Designate Choice)
 Unlimited Liability for Customers

AND

Passenger Hazard Included
OR (State Permitting Designate Choice)
 Passenger Hazard Excluded

Personal Injury Protection (State Permitting)

List All Locations To Be Covered for bodily injury and property damage liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. **UNINSURED/UNDERINSURED MOTORISTS**

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
 SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
 NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

III. **GARAGEKEEPERS COVERAGE**

NOTE: In tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)
 (pick one of the following)

Legal Liability
 Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

18. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

IV. DEALERS PHYSICAL DAMAGE *Non-Reporting Form Only, 80% coinsurance clause applies

- Specified Causes of Loss (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

AND

- Collision (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

Any loss payees? Yes No If yes, give name and address of loss payee: _____

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
 UM Limit (policy level) \$ _____
 Medical Payments Limit
 (Must match the garage medical payments limit)
 Physical Damage
 (select type for each unit on which coverage is desired)

Is intow desired? Which units? _____

Intow Limit: _____

Intow Deductible: _____

- Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

RATING INFORMATION

20. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

CLASS I EMPLOYEES

Definitions:

- (A) Proprietors, Partners, Executives active in the business
- (B) Sales Persons
- (C) General Managers
- (D) Service Managers

Number

- (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles
- (F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveaway
- (G) All other employees

Number

COMPLETE ALL SECTIONS BELOW:

Owner & Employee Driver information

Loc. No.	Name	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents	Number of Violations	Explain

*Insert letter from above definitions
 **Part Time = less than 20 hours per week

CLASS II EMPLOYEES (NON-EMPLOYEES)

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished.
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto.

Number

List all non-employees as defined above:

Name	Date of Birth	If Member of Household, Show Relationship	State where licensed	Driver License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

COLORADO UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

Colorado law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available with respect to Uninsured Motorists Coverage. You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to the bodily injury that results from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. Unless rejected, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than the minimum limits required by Colorado law of: (1) split limits of \$25,000 for each person, subject to \$50,000 for each accident with respect to bodily injury; or (2) a single limit of \$50,000 for each accident.

Please indicate your choice for Bodily Injury Uninsured Motorists Coverage by initialing your selection:

_____ Initials	I select Bodily Injury Uninsured Motorists Coverage at limits equal to the limits of my Bodily Injury Liability Coverage (split limits) or Combined Single Limit for Liability Coverage.
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_____ Initials	I select Bodily Injury Uninsured Motorists Coverage at the minimum limits required by Colorado law:
	<input type="checkbox"/> _____ \$25,000 / \$50,000 <input type="checkbox"/> _____ \$50,000
	Bodily Injury split limits (per person / per accident) Single limit

_____ Initials	I select Bodily Injury Uninsured Motorists Coverage at the limits listed below, which is less than my Bodily Injury Liability Coverage limit:
	_____ / _____
	Bodily Injury Split limits (per person / per accident) Single Limit

_____ Initials	I reject Bodily Injury Uninsured Motorists Coverage.
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Property Damage Uninsured Motorists Coverage provides protection for persons who are legally entitled to recover damages from the owner or operator of an uninsured motor vehicle because of property damage to the motor vehicle arising out of the operation, maintenance or use of the uninsured motor vehicle. The amount of uninsured motorists property damage coverage available is the actual cash value of the vehicle or the cost of repair or replacement, whichever is less.

THIS COVERAGE IS AVAILABLE ONLY IF YOUR POLICY DOES NOT INCLUDE COLLISION COVERAGE.

_____ Initials	I request Property Damage Uninsured Motorists Coverage on those vehicles to which Collision coverage does not apply.
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_____ Signature of Applicant/Named Insured	_____ Date
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Named Insured: _____	Policy Number: _____
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SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION

MUST BE SIGNED BY THE APPLICANT PERSONALLY

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed? Yes No If yes, with whom? _____

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF FRAUDULATING OR ATTEMPTING TO FRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGE. 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 FRAUDULATING OR ATTEMPTING TO FRAUD 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 WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

Witness

Applicant's Signature

Date

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

Is this direct business to your office? _____ If not, explain _____

Is this new business to your office? _____ If not, how long have you had the account? _____

How long have you known applicant? _____

REQUEST TO COMPANY GENERAL AGENT:

Please quote Please bind at earliest possible date and issue policy

Please issue policy effective _____ Coverage was bound by _____
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.