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

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL INDEMNITY & FIRE INSURANCE COMPANY

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

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

Desired Policy Term From:	To:	

GENERAL INFORMATION

1. Nam	ed Insured Information (pleas		LINI ORMATION			
□ Co) Progration	Name	"dba" (if applicable)			
ΠPa	Orporation					
□lnc	artnershipdividual					
Ducie	her					
. Dusir	iess (physical) Address:					
. Walli	Site Address:					
. Are vo	Oile Address:					
If no	ou the owner of this business	location? ☐ Yes ☐ No				
If yes	does owner of premises need	l to be named as additiona	l insured? ☐ Yes ☐ No			
,,	bigge bigging owilet 2 COM	olete name				
Type	iption of Operation: of Operation:					
• •						
Please	Check those items I Non-	ranchised Dealer	Repair Shop 🔲 Service St	ation		
1 10030	check those items below that	it are part of your dealer or	peration:			
		% of			% of	
	Mobile Homes	Operation			peration	
	l Trailers		☐ Camper Trailers (oull type)		
	Motorcycles		□ Boats			
	All Terrain Vehicles		□ Snowmobiles □ Golf Carts			
	Lawn & Garden Vehicles		☐ Motorhomes			
	Jet Skis/Waverunners		☐ Internet sales of A	T\/a		
	Internet sales of parts/access	sories	Motorcycles, etc.			
	Go Karts		□ Other	(moi. Lbay)		
	to Contact:					
For Ins	pection (Name & Phone Num	ber)				
For Acc	Counting Records (Name & Pi	none Number				
Current	management has controlled	the business since	(year) and has been in th	s type of h		
is this a	new venture? Yes No)	() and has been in [iii	s type of busir	ess since	(yea
	EVIOUS 3 YEARS' INSURAN	ICE EXPERIENCE				
Policy			Description of Loss			
Term	Insurance Company Nam	ne Premium	(if any)	Loss Date		
			(ii diiy)	Loss Date	Amount Paid	
/h						
(D) Hav	e you ever been cancelled or	non-renewed for this kind	of insurance? ☐ Yes ☐ No	If yes, exp		
			2 100 2110	ii yes, exp	olain	
		t incidente discussión				
(c) Are	you aware of any tacte or non		man make and the same as			
(c) Are	you aware of any facts or pas ght in this application? □ Yes	T No.	or situations which could give wide complete details	rise to a claim	under the insurar	nce

13.	(a)	List major owners/shareholders, management Name		า Company		% of Ownership
	(b)	What is estimated net worth of the business?				
	(d)	What is estimated net worth of the business? How many autos did you sell in the past year?	<u> </u>		(c) Gross	receipts last year?
	Has Date	this business entity ever filed for bankruptcy?	☐ Yes ☐ N	lo		
15.	-	The street of th	N/O	16	• • •	
	Pleas	se enclose copy of current consignment agree		nit? ☐ Yes ☐	No No	ration.
16.	Plate			Dealer	Trans	nortor
	liet D					
	Are p	Plate Identification Numbers assigned by the st plates attached to owned autos? Yes Notes attached to the true to be a signed.	tate:			
	Are p	determination of the second of	••	Describe		
	•	plates attached to tow trucks? ☐ Yes ☐ N	VO	Describe		
		co		INFORMAT		
17.	Limits	s of Liability and Coverage(s) Requested (C	Check desire	ed coverage a	nd insert limi	te)
		Bodily Injury & Property Damage Liability	Each A	ccident		Aggregate (Garage operations only)
		(Property Damage Liability subject to \$100 deductible completed operations)	(Con	nbined Single I	Limit)	\$(Maximum Aggregate Limit - 2 million)
	lf	liability coverage is desired, please also co ☐ Limited Liability for Customers	omplete the	following:		
			nitting Design	ate Choice)		
		AND				
		☐ Passenger Hazard Included OR (State Reserve				
		☐ Passenger Hazard Excluded	litting Design	ate Choice)		
		☐ Personal Injury Protection (State Permitting				
L	ist Al	Il Locations To Be Covered for bodily injury	y and prope	rty damage lia	bility	
				Location No.	3 Address	
	Locat	tion No. 2 Address		Location No.	4 Address	
H.	UN	IINSURED/UNDERINSURED MOTORISTS				
		MOTORISTS				
		APPLICABLE UNINSURED A	ND/OR UND	ERINSURED	MOTORISTS	INSURANCE
		SELECTION/REJECTION PAGE IS NAMED INSURED WIT	REQUIRED	TO BE COM	PLETED AND	SIGNED BY THE
	<u> </u>		TITL SOBI	WISSION OF I	HIS APPLICA	ATION.
Ш		RAGEKEEPERS COVERAGE NOTE: In to	ow or on hoo	k coverage is	excluded from	garagekeepers coverage
		UK	☐ COMP	REHENSIVE a	and Collision (available on Direct Primary basis only)
		(pick one of the following)			,	on Silver Filliary basis office
		☐ Legal Liability ☐ Direct Primary				
	GAF	DA 05/4555	ductible			
		, , , , , , , , , , , , , , , , , , , ,	ductible per a leductible per	iu(0		
		□ \$2,500 d	leductible per leductible per	anto anto		
		□ \$5.000 d	eductible per	auto		

1							G	aragekeep	ers		
	Loc. N	10. G	aragekeepers Limi		erage Value	e N	laximum Val	ue	Average #		/laximum #
			ragencepers Limi	11	Per Auto		Per Auto		of Autos		of Autos
-											
-											
-											
L											
11.7	D= 4.1.										
IV.	DEALE	RS PHY	ICAL DAMAGE	'Non-Rep	orting Form	Only, 80%	6 coinsuranc	e clause ar	plies		
		opecined (auses of Loss (se	lect desir	ed deductib	le)					
	AND	□ \$500	□ \$1,000	□ \$2,500) 🗆 \$5,00	00					
	_	Callinian (
		⊃ollision (⊒\$500	elect desired ded	•							
	Ł	⊒ ჶეეე	□ \$1,000	\$2,500	D \$5,00	0					
Liet	All Day	nimana I a									
L131	All Du	Silless Lo	ations To Be Co	vered for	Dealers Pl	hysical Da	amage Cove	erage			
							Doolore	Dhysiaal D			
	Loc. No	_ [ealers Physical	Δνα	rage Value			Physical D			
	LOC. IN).	Damage Limit		Per Auto	IVI	aximum Valu Per Auto	е	Average #		aximum #
							1 01 71410		of Autos		of Autos
				 							
į.		ľ		1							
											
Anv	loss pay	vees? 🗆	es 🗆 No	6							
Any	loss pay	/ees? □\	es □ No I	f yes, give	e name and	address o	of loss payee				
AUT	OS USE	ED IN CON	NECTION WITH	SARAGE	ODEDATIO	SNI					
AUT	OS USE	ED IN CON	NECTION WITH	SARAGE	ODEDATIO	SNI			Sed promium	n shares)	
AUT	OS USE	ED IN CON		SARAGE	ODEDATIO	ON eduled on			sed premiun	n charge)	
AUT	OS USE	ED IN CON	NECTION WITH	SARAGE	OPERATION OS are school	SNI		and asses	sed premiun	n charge)	
AUT	OS USE rage af	ED IN CON	NECTION WITH (GARAGE nless aut	OPERATION OS are school Gross Vehicle	Body Type (pickup,	the policy Maximum				
AUT cove	OS USE	ED IN CON forded for Vehicle M	NECTION WITH (specific autos un ake Vehicle Iden	GARAGE nless aut	OPERATION OF A PROPERTY OF A P	Body Type (pickup, sedan,	Maximum Radius of	and assess Garaging Location (City,	sed premiun Current Vehicle	Physical Damage	permane
AUT	OS USE rage af Model	ED IN CON	NECTION WITH (specific autos un ake Vehicle Iden	GARAGE nless aut	OPERATION OS are school Gross Vehicle	Body Type (pickup,	the policy Maximum	and assess Garaging Location	Current	Physical	permane attache
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icle	Model Year	ED IN CON forded for Vehicle M & Mod	NECTION WITH 6 specific autos un ake Vehicle Iden Numb	GARAGE nless aut	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of	and assess Garaging Location (City,	Current Vehicle	Physical Damage	perman attache
icle	Model Year	ED IN CON forded for Vehicle M & Mod	NECTION WITH (specific autos un ake Vehicle Iden	GARAGE nless aut	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of	and assess Garaging Location (City,	Current Vehicle	Physical Damage	permane attache
AUTricle	Model Year	Vehicle Management	NECTION WITH (specific autos un ake Vehicle Iden Numb or scheduled auto	diffication er	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of	and assess Garaging Location (City,	Current Vehicle	Physical Damage	permane attache
AUTrocove	Model Year	Vehicle Management of the Modern of the Modern of the Match the	NECTION WITH 6 specific autos un ake Vehicle Iden Numb or scheduled auto	diffication er	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	permane attache Y or l
AUTrocove	Model Year	Vehicle N & Mod	NECTION WITH (specific autos un ake Vehicle Iden Numb or scheduled auto	diffication er	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage	permane attache Y or l
AUTrocove	Model Year sired co	Vehicle Management & Mod	NECTION WITH 6 specific autos un ake Vehicle Ider Numb or scheduled auto	dos and/o	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan,	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	permane attache Y or I
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AUTrocove	Model Year sired control (Must not (police) Paymenatch the partype for	Vehicle Me Mod Vehicle Me Mod	NECTION WITH 6 specific autos un ake Vehicle Iden Numb or scheduled auto garage liability limited autonomical payments on which coverage	diffication er tos and/o	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation Is intow deal	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	permane attache Y or I
icle	Model Year sired co (Must nit (polici Il Paymo natch the al Dama type for 1:	Vehicle M & Mod overages match the ey level) Sents Limit the garage in gereach unit Specified	NECTION WITH Conspecific autos un specific autos	diffication er tos and/o	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation Is intow designation.	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	permane attache Y or I

RATING INFORMATION

	Defini (A) Pr (B) Sa (C) Ge (D) Se	VIDE TOTAL NU SIEMPLOYEE itions: coprietors, Partne ales Persons eneral Managers ervice Managers	ers, Execut	tives active			HE FOLL Number	(E) (F)	Other emp is driving g furnished g Other emp	loyees whos arage vehic garage vehic loyees or op ing garage v Driveaway	erators whose	Number
	Loc. No.	Nam	ie	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents	of	Explair	1
-												
(3)	iomple 1) Any 2) Any has 3) List oper 4) Any	II EMPLOYEES te for all Non-En inactive propriet active or inactiv been furnished. all members of y rating vehicles. other persons fu	nployee dri tor, inactive e proprieto your house urnished ar	IPLOYEES vers define e executive or's, execut hold who a	*Part Tir ed as foll e or inact ive's or p are 14 ye	ive partner partner's ho ars of age	to whom	a covered member to regardless	auto has be whom a co of whether	vered auto		
	N	lame	Date of Birth	Househo Relatio	ld, Show	State where licensed		iver	Number of Accidents ast 3 years	Number of Violations last 3 years		
										*		

UNDERWRITING INFORMATION

21	Is the operation in question 6 years and a second s			
22	Is the operation in question 6 your primary operation? If not, explain	_ 21	l. □ Yes	s 🗆 No
23	Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? (a) Do you sell tires?% of Receipts □ New Tires % □ Used Tires %	22	. □ Yes	s 🗆 No
	(a) Do you sell tires?% of Receipts	23	3. (a) □ Yes	s □ No
24			(b) ☐ Yes	B □ No
25	Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % of operation.	24	. 🗆 Yes	B □ No
26	Do you hold a salvage dealer license or operate a salvage yard? Do you salvage units for resale?	25	. □ Yes	No
	Do you disposed a with fault	26	. 🗆 Yes	□No
20	Do you dismantle units for the purpose of re-sale of parts? If yes,% of operation.	27		□No
	Do you weld gas tanks?	28		□ No
29	If you sell motorcycles, please complete the following:	29		□No
	(a) Do you sell motorcycles with engine size less than 50ccs?		(a) □ Yes	
	(b) Are these motorcycles required to be licensed for road use?		(b) ☐ Yes	
	(c) Is a motorcycle license required to operate these motorcycles?		(c) ☐ Yes	
	(d) Do you modify motorcycles that you sell? If yes, explain		(d) ☐ Yes	
20	(e) Do you assemble motorcycle kits? If yes, in what country are the kits manufactured?		(e) ☐ Yes	
30.	(a) Are customers allowed to test drive units overnight?	30.	(a) ☐ Yes	
	(b) Are customers required to wear a helmet during test drives?		(b) ☐ Yes	
31.	Do you sell parts?	31.		
	Gross Receipts from Parts Sold but not Installed:	• • • • • • • • • • • • • • • • • • • •	ш 1C3	
	☐ Used Parts% ☐ New Parts%			
32.	Do you sell accessories (e.g., helmets, gloves, shirts, jackets)?	32.	□ Yes	ПМо
	Gross Receipts from accessory sales:	02.	□ 163	□ 140
33.	Do you have automatic car washes on location? (\$500 deductible applies)	33.	□ Yes	□ No
34.	(a) Do you spray paint at your business location?		(a) □ Yes	
	(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards?	J 4 ,		
35.	(a) Do you loan units to customers?	35	(b) ☐ Yes	
	(b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)?	55.	(a) ☐ Yes	
36.	Do you rent units to customers while their units are left for service repair?	36.	(b) ☐ Yes	
37.	Do you furnish units to anyone?	30. 37.	☐ Yes	
38.	Do you sponsor any racing events?	38.	☐ Yes	
39.	PREMISES	30.	☐ Yes	⊔ мо
	Where are the units held for sale stored (in building, open lot, etc.)?			
	If open lot, is lot floodlighted?	20	F3 \	
	Are attendants or night watchmen employed?	39.	□ Yes	
	Is there an alarm system? If yes, what kind?		☐ Yes	
	Is lot fenced?		☐ Yes	
	If yes, describe (e.g., chained, posts 4 feet apart).		☐ Yes	□ No
	Are keys locked when stored after hours?			
	Where are keys kept? Explain.		☐ Yes	□ No
	Are customers permitted in the service area?			
	How many service bays do you have? Any service pits? If so, how many?		☐ Yes	□ No
	Do you have fire and smoke alarms?			
	Do you have fire extinguishers?		☐ Yes	-
	Are firearms kept on premises?		□ Yes I	
	Do you occupy all of the premises?		□ Yes I	
	Do you lease part of premises to others? If yes, to whom?		☐ Yes I	
١	s your operation located at your private residence?		☐ Yes [
	If yes, do you have homeowners or renters insurance?		☐ Yes [
	The state of the s		☐ Yes [J No

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-andrun 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:

	I select Bodily Injury U	Uninsured Motorists Coverage	e at limits equa	al to the limits of my Bodily Injury	Liability
Initials	Coverage (split limits)	or Combined Single Limit for	Liability Cove	erage.	
Initials	I select Bodily Injury L	Ininsured Motorists Coverage	e at the minim	um limits required by Colorado la	w:
	□ <u>\$2</u>	5,000 / \$50,000	_ 🗆	\$50,000	
	Bodily Injury split	limits (per person / per accident)		Single limit	
	I select Bodily Injury L Injury Liability Coverage	Ininsured Motorists Coverage ge limit:	e at the limits I	isted below, which is less than m	y Bodily
Initials		1			
	Bodily Injury Split limit	s (per person / per accident)		Single Limit	
	I reject Bodily Injury U	ninsured Motorists Coverage	•		
Initials					
operation, maintended available is the a	or operator of an uninsure enance or use of the uning ctual cash value of the ve	d motor vehicle because of i	oroperty dama count of uninsureplacement, v		uit of the
1-	I request Property Dar does not apply.	nage Uninsured Motorists Co	overage on the	se vehicles to which Collision co	verage
Initials					
	Signature of Applican	t/Named Insured		Date	
Named Insured:		Policy Number	:		

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 COMPANY FOR THE PURPOSE OF DEFRAIMPRISONMENT, FINES, DENIAL OF INSURACE OMPANY WHO KNOWINGLY PROVIDES FACE CLAIMANT FOR THE PURPOSE OF DEFREGARD TO A SETTLEMENT OR AWARD FOR DIVISION OF INSURANCE WITHIN THE DEF	AUDING OR ATTEMPTIN ANCE, AND CIVIL DAMA ALSE, INCOMPLETE, OF FRAUDING OR ATTEMP PAYABLE FROM INSURA	NG TO DEFRAUD THE COI GE. ANY INSURANCE COMI R MISLEADING FACTS OR IN TING TO DEFRAUD THE PO ANCE PROCEEDS SHALL I	MPANY. PENALTIES MAY INCLUDE PANY OR AGENT OF AN INSURANCE NFORMATION TO A POLICY HOLDER DLICY HOLDER OR CLAIMANT WITH
Vitness	Applicant's Signature		Date
TO BE	COMPLETED BY APPLIC	CANT'S REPRESENTATIVE	
Is this direct business to your office?	If not, explain _		
Is this new business to your office?			
How long have you known applicant?			
REQUEST TO COMPANY GENERAL AGEN	IT:		
☐ Please quote ☐ Please bind at earlie	st possible date and issue	policy	
☐ Please issue policy effective(Time and Date Bottom	Coverage ound by General Agent)	was bound by(Name of Person in Compan	y General Agent's Office Binding Coverage)
Applicant's Representative	e's Name and Address		Phone No.