

Trailer Dealer Application

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

Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

Name _____ "dba" (if applicable) _____

- Corporation _____
- Partnership _____
- Individual _____
- Other _____

2. Business (physical) address _____

3. Mailing address _____

4. Website 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
- Equipment & Implement Dealer
- Repair Shop
- Automobile Dismantling
- Wholesale Dealer/Auto Broker
- Other _____

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

- | | % of
Operation | | % of
Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Private Passenger Autos | _____ | <input type="checkbox"/> Motor Homes | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> Buses | _____ |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____ | <input type="checkbox"/> Contractor Equipment | _____ |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Farm Equipment/Implement Dealer | _____ |
| <input type="checkbox"/> Tractors | _____ | <input type="checkbox"/> Internet Sales of Trailers | _____ |
| <input type="checkbox"/> Trailers | _____ | <input type="checkbox"/> Internet Sales of Parts/Accessories | _____ |
| | | <input type="checkbox"/> Other | _____ |

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? _____

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

15. Do you accept autos on consignment? Yes No If yes, _____% of operation
 If yes, is value of consigned autos 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

	Each Accident	Aggregate (Garage Operations Only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability Subject to \$100 Deductible Completed Operations)	(Combined Single Limit)	(Maximum Aggregate Limit - 2 Million)

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. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit: \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED MOTORIST

Applicable to scheduled autos or plates attached to autos (UM coverage does not apply to trailers).

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		Uninsured Motorist Property Damage
	Bodily Injury		
	Per Person	Per Accident	
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IV. 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

V. DEALERS PHYSICAL DAMAGE *Non-Reporting Form Only, 80% Co-Insurance 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

- (a) Do you own and operate an automobile transporter, tow truck, tank truck or tank trailer? Yes No
 (b) Do you desire coverage? Yes No

(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) \$ _____ Is in-tow desired? Which units? _____
 Medical Payments Limit (must match the garage liability limit) In-Tow Limit: \$ _____
 Physical Damage In-Tow Deductible: \$ _____
 (select type for each unit on which coverage is desired)
 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. EMPLOYEE INFORMATION (include independent contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State Where Licensed	Drivers License #	Number of Accidents Last 3 Years	Number of Violations Last 3 Years	Explain

UNDERWRITING INFORMATION

- | | |
|---|---|
| <p>21. Is the operation in Question 6 your primary operation? If not, explain _____</p> <p>22. (a) Do you sell tires? _____% of receipts <input type="checkbox"/> New Tires _____% <input type="checkbox"/> Used Tires _____%</p> <p style="padding-left: 20px;">(b) Do you recap or retread tires?</p> <p>23. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation</p> <p>24. Do you hold a salvage dealer license or operate a salvage yard?</p> <p>25. Do you salvage cars for resale?</p> <p>26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation</p> <p>27. Do you weld gas tanks?</p> <p>28. Do you repossess autos?</p> <p>29. Do you sell parts?
Gross receipts from parts sold but not installed _____
<input type="checkbox"/> Used Parts _____% <input type="checkbox"/> New Parts _____%</p> <p>30. (a) Do you spray paint at your business location?</p> <p style="padding-left: 20px;">(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards?</p> <p>31. Do you loan autos to customers?</p> <p>32. Do you rent autos to customers while their units are left for service repair?</p> <p>33. Do you furnish autos to anyone?</p> <p>34. Do you sponsor any racing events?</p> <p>35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing?</p> <p>36. PREMISES
Where are the units held for sale stored (in building, open lot, etc.)? _____
If open lot, is lot floodlighted?
Are attendants or night watchmen employed?
Is there an alarm system? If yes, what kind? _____
Is lot fenced?
If yes, describe (e.g., chained, posts 4 feet apart) _____
Are customers permitted in the service area?
How many service bays do you have? _____ Any service pits? If so, how many? _____
Do you have fire and smoke alarms?
Do you have fire extinguishers?
Are firearms kept on premises?
Do you occupy all of the premises?
Do you lease part of premises to others? If yes, to whom? _____
Is your operation located at your private residence?
If yes, do you have homeowners or renters insurance?</p> | <p>21. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>22. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>24. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>25. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>26. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>27. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>28. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>29. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>30. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>31. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>36. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|---|---|

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 Federal Highway Administration requires a special endorsement to be attached to the policy which increases the 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 DEFRAUDING OR ATTEMPTING TO DEFRAUD 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 DEFRAUDING OR ATTEMPTING TO DEFRAUD 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 Agency's Office Binding Coverage)

Applicant's Representative's Name and Address _____ Phone No. _____