



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT (First Named Insured) <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: 25%;">PAYMENT PLAN</td> <td style="width: 30%;">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									
CODE: AGENCY CUSTOMER ID:	SUB CODE: 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		BY LOCATION NUMBER		DEFINITIONS:
CLASS I	REGULAR OPERATORS			
	EMPLOYEES	ALL OTHERS		
CLASS II	UNDER AGE 25			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.
	NON-EMPLOYEES	ALL OTHERS		

DEALERS PHYSICAL DAMAGE

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										\$	

NON-DEALERS PREMISES & OPERATIONS

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
<input type="checkbox"/> ADDITIONAL INSURED					VEHICLE:
<input type="checkbox"/> LOSS PAYEE					SCHEDULED ITEM NUMBER:
<input type="checkbox"/> LIENHOLDER					OTHER
<input type="checkbox"/> EMPLOYEE AS LESSOR					
ITEM DESCRIPTION:					

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REMARKS