



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-678-7342 • Fax 800-478-9880

DEALERSHIP APPLICATION

A. General Information

Proposed Effective Date: _____

Business Legal Name: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Contact Person: _____ Contact Title: _____

Physical Location of Business (if different)

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Producer's Name: _____

Producer's E-mail: _____ Producer Phone: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us: _____

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

B. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Has the current carrier cancelled/non-renewed coverage? Yes No Why? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy? Yes No

If yes, please explain: _____

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?

Yes No

If the standard markets are declining placement, please explain why: _____

C. Coverage Requested (Please check):

- Commercial Liability
- Business Auto Liability – business use of owned autos
- Auto Physical Damage to owned vehicles, used for business only.
- Garage Keeper's Legal Liability (GKLL)
- Garage Keeper's Direct Primary (GKDP)
- Dealer's Open Lot – physical damage for vehicles held for sale

Garage Liability Limits

Per Act/Aggregate	Per Person/Per Act/Aggregate
\$25,000/\$75,000	\$25,000/\$50,000/\$100,000
\$50,000/\$100,000	\$50,000/\$100,000/\$300,000
\$100,000/\$300,000	\$100,000/\$250,000/\$1,000,000
\$250,000/\$1,000,000	\$250,000/\$500,000/\$1,000,000
\$500,000/\$1,000,000	\$500,000/\$1,000,000/\$2,000,000
Other: _____	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

GKLL - Garage Keepers Legal Liability Limits (Physical Damage for customer's vehicles in the Named Insured's care, custody and control)

- Direct Primary Basis (GKDP)
- Vehicles Held on a Consignment Basis: Receipts: _____ % of Business: _____
- Vehicle Repair/Service Work: Receipts: _____ % of Business: _____

Describe Repair/Services performed on site: _____

*Additional Repair/Service application needed

*Please complete the below table for needed GKLL/GKDP

	MAX LIMIT AT EACH LOCATION	MAX VALUE PER VEHICLE	MAX # OF VEHICLES STORED
Loc. #1	\$	\$	
Loc. #2	\$	\$	
Loc. #3	\$	\$	

DOL - Dealers Open Lot Coverage Limits (Physical damage for owned vehicles held for sale by an Automotive Dealer)

*Note: Terms are based on Specified Perils. A Deductible will apply for each covered auto. An 80% Coinsurance penalty applies to all lots.

	MAX LIMIT AT EACH LOCATION	MAX VALUE PER VEHICLE	MAX # OF VEHICLES STORED
Loc. #1	\$	\$	
Loc. #2	\$	\$	
Loc. #3	\$	\$	

*Average number of cars for sale at one time: _____

D. Business Activities

Wholesale Dealership Non-Franchised Dealership Franchised Dealership

% of New Sold _____ % of Used Sold _____

- Annual Gross Receipts: Sales: _____ Other: **(please specify)** _____
- List all Location(s) owned or from which you operate (use separate sheet if necessary).

	STREET ADDRESS	CITY	STATE	ZIP CODE
Loc. 1				
Loc. 2				
Loc. 3				

a. Description of Use

(1) Loc. 1: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

(2) Loc. 2: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

(3) Loc. 3: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

3. Number of vehicles sold annually: Total: _____ Retail: _____ Wholesale: _____

4. Indicate how many of the below you operate:

a. Dealer plates: _____

b. Transportation Plates: _____

5. Radius of operations: 0-50: ____% 51-100: ____% 101-300 ____% 301+: ____%

6. If you drive or transport newly acquired vehicles more than 100 miles from point of purchase to your lot, how often? _____ And how far in miles? _____

7. Are any vehicles held for sale acquired through an Out of State Auction/E-bay/Internet? Yes No

If so, what percentage: _____ List states of purchase: _____

8. Types of Vehicles held for Sale:

Car, sport utility, pickups, vans	<input type="checkbox"/>	%	LOT #
Commercial Trucks/Vans and Trailers	<input type="checkbox"/>	%	LOT #
Construction or Farming Equipment	<input type="checkbox"/>	%	LOT #
Recreational Vehicles	<input type="checkbox"/>	%	LOT #

E. Risk Management

9. Describe test drive procedures: _____

10. Are customers test driving vehicles without accompanied scheduled driver? Yes No

11. Are customers allowed to keep vehicles held for sale overnight or weekends? Yes No

12. Lot Security Measures

a. If autos are outside, is the lot a protected lot? Yes No

b. Is the lot completely enclosed by a chain link (or other) fence? Yes No

If no – explain methods of protection: _____

c. Is lot protected by posts not more than six feet apart? Yes No

d. Is lot completely floodlighted at night? Yes No

e. Do you use guard dogs? Yes No

f. Is their police or other protection? Yes No

Please explain: _____

13. Where are vehicles keys kept? _____

Who has access to keys: _____

14. Do you pick up or deliver automobiles for Services or Repair work? Yes No

Please explain: _____

15. Do you repossess any autos? Yes No

Number of repossessions annually # _____ Drive Away Repo # annually: _____

Number of Repossession Plates: _____

F. Employee Information

16. Please complete the below:

	FULL TIME	PART TIME
A. Proprietor, Partner, Officer		
B. Office Employees		
C. Salesmen		
D. Service Dept. Employees		
E. Other Employees*		

*Define Other Employees: _____

17. Please complete a Schedule of Drivers. (no coverage will be afforded unless driver is scheduled below)

Note: Coverage is limited to business use only. Personal use of insured vehicles--owned or non-owned--is EXCLUDED. Class II and III - Personal Use may be added for additional premium upon request. *Age exceptions may be made upon review.

Class I: Drivers for Business Use only (minimum age of driver is 23 years*)

Include all: Proprietors, partners and executives active in the business, salespersons, general managers, service managers, and any employee who drives Autos, but who is not furnished an Auto.

NAME	POSITION	D.O.B.	DRIVERS LICENSE #	STATE

Class II: Drivers for Personal and/or Business use (minimum age of driver is 23 years*).

Any employee or active proprietor partner of officer who is furnished a covered Auto

NAME	POSITION/ RELATIONSHIP	D.O.B.	DRIVERS LICENSE #	STATE

Class III: Drivers for Personal Use only (minimum age of driver is 23 years*)

Inactive proprietors, partners or officers or family members of active or inactive proprietors, partners, officers or other person or organization whom you allow to drive a furnished Auto.

NAME	POSITION	D.O.B.	DRIVERS LICENSE #	STATE

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

[Signatures on Next Page]

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name