

PRODUCER PHONE (A/C, No, Ext): FAX NO. (A/C, No, Ext):	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: 20%;">PAYMENT PLAN</td> <td style="width: 35%;">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: _____ SUB CODE: _____											
AGENCY CUSTOMER ID: _____											
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	LOCATION #
MOBILE HOME TRAILER DEALER		TRUCK-TRACTOR	%		
SERVICE STATION		MOTORCYCLE	%	BUILDING	
COMMERCIAL TRAILER DEALER		RECREATIONAL VEHICLE	%	STANDARD OPEN LOT	
STORAGE/GARAGE/PUBLIC PARKING		SNOWMOBILE	%	NON-STANDARD OPEN LOT	
OTHER		OTHER	%		

COVERAGE/LIMITS												
COVERAGES	COVERED AUTO SYMBOLS					LIMITS OF LIABILITY				FOR DEALERS ONLY		
						EACH ACCIDENT		GARAGE OPERATIONS			AGGREGATE	
						AUTO ONLY	OTHER THAN AUTO ONLY	OTHER THAN AUTO ONLY	OTHER THAN AUTO ONLY			
LIABILITY	21	22	23	24	27	28	29	\$	\$	\$	LIMITED	
PERSONAL INJURY PROTECTION	25	26	27	28				\$			UNLIMITED	
ADDITIONAL P.I.P.	25	26	27	28				\$				
MEDICAL PAYMENTS	21	22	23	24	27	28	29	\$				
UNINSURED MOTORISTS	22	23	24	25	26	27		\$				
UNDERINSURED MOTORISTS	22	23	24	25	26	27		\$				

PHYSICAL DAMAGE					LOC. #	ENTER THE LIMIT FOR EACH LOCATION			DEDUCTIBLE PER AUTO	MAXIMUM DED. PER LOSS
COMPREHENSIVE SPECIFIED PERILS	22	23	24	27	\$				\$	\$
	23	24	25	28	\$				\$	\$
	24	25	26	31	\$				\$	\$
COLLISION	22	23	24	27					DEDUCTIBLE	
	23	24	25	28					\$	

GARAGE KEEPERS					LOC. #	ENTER THE LIMIT FOR EACH LOCATION			# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED. PER LOSS
LEGAL LIABILITY	COMPREHENSIVE SPECIFIED PERILS	30			\$					\$	\$
					\$					\$	\$
					\$					\$	\$
DIRECT BASIS PRIMARY EXCESS	COLLISION	30			\$					\$	\$
					\$					\$	\$
					\$					\$	\$

OTHER	SPECIFY				
OTHER	SPECIFY				
PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/REPAIRER PLATES	# TRANSPORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				\$	\$

ENDORSEMENTS

- | | | |
|---|--|--|
| (21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIV. PASS | (25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO U.M. LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY | (29) NON-OWNED AUTOS USED IN GARAGE BUS.
(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS
(32) COMPANY USE |
|---|--|--|

CLASS OF OPERATORS		BY LOCATION NUMBER		DEFINITIONS: CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES 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.
CLASS I	REGULAR OPERATORS			
	EMPLOYEES	ALL OTHERS		
CLASS II	UNDER AGE 25			
	NON-EMPLOYEES	ALL OTHERS		

DEALERS PHYSICAL DAMAGE					NON-DEALERS PREMISES & OPERATIONS		
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	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SPECIFIED PERILS	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
COLLISION	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

DRIVER INFORMATION									
LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.									
#	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC.	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC.	USE VEH #	%	USE	

ADDITIONAL INTEREST					
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input type="checkbox"/>	ADDITIONAL INSURED				LOCATION:
<input type="checkbox"/>	LOSS PAYEE				BUILDING:
<input type="checkbox"/>	MORTGAGEE				VEHICLE:
<input type="checkbox"/>	LIENHOLDER				BOAT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR				SCHEDULED ITEM NUMBER:
		OTHER			
ITEM DESCRIPTION:					

GENERAL INFORMATION									
EXPLAIN ALL "YES" RESPONSES				YES	NO				
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?						10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?			
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?						11. DOES APPLICANT USE TOW TRUCKS?			
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?						12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?			
4. IS TIRE RECAPPING OR RETREADING PERFORMED?						13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?			
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?						14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)			
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?						15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)			
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?						16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Mars, L'quor Stores, etc...)			
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?						17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?			
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?						18. ANY DRIVERS WITH MOVING TRAFFIC VIOLATIONS?			
REMARKS:									

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)	
DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.	
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF	<input type="checkbox"/> SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS. <input type="checkbox"/> SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR <input type="checkbox"/> REJECTING COVERAGE ENTIRELY.
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.	1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE) 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE) 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE) 5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)