



COLONIAL GENERAL INSURANCE AGENCY, INC.

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P.O. Box 571770, Murray, UT 84157-1770
 5373 S. Green St., Suite 525, Murray, UT 84123
 (801) 290-1144 WATS (800) 594-8900
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Auto Dealers Application

APPLICANT INFORMATION

Proposed Policy Term: From: _____ To: _____

Name: _____ Phone: _____

Address: _____ Contact Name: _____

Location Address: 1. _____ Home Phone: _____

2. _____ Web Address: _____

3. _____

Form of Business: Individual Partnership Corporation Other: _____

Date business established: _____

If a new venture, provide years of industry-related experience: _____

Type of Operation (Check all that apply):

<input type="checkbox"/> Franchised Dealer	<input type="checkbox"/> Non-Franchised Retail Dealer	<input type="checkbox"/> Equipment & Implement Dealer
<input type="checkbox"/> Wholesale Dealer	<input type="checkbox"/> Auto Broker	<input type="checkbox"/> Auto Body Shop
<input type="checkbox"/> Auto Dismantling	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Auto Auctions
<input type="checkbox"/> Other—Specify: _____		

Number of vehicles sold per year: _____

Sales Information (Check all that apply)

	% of operation		% of operation
<input type="checkbox"/> Private Passenger Autos	%	<input type="checkbox"/> Motor Homes, RVs, Travel Trailers	%
<input type="checkbox"/> Mobile Homes	%	<input type="checkbox"/> Buses	%
<input type="checkbox"/> Motorcycles	%	<input type="checkbox"/> Internet Sales of Autos	%
<input type="checkbox"/> ATVs, Snowmobiles, Golf Carts	%	<input type="checkbox"/> Internet Sales of Parts/Accessories	%
<input type="checkbox"/> Trucks over 10,000 GVW	%	<input type="checkbox"/> Consignment	%
<input type="checkbox"/> Tractors	%	<input type="checkbox"/> Mobile Equipment	%
<input type="checkbox"/> Trailers	%	<input type="checkbox"/> Salvage Titled Autos	%
<input type="checkbox"/> High Performance/Exotic Cars	%	<input type="checkbox"/> Antique/Classis/Restored Autos	%
<input type="checkbox"/> Foreign Sports Cars	%	<input type="checkbox"/> Fiberglass Body	%
<input type="checkbox"/> Mobility/Handicapped Equipped Autos	%	<input type="checkbox"/> Emergency Vehicles	%
<input type="checkbox"/> Boat/Watercraft/Jet Skis	%	<input type="checkbox"/> Other—Describe: _____	%

Service and Repair Information (must total 100%):

%	Minor Auto Repair	%	Brakes	%	Suspension/Frame
%	Body (not fiberglass) and Paint	%	Oil & Lube	%	Tires (% New) (% Used)
%	Engine Overhaul	%	Transmission	%	Welding/Fabrication
%	Fiberglass	%	Sound/Alarm System	%	Trailer Hitches (% Bolt On) (% Welded)
%	Lift or Lowering Kits	%	Roadside Assistance	%	
%	Performance Enhancement—Must Describe: _____				
%	Other—Must Describe: _____				

General Information—Please answer all questions

- Do you conduct any spray painting operations? Yes No
 If "Yes," do you have an UL approved spray booth?..... Yes No
 If "No," explain extent of spray painting operations: _____
- Do you have any underground tanks or storage of oil, gasoline, LPG or other petroleum products? Yes No
 If "Yes," explain: _____
- Do you rent or loan autos to your customers while their autos are left with you for service or repair?..... Yes No
 Type of plate: Dealer Plate Permanent Plate
 Operation Insured Separately?..... Yes No
 Carrier: _____ Policy Term: _____ Limit of Liability: _____
- Do you own, sponsor or repair any racing vehicles?..... Yes No
 If "Yes," explain: _____
- Do you sponsor any drivers' education cars? Yes No
 If "Yes":
 Type of plate: Dealer Plate Permanent Plate
 Operation Insured Separately?..... Yes No
 Carrier: _____ Policy Term: _____ Limit of Liability: _____
- Do you furnish or loan vehicles for any group or organization? Yes No
 If "Yes":
 Name of organization: _____
 Type of plate: Dealer Plate Permanent Plate
 Operation Insured Separately?..... Yes No
 Carrier: _____ Policy Term: _____ Limit of Liability: _____
- How are vehicles transported to or from your lot?
 Employees Drivers hired "as needed" Contract drivers Auction Auto Transport
 Are certificates of insurance obtained and kept on file?..... Yes No
- Any out of state pickup or delivery that requires a Federal Filing? Yes No
- Do you have any animals on premises?..... Yes No
 If "Yes," how are animals kept away from customers during business hours? _____
- Do you have any firearms on premises? Yes No

11. Do you repossess autos? Yes No
 If "Yes," do you always use Independent Contractors?..... Yes No
 Are certificates of insurance obtained and kept on file?..... Yes No
12. Do you engage in any dismantling/salvage or rebuilding autos? Yes No
 _____% Structural _____% Cosmetic _____% Mechanical
 Do you obtain clean/rebuilt title on salvage autos held for sale? Yes No
 Are salvage titled autos sold as is? Yes No
 Do you sell used parts? Yes No
 Do you operate a salvage yard?..... Yes No
 Is the salvage operation insured separately? Yes No
 Carrier: _____ Policy Term: _____ Limit of Liability: _____
13. Do you have frame straightening equipment?..... Yes No
 If "Yes," what type? Mechanical Optical Laser
 Provide year, make and model: _____
14. Are photocopies of driver's licenses and insurance cards made prior to all test drives?..... Yes No
15. Are customers permitted to test drive auto without a salesperson?..... Yes No
 If "Yes," describe procedures: _____
16. Do you allow overnight test drives?..... Yes No
17. Do you have any consigned autos held for sale?..... Yes No
 Do you require proof of Liability insurance from customer? Yes No
 Does your consignment agreement include a hold harmless agreement? Yes No
 Consignment agreement attached
 No consignment agreement
18. Do you offer "Buy Here, Pay Here" option?..... Yes No
 If "Yes," do you transfer titles when customer takes possession of vehicle? Yes No
 Are you listed as lien holder on financed autos?..... Yes No
 Do you verify insurance prior to releasing the vehicle?..... Yes No
19. Is (are) your lot(s) lighted?..... Yes No
20. Is there police protection? Yes No
21. Do you employ a guard while business is closed? Yes No
22. Where are the keys kept after hours?
 Taken Home In Vehicles Lockbox/key cabinet/safe
23. Lot protection:
 None Post & Chain 100% fenced (six feet or higher) Building
 Other—Please explain: _____
24. Do you share premise with other business? Yes No
 If "Yes," list all: _____
25. Are vehicles kept on premises?..... Yes No
 If "No," list where stored: _____
 Explain protection: _____

Loss Experience and Exposure Information—Provide Three Full Years Currently Valued Loss Runs

26. Are all operations under the same legal entity? Yes No
 If "No," provide details: _____
27. Has any company cancelled, declined or refused to renew similar insurance to the applicant in the last five years (not applicable in Missouri)? Yes No
28. Copies of Currently Valued Loss Experience Attached?..... Yes No

Policy Period		Name of Insurance Company	Premium	Loss Amount		Description of Loss
From	To			Paid	Reserve	

Coverages and Limits of Liability Desired

Coverages	Limit
Covered Autos Liability <input type="checkbox"/> Full Covered Autos Liability for Customers—only available in states where mandatory <input type="checkbox"/> Without Full Covered Autos	\$ Each Accident
General Liability Bodily Injury And Property Damage Liability	\$ Each Accident
Damages To Premises Rented To You	\$ Any One Premises
Personal And Advertising Injury Liability	\$ Any One Person Or Organization
	\$ General Liability Aggregate
	\$ Products And Work You Performed Aggregate
Deductible for Work You Performed if other than \$500	\$
Locations And Operations Medical Payments	\$
Personal Injury Protection (P.I.P.) (or equivalent No-fault coverage)	\$
Added P.I.P. (or equivalent added No-fault coverage)	\$
Property Protection Insurance (P.P.I.) (Michigan only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia only)	\$
Uninsured Motorists (UM)	\$
Underinsured Motorists (UIM) (when not included in UM Coverage)	\$
Physical Damage Towing and Labor	\$
Acts, Errors Or Omissions Liability	\$ Aggregate \$ Per Claim Deductible

29. **Number of Plates held by applicant:** _____ Dealer _____ Transporter _____ Repair _____
 _____ Salvage _____ Other—Describe: _____

Garagekeepers Coverage

30. Check boxes that apply:

- Specified Perils OR Comprehensive Collision
 Legal Liability OR Direct Primary

Garagekeepers Deductible—All Perils

- \$500 deductible per auto/\$2,500 per occurrence
 \$1,000 deductible per auto/\$5,000 per occurrence
 \$2,500 deductible per auto/\$12,500 per occurrence
 \$5,000 deductible per auto/\$25,000 per occurrence
 \$500 deductible per auto/unlimited per occurrence
 \$1,000 deductible per auto/unlimited per occurrence
 \$2,500 deductible per auto/unlimited per occurrence
 \$5,000 deductible per auto/unlimited per occurrence

Garagekeepers Deductible—Windstorm, Hurricane or Hail

- \$1,000 deductible per auto/\$5,000 per occurrence
 \$2,500 deductible per auto/\$12,500 per occurrence
 \$5,000 deductible per auto/\$25,000 per occurrence
 \$500 deductible per auto/unlimited per occurrence
 \$1,000 deductible per auto/unlimited per occurrence
 \$2,500 deductible per auto/unlimited per occurrence
 \$5,000 deductible per auto/unlimited per occurrence
 Exclude Windstorm Hurricane Hail
 Exclude Flood

31. **List all Business Locations To Be Covered for Garagekeepers Coverage**

Garagekeepers					
Location No.	Garagekeepers Limit	Average Value Per Auto	Maximum Value Per Auto	Average No. of Autos	Maximum No. of Autos

Dealers Physical Damage Coverage

32. Check all boxes that apply:

- Non-Reporting Form Only, 100% coinsurance clause applies
 Specified Perils OR Comprehensive Collision

Dealers Physical Damage Deductible

- \$500 deductible per auto/\$2,500 per occurrence
- \$1,000 deductible per auto/\$5,000 per occurrence
- \$2,500 deductible per auto/\$12,500 per occurrence
- \$5,000 deductible per auto/\$25,000 per occurrence
- \$500 deductible per auto/unlimited per occurrence
- \$1,000 deductible per auto/unlimited per occurrence
- \$2,500 deductible per auto/unlimited per occurrence
- \$5,000 deductible per auto/unlimited per occurrence

Dealers Physical Damage Deductible—Windstorm, Hurricane or Hail

- \$1,000 deductible per auto/\$5,000 per occurrence
- \$2,500 deductible per auto/\$12,500 per occurrence
- \$5,000 deductible per auto/\$25,000 per occurrence
- \$500 deductible per auto/unlimited per occurrence
- \$1,000 deductible per auto/unlimited per occurrence
- \$2,500 deductible per auto/unlimited per occurrence
- \$5,000 deductible per auto/unlimited per occurrence
- Exclude Windstorm Hurricane Hail
- Exclude Flood

33. List all Business Locations to be Covered for Dealers Physical Damage Coverage:

Dealers Physical Damage					
Location No.	Dealers Physical Damage Limit	Average Value Per Auto	Maximum Value Per Auto	Average No. of Autos	Maximum No. of Autos

34. Any loss payees?..... Yes No

If "Yes," provide name and address of loss payees: _____

35. Indicate the interests to be covered for autos held for sale:

Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a loss payee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Autos used in connection with garage operation:
 Do you own and/or operate any autos not held for sale?..... Yes No
 Do you own and/or operate an automobile transporter or tow truck? Yes No
 Are these autos insured elsewhere? Yes No
 Carrier: _____ Policy Term: _____ Limit of Liability: _____
 If "No," do you desire coverage? Yes No
 If "Yes," complete Vehicle Schedule CA-APP-22.
 Do you tow for hire?..... Yes No
 If "Yes," provide percentage: _____%

37. Is In-Tow coverage desired? Yes No
 If "Yes," which units? _____
 In-Tow limit \$ _____ In-Tow deductible \$ _____

38. List all owners, employees, household drivers and contract drivers

Location No.	Employee/Driver Name	Date of Birth	Drivers License Number	State	Position/Job Title	Full Time, Part Time or Inactive	Dealer Tag Usage	Number of Trips Per Year (Pickup & delivery)

39. Have all members of the household been listed above?..... Yes No

40. Do you agree to screen and report all potential operators immediately upon hiring?..... Yes No

Optional Coverages—Please Mark Any That Apply

41. Broad Form Products Coverage (CA 25 01)? Yes No

42. False Pretense Coverage—\$25,000 limit (CA 25 03)? Yes No

Have you experienced any past losses pertaining to False Pretense Coverage? Yes No

If "Yes," explain: _____

43. Pick Up or Delivery over 300 miles: _____ Number of Drivers _____ Number of Trips (Annually)

44. Damage to Rented Premises over \$100,000? Yes No

Limit: _____

45. Auto Dealers' Errors and Omissions Liability Coverage (complete CG[I,S]-APP-3)? Yes No

- 46. Additional Insured—Owners of Leased or Rented Land or Premises (CA 25 09)? Yes No
Name: _____
- 47. Designated Insured for Covered Autos Liability (CA 20 48)?..... Yes No
Name: _____
- 48. Waiver of Subrogation (CA 04 44)?..... Yes No
Name: _____
- 49. Additional Insured—Grantor of Franchise (CA 20 49)?..... Yes No
Name: _____
- 50. Additional Insured—Lessor of Leased Equipment (CA 20 47)?..... Yes No
Name: _____
- 51. Additional Insured—Lessor of Leased Equipment Automatic (CA 25 45)?..... Yes No
Name: _____
- 52. Additional Insured—Concessionaires (CA 25 29)? Yes No
(Copy of written agreement required)
Name: _____
- 53. Additional Insured—Controlling Interest (CA 25 30)? Yes No
Name: _____
- 54. Additional Insured—Grantor of Licenses (CA 25 32)? Yes No
Name: _____
- 55. Additional Insured—Co-owner of Premises (CA 25 46)? Yes No
Name: _____
- 56. Drive Other Car (CA 99 10)? Yes No
- 57. Pollution Liability Broadened Coverage (CA 99 55)? Yes No
- 58. Limited Product Withdrawal Expense (CA 25 49)? Yes No
- 59. Customer Complaint Legal Defense (CA 25 66)? Yes No
(Copy of disclosure procedures required)

Optional Exclusions—Please Mark Any That Apply

- 60. Exclude Personal & Advertising Injury (CA 25 54)? Yes No
- 61. Exclude Locations & Operations Med Pay (CA 25 52)?..... Yes No
- 62. Exclude Damage to Rented Premises (CA 25 50)? Yes No
- 63. Exclude Products & Work You Performed (CA 25 55)? Yes No
- 64. Exclude Auto Dealers; Errors and Omissions Liability Coverage (CA 25 63)? Yes No

Comment Section

FRAUD WARNINGS, DISCLOSURE AND ATTESTATION

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

California Notice And Disclosure: Please note a policy fee of \$150 applies to NEW business policies only. This policy fee is fully earned at policy inception.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 damages. 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.