



AGENCY CUSTOMER ID: _____

GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)			
POLICY NUMBER					
CARRIER	NAIC CODE				

BUSINESS / VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES		AUTO DEALERS		VEHICLE STORAGE			
		FRANCHISED	NON-FRANCHISED	TYPE OF FACILITY	LOCATION #		
REPAIR SHOP		CAR	%		BUILDING	%	%
MOBILE HOME TRAILER DEALER		TRUCK-TRACTOR	%	STANDARD OPEN LOT		%	%
SERVICE STATION		MOTORCYCLE	%		NON-STANDARD OPEN LOT	%	%
COMMERCIAL TRAILER DEALER		RECREATIONAL VEHICLE	%			%	%
STORAGE/GARAGE/PUBLIC PARKING		SNOWMOBILE	%		%	%	%

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 - 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
SPECIFIED PERILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
COLLISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	

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	Y / N
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?	<input type="checkbox"/>
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?	<input type="checkbox"/>
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?	<input type="checkbox"/>
4. IS TIRE RECAPPING OR RETREADING PERFORMED?	<input type="checkbox"/>
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?	<input type="checkbox"/>
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?	<input type="checkbox"/>
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?	<input type="checkbox"/>
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?	<input type="checkbox"/>
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?	<input type="checkbox"/>
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?	<input type="checkbox"/>
11. DOES APPLICANT USE TOW TRUCKS?	<input type="checkbox"/>
12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?	<input type="checkbox"/>
13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?	<input type="checkbox"/>
14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)	<input type="checkbox"/>
15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)	<input type="checkbox"/>
16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)	<input type="checkbox"/>
17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?	<input type="checkbox"/>
18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 70 mph.	<input type="checkbox"/>

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				
<input type="checkbox"/>					
ITEM DESCRIPTION:					
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				
<input type="checkbox"/>					
ITEM DESCRIPTION:					
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				
<input type="checkbox"/>					
ITEM DESCRIPTION:					
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				
<input type="checkbox"/>					
ITEM DESCRIPTION:					

REMARKS