



# USED AUTO DEALER APPLICATION

Agent Name: _____
Agency #: _____
Address: _____
Phone Number: _____

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

## GENERAL INFORMATION

1. Applicant's Name: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
(number) (street) (city) (county) (state) (zip)

3. Mailing Address (if different than business) \_\_\_\_\_

4. You are:  Individual  Partnership  Corporation

5. You are:  Owner  Tenant Does owner need to be named as additional insured?  Yes  No

If yes, owner's name: \_\_\_\_\_

6. Insurance is desired from: \_\_\_\_\_ To: \_\_\_\_\_

7. Type of Operation:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Franchised Dealer            | <input type="checkbox"/> Storage Garage or Parking | <input type="checkbox"/> Service Station              |
| <input type="checkbox"/> Non-franchised Dealer        | <input type="checkbox"/> Repair Shop               | <input type="checkbox"/> Wholesale Dealer/Auto Broker |
| <input type="checkbox"/> Equipment & Implement Dealer | <input type="checkbox"/> Automobile Dismantling    | <input type="checkbox"/> Other: _____                 |

8. Are operations indicated in question 7 your primary business?  Yes  No If no, what is your primary business?

Describe:

9. Person to Contact:

For Inspection (name & phone number) \_\_\_\_\_

For Accounting Records (name & phone number) \_\_\_\_\_

10. Current management has controlled the business since \_\_\_\_\_ (yr.) and has been in this type of business since \_\_\_\_\_

11. Is this a new venture?  Yes  No



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12. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership

12. (b) What is the estimated net worth of the business? \$ \_\_\_\_\_  
 (c) Gross receipts last year? \$ \_\_\_\_\_ Estimate for coming year? \$ \_\_\_\_\_

13. (a) Have you ever filed for reorganization or bankruptcy?  Yes  No

If yes, show date (month and year) and explain.

(b) Have you ever been released from reorganization or bankruptcy?  Yes  No Date Released \_\_\_\_\_

14. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

(b) During the past three years has any insurer cancelled or refused to renew?  Yes  No

(c) are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application?  Yes  No

If yes, provide complete details

15. **Limits of Liability and Coverage(s) Requested** - (check desired coverage and insert limits requested)

**LIABILITY** Each Accident Aggregate (garage operation (ONLY))

Bodily Injury & Property Damage Liability CSL \$ \_\_\_\_\_ \$ \_\_\_\_\_

Limited Liability for Customers  Unlimited Liability for Customers (designate Choice)

**UNINSURED/UNDERINSURED MOTORISTS**

Uninsured Motorist  Each person  Each accident  
 or  Single Limit

Underinsured Motorist  Each person  Each accident  
 or  Single limit



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**MEDICAL PAYMENTS**

Automobile & Premises Medical Payments Limit \_\_\_\_\_

**GARAGEKEEPERS COVERAGE**

Legal Liability  Direct Access  Direct Deductible

Maximum Limit of any one covered automobile - \_\_\_\_\_

Specified Causes of Loss ALL COVERAGES (indicate deductible desired)

Collision  \$500 Deductible  \$1,000 Deductible

\$ \_\_\_\_\_ other deductible per auto

In-Tow (Damage to autos while being towed) Limit per vehicle - \$ \_\_\_\_\_ Deductible - \$ \_\_\_\_\_

List All Locations To Be Covered -

Locations	Garagekeepers Limit	Garagekeepers		
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
_____	_____	_____	_____	<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
_____	_____	_____	_____	<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

**DEALER'S PHYSICAL DAMAGE COVERAGE (Non-reporting Form)**

Specified Causes of Loss (indicate deductible desired)  Collision (indicate deductible desired)

\$500 Deductible

\$500 Deductible

\$1,000 Deductible

\$1,000 Deductible

Other \_\_\_\_\_

Other \_\_\_\_\_

False Pretense Coverage requested?  Yes  No

Limit

25,000

50,000

100,000

List All Locations To Be Covered -

Location	Dealers Physical Damage Limit Per LOC	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
_____	_____	_____	_____
_____	_____	_____	_____



16. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

**Definitions**

**Number**

- (A) Proprietors, Partners, Executives active in the business \_\_\_\_\_
- (B) Sales Persons \_\_\_\_\_
- (C) General Managers \_\_\_\_\_
- (D) Service Managers \_\_\_\_\_
- (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles \_\_\_\_\_
- (F) Other employees or operators whose duty is driving garage vehicles for delivery or Drive-away \_\_\_\_\_
- (G) All other employees \_\_\_\_\_

COMPLETE ALL SECTIONS BELOW:

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles)

**\* Insert letter from definitions shown above in the "DUTIES or TITLE" column.**

Name	* Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record - 3 years detailed description of all accidents/violations/convictions
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*\*Part Time = less than 20 hours per week

Complete for all Non-Employee drivers defined as follows:	<b><u>Number</u></b>
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- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished \_\_\_\_\_
- (2) Any active, or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished \_\_\_\_\_
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed for operating vehicles \_\_\_\_\_
- (4) Any other person furnished an auto \_\_\_\_\_



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Complete for all non-employees

Name	Date of Birth	If member of Household Show Relationship	Driver License Number	Driving Record - 3 years detailed description of all accidents/violations/convictions

17. Are employed drivers covered by Workers' Compensation Insurance?  Yes  No

**UNDERWRITING INFORMATION**

18. Do you own and operate an Automobile Transporter, tow truck, tank truck, or tank trailer/  Yes  No

Do you desire coverage?

Yes  No

Liability  Med Pay  UM  Physical Damage  Limit \_\_\_\_\_ Deductible \_\_\_\_\_

19. (No coverage afforded unless units are described and specifically charged for.)

Year	Make & Model	Gross Vehicle Weight	ID Number	Use	Radius	Coverage Desired

20. Do you deal in any of the following? PCT \_\_\_\_\_

- Private Passenger Autos  Yes  No \_\_\_\_\_
- Motorcycles  Yes  No \_\_\_\_\_
- ATVs, Snowmobiles, Jet Skis  Yes  No \_\_\_\_\_
- Trucks over 10,000 GWV  Yes  No \_\_\_\_\_
- Tractors  Yes  No \_\_\_\_\_
- Trailers  Yes  No \_\_\_\_\_

- |                                    |  |       |
|------------------------------------|--|-------|
| Motor Homes                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Buses                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Foreign Sports Cars                | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Antique Auto                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Contractor Equipment               | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Farm Equipment or Implement Dealer | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Other _____                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |



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21. Where do you obtain autos held for sale? \_\_\_\_\_

22. How are they delivered? (i.e. by train, drive-away, tow truck, etc) \_\_\_\_\_

23. If by drive-away, estimated total number of trips annually: \_\_\_\_\_

Explain in detail who the drivers are:  Full-time employees  Part-time employees  Contractors

Name(s) of individuals:

MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY:  0 - 150 miles  Over 150 miles

24. Do you loan autos to customers?  Yes  No

25. Do you rent autos to customers while their autos are left for services or repair?  Yes  No

26. (a) Are customers permitted to test drive autos?  Yes  No

(b) Are customers accompanied to test drive autos?  Yes  No

27. Number (sets) of Plates held by you:

Dealer \_\_\_\_\_ Repair \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_

28. Are autos held for sale stored in open lots or in buildings?  Open Lots  Buildings  Both

(a) If open lot, is lot completely floodlighted?  Yes  No

Are attendants or night watchmen employed?  Yes  No

Is there Security Patrol or Local Law Enforcement patrol?  Yes  No

Is lot fenced, chained or posts 4' apart?  Yes  No

(Describe in detail) \_\_\_\_\_

(b) If in building:

Is there burglary protection? (Explain) \_\_\_\_\_  Yes  No

Is there a sprinkler system? (Explain) \_\_\_\_\_

29. Where are the keys to autos kept during the night? \_\_\_\_\_

30. Where are the keys kept during daylight or working hours? \_\_\_\_\_

(Be specific as to location - safe, board on wall, desk, etc. on both night and daylight hours)

31. Are vehicles encumbered? If yes, indicate mortgage: \_\_\_\_\_  Yes  No

32. Are automobiles consigned? If yes, enclose copy of agreement. \_\_\_\_\_ %  Yes  No

33. Do you conduct in any way other business that stated in Items 7 or 8 from any location?  Yes  No

If yes, explain:

34. Are you involved in any way the sale or distribution of butane, propane or any other liguified gas held onder pressure?  Yes  No

35. Do you have a repair shop? If yes, % \_\_\_\_\_  Yes  No

36. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % \_\_\_\_\_  Yes  No



37. (a) Do you spray paint on premises?  Yes  No

(b) Do you use booth meeting government standards?  Yes  No

28. Describe neighborhood:  Commercial  Residential  Mercantile  Mercantile & Residential

**39. Answer the following only if Garagekeepers' Liability is requested:**

(a) Do customers park their own cars?  Yes  No

(b) Are customers' cars stored in:  Buildings  Open Lots

(c) If stored in buildings: Age of Building \_\_\_\_\_ Number of floors \_\_\_\_\_

Type of construction \_\_\_\_\_ Number of Exits \_\_\_\_\_

Are ignition keys left in cars that are stored?  Yes  No

If no, where are keys kept? \_\_\_\_\_

(d) If stored in open lot:

Is lot lighted?  Yes  No

Is lot enclosed?  Yes  No

Type of enclosures (explain) \_\_\_\_\_

Is attendant on duty at all times?  Yes  No

Are cars locked when stored after hours?  Yes  No

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the Applicant's representative named below is acting as Applicant's agent and not on behalf of the Company. the Applicant's representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.



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The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Witness: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office?  Yes  No If not, explain: \_\_\_\_\_

Is this new business to your office?  Yes  No If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective: \_\_\_\_\_ Coverage was bound by: \_\_\_\_\_  
Time and Date Bound by General Agent | Name of Person in Company General Agency's Office Binding Coverage

Applicant's Representative's Name and Address

Phone number: \_\_\_\_\_