



ROYAL OAK UNDERWRITERS, INC.

Excess and Surplus Lines Insurance Wholesalers

8417 Patterson Avenue
Richmond, Virginia 23229
Telephone: (804) 741-7999
WATTS: (800) 628-2967
Fax: (804) 741-9401
www.royaloakunderwriters.com

Dealers Application

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

Proposed Term: From: _____ To: _____

Name: _____ Phone: _____

Address: _____ Contact name: _____

Location Address: _____ Web Address: _____

Loc #1: _____

Loc #2: _____

Loc #3: _____

Form of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other

Applicant's Years In Business _____ Applicant's Years at this Location _____

COVERAGES AND LIMITS OF LIABILITY							
Coverage				Limits of Liability			
Liability - Garage Operation				\$	Auto Only		
Limited				\$	Other Than Auto		
Unlimited				\$	Aggregate - Other Than Auto		
\$ Liability Deductible							
PIP				\$			
Medical Payments				\$	Auto	Premises	Both
Uninsured Motorists Coverage				\$			
Underinsured Motorists Coverage				\$			
Number of Plate: _____		Dealer # _____		Transporter # _____		Other # _____	
Average Number of Units Sold Per Year:							
Dealers Open Lot Physical Damage		Number of Autos Held for Sale		Max. Value Any One Auto	Max. Value for All Autos	Deductible Per Auto	Aggregate Deductible
Coverage	Loc	Max.	Av.				
Specified Perils		\$	\$	\$	\$	\$	\$
Comprehensive		\$	\$	\$	\$	\$	\$
Collision		\$				Deductible \$	
Other Coverage - Specify _____							



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Garagekeepers Limits						
	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.		No. of Autos	Deductible Per Auto	Max. Ded. For Any One Loss
Legal Liability Direct Basis	1	\$			\$	\$
	2	\$			\$	\$
	3	\$			\$	\$
Comprehensive Specified Perils	Collision	1	\$		\$	
		2	\$		\$	
		3	\$		\$	
Other Coverage-Specify:						

	Sales	Repair	Total Gross Receipts from:	
Private Passenger Autos (include pickups & vans)	____%	____%	Sales	\$ _____
Motorcycles/Boats/Snowmobiles	____%	____%	Repair	\$ _____
Motor Homes/Utility Trailers/Campers	____%	____%	Tow Truck Operations	\$ _____
Truck Tractors/railers/Semi-Trailers/5th Wheels	____%	____%	Total Gross Sales	\$ _____
Farm Machinery/Contractors Equipment	____%	____%		
Other-Describe: <div></div>	____%	____%		
	100%	100%		

Specifically described or any *owned* autos NOT held for sale:

Year, Make and Model	Cost New	VIN	Registered To	Plate Type

Do you want coverage for these vehicles?..... ☐ Yes ☐ No

If "Yes," please complete and attach Commercial Automobile Application.

Describe any other business operations at this location, including leasing:

LOSS EXPERIENCE AND EXPOSURE INFORMATION-CURRENT PLUS THREE PREVIOUS YEARS

1. HAS ANY COMPANY CANCELED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST FIVE YEARS (not applicable in Missouri)? ☐ Yes ☐ No

If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

2. Copies of Currently Valued Loss Experience Attached? ☐ Yes ☐ No

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



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A. GENERAL INFORMATION-PLEASE ANSWER ALL QUESTIONS

1. Do you service any vehicles?..... ☐ Yes ☐ No
If "Yes," please describe type of service(s) performed:
2. Do you install trailer hitches?..... ☐ Yes ☐ No
3. Do you perform any welding? ☐ Yes ☐ No
If "YES", please explain: _____
4. Do you conduct any spraypainting operations?..... ☐ Yes ☐ No
If "Yes," do you have an approved spray booth?..... ☐ Yes ☐ No
If "No", explain extent of spray painting operation: _____
5. Do you have any storage of oil, gasoline or other petroleum products? ☐ Yes ☐ No
If "YES", explain:
6. Do you do tire recapwork or sell any tires?..... ☐ Yes ☐ No
7. Do you rent or loan autos to your customers while their autos are left with you for service or repair? ☐ Yes ☐ No
If "YES", explain:
8. Do you own or sponsor any racing vehicles? ☐ Yes ☐ No
If "YES", explain:
9. Do you sponsor any drivers' education cars? ☐ Yes ☐ No
If "YES", explain:
10. Do you pick up inventory of automobiles to be held for sale? ☐ Yes ☐ No
No. of trips per year: Under 50 mi: _____ 51 to 200 mi.: _____ over 200 mi.: _____
Are the drivers: ☐ employees ☐ hired "as needed"
Are the vehicles transported using YOUR dealer tags? ☐ Yes ☐ No
If "NO", explain:
11. Do you have any dogs on premises? ☐ Yes ☐ No
12. Do you repossess autos? ☐ Yes ☐ No
13. Do you engage in any dismantling/salvage or rebuilding autos? ☐ Yes ☐ No
14. Do you have frame straightening equipment?..... ☐ Yes ☐ No
If "YES", explain:
15. Do you deal in any of the following: ☐ Foreign Sports Cars ☐ Fiberglass Body ☐ Antique Autos ☐ Buses
If "Yes," explain in Comment section.
16. Are photocopies of Drivers Licenses and Insurance Cards made prior to all testdrives? ☐ Yes ☐ No



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17. Are customers permitted to test drive auto without a salesperson? ☐ Yes ☐ No
- If "YES", please describe procedures:
18. Do you furnish or loan vehicles for any group or organization? ☐ Yes ☐ No
19. Do you have any consigned autos held for sale? ☐ Yes ☐ No
- If "Yes," include a copy of the contract.
20. If you finance autos held for sale, do you:
- a. Hold title for final payment? ☐ Yes ☐ No
- b. Finance for three months or less? ☐ Yes ☐ No
- c. Require a certificate of insurance from the buyer? ☐ Yes ☐ No
- d. When are titles transferred?
- e. Do any reposessions of vehicles? ☐ Yes ☐ No

B. PREMISES AND AUTO INFORMATION

1. Are autos kept: ☐ Inside % ☐ Outside % _____
If autos are kept inside, indicate age, construction and condition of building: _____
2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or .connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock?
If "NO", explain: ☐ Yes ☐ No
3. a. Is (Are) your lot(s) lighted? ☐ Yes ☐ No
b. Is there police protection? ☐ Yes ☐ No
c. Do you employ a guard while business is closed?..... ☐ Yes ☐ No
4. Where are the keys kept during business hours? _____ After hours: _____
5. Please 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 Payable	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
%	%	%	%

6. Vehicle Storage-Indicate Type of Facility.

Type of Facility	Location		
	1	2	3
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonstandard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. COMMENT SECTION-ALSO LIST ANY LOSS PAYEES AND/OR ADDITIONAL INSURED IN THIS SECTION

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D. OPTIONAL COVERAGES-PLEASE MARK ANY THAT APPLY

1. Broadened Coverages (CA 25 14)..... ☐ Yes ☐ No
2. Broad Form Products (CA 25 11) ☐ Yes ☐ No
3. False Pretense (CA 25 03) ☐ Yes ☐ No
4. Fire Legal Liability (CA 25 10)..... ☐ Yes ☐ No
Indicate Limit..... \$ _____
5. Personal Injury Liability Coverage (CA 25 08)..... ☐ Yes ☐ No
6. Owners of Garage Premises (CA 25 09)..... ☐ Yes ☐ No
7. Dealers Drive-Away Collision (CA 25 02)..... ☐ Yes ☐ No

E. EMPLOYEE AND DRIVER INFORMATION

Complete the information below for all employees and family members-employees or not.

	Name	A Position*	B F, P, or N**	C Vehicle Use***
1				
2				
3				
4				
5				
6				
7				
8				

Key: A

* Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse & children or any other person with a furnished auto
11. Occasional Driver
12. Other

Key: B

** F, P, or N

- F - Full Time (Over 20 hours per week)
P - Part Time (20 hours or less per week)
N- Non-employee

Key: C

*** Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-driving (does not drive vehicle owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customer vehicles.



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Continue completing for above names.

	Birth Date	Driver's License Number	State	Violations and Accidents Last Three Years	No. Years Employed By You	No. Years Experience This Business	Indicate if Drive Tow Truck
1							
2							
3							
4							
5							
6							
7							
8							

F. FRAUD WARNINGS 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.

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.

FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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 to IOWA Agents Only)

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