



## Motorcycle & Recreational Vehicle Dealers Garage Application

(Motorhomes not included)

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

### GENERAL INFORMATION

1. Named Insured Information (please select one): \_\_\_\_\_

Name "dba" \_\_\_\_\_

(if applicable)

☐ Corporation \_\_\_\_\_

☐ Partnership \_\_\_\_\_

☐ Individual \_\_\_\_\_

☐ Other \_\_\_\_\_

2. Business (physical) Address: \_\_\_\_\_

3. Mailing address: \_\_\_\_\_

4. Web Site Address: \_\_\_\_\_

5. Are you the owner of this business location? ☐ Yes ☐ No

If no, does owner of premises need to be named as additional insured? ☐ Yes ☐ No

If yes, please provide owner's complete name. \_\_\_\_\_

6. Description of Operation: \_\_\_\_\_

7. Type of Operation:

☐ Franchised Dealer

☐ Non-Franchised Dealer

☐ Repair Shop

☐ Service Station

	% of Operation
<input type="checkbox"/> Mobile Homes	_____
<input type="checkbox"/> Trailers	_____
<input type="checkbox"/> Motorcycles	_____
<input type="checkbox"/> All Terrain Vehicles	_____
<input type="checkbox"/> Lawn & Garden Vehicles	_____
<input type="checkbox"/> Jet Skis/Waverunners	_____
<input type="checkbox"/> Internet sales of parts/accessories	_____
<input type="checkbox"/> Go Karts	_____

	% of Operation
<input type="checkbox"/> Camper Trailers (pull type)	_____
<input type="checkbox"/> Boats	_____
<input type="checkbox"/> Snowmobiles	_____
<input type="checkbox"/> Golf Carts	_____
<input type="checkbox"/> Motorhomes	_____
<input type="checkbox"/> Internet sales of ATVs, Motorcycles, etc. (incl. EBay)	_____
<input type="checkbox"/> Other	_____

8. Please check those items below that are part of your dealer operation:

9. Person to Contact:

For Inspection (Name & Phone Number) \_\_\_\_\_

For Accounting Records (Name & Phone Number) \_\_\_\_\_

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

11. Is this a new venture? ☐ Yes ☐ No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance? ☐ Yes ☐ No If yes, explain. \_\_\_\_\_

(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 \_\_\_\_\_

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

Name

Years with Company

% of Ownership


(b) What is estimated net worth of the business? \_\_\_\_\_

(c) Gross receipts last year? \_\_\_\_\_

(d) How many autos did you sell in the past year? \_\_\_\_\_

14. Has this business entity ever filed for bankruptcy? ☐ Yes ☐ No

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you accept units on consignment? ☐ Yes ☐ No If yes, \_\_\_\_\_% of operation.

If yes, is value of consigned units included in garagekeepers limit? ☐ Yes ☐ No

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): \_\_\_\_\_ Dealer \_\_\_\_\_ Transporter  
\_\_\_\_\_ Repairer \_\_\_\_\_ Other

List Plate Identification Numbers assigned by the state: \_\_\_\_\_

Are plates attached to owned autos? ☐ Yes ☐ No Describe \_\_\_\_\_

Are plates attached to tow trucks? ☐ Yes ☐ No Describe \_\_\_\_\_

### **COVERAGE INFORMATION**

17. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

**I. LIABILITY**

<input type="checkbox"/> Bodily Injury & Property Damage Liability (Property Damage Liability subject to \$100 deductible completed operations)	Each Accident \$ _____ \$ (Combined Single Limit)	Aggregate (Garage operations only) _____ (Maximum Aggregate Limit - 2 million)
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**If liability coverage is desired, please also complete the following:**

☐ Limited Liability for Customers  
**OR** (State Permitting Designate Choice)  
☐ Unlimited Liability for Customers

**AND**

☐ Passenger Hazard Included  
**OR** (State Permitting Designate Choice)  
☐ Passenger Hazard Excluded

☐ Personal Injury Protection (State Permitting)

**List All Locations To Be Covered for bodily injury and property damage liability**

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

**II. UNINSURED/UNDERINSURED MOTORISTS**

<p align="center"><b>APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.</b></p>
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**III. GARAGEKEEPERS COVERAGE**

NOTE: In tow or on hook coverage is excluded from garagekeepers coverage

☐ SPECIFIED PERILS and Collision **OR** ☐ COMPREHENSIVE and Collision (available on Direct Primary basis only)  
(pick one of the following)

☐ Legal Liability

☐ Direct Primary

GARAGEKEEPERS DEDUCTIBLE: ☐ \$500 deductible per auto  
☐ \$1,000 deductible per auto  
☐ \$2,500 deductible per auto  
☐ \$5,000 deductible per auto

18. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

IV . **DEALERS PHYSICAL DAMAGE** \*Non-Reporting Form Only, 80% coinsurance clause applies

☐ Specified Causes of Loss (select desired deductible)

☐ \$500      ☐ \$1,000      ☐ \$2,500      ☐ \$5,000

AND

Collision (select desired deductible)

☐ \$500      ☐ \$1,000      ☐ \$2,500      ☐ \$5,000

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

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

Any loss payees? ☐ Yes ☐ No      If yes, give name and address of loss payee: \_\_\_\_\_

19. **AUTOS USED IN CONNECTION WITH GARAGE OPERATION**

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

☐ Liability (Must match the garage liability limit)

☐ UM Limit (policy level) \$ \_\_\_\_\_

☐ Medical Payments Limit

(Must match the garage medical payments limit)

☐ Physical Damage

(select type for each unit on which coverage is desired)

Unit #1: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Unit #2: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Unit #3: ☐ Specified Perils/Collision **OR** ☐ Comprehensive/Collision

Is intow desired? Which units? \_\_\_\_\_

Intow Limit: \_\_\_\_\_

Intow Deductible: \_\_\_\_\_

## **RATING INFORMATION**

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

**CLASS I EMPLOYEES**

Number

Number

**Definitions:**

(A) Proprietors, Partners, Executives active in the business

\_\_\_\_\_

(E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles

\_\_\_\_\_

(B) Sales Persons

\_\_\_\_\_

(C) General Managers

\_\_\_\_\_

(D) Service Managers

\_\_\_\_\_

(F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveaway

\_\_\_\_\_

(G) All other employees

\_\_\_\_\_

**COMPLETE ALL SECTIONS BELOW:**

**Owner & Employee Driver information**

Loc. No.	Name	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents	Number of Violations	Explain

\*Insert letter from above definitions

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

**CLASS II EMPLOYEES (NON-EMPLOYEES)**

Number

Complete for all Non-Employee drivers defined as follows:

(1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.

\_\_\_\_\_

(2) Any active or inactive proprietors, executives or partners 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 or operating vehicles.

\_\_\_\_\_

(4) Any other persons furnished an auto.

\_\_\_\_\_

**List all non-employees as defined above:**

Name	Date of Birth	If Member of Household, Show Relationship	State where licensed	Driver License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

## UNDERWRITING INFORMATION

21. Is the operation in question 6 your primary operation? If not, explain. \_\_\_\_\_ 21. ☐ Yes ☐ No
22. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 22. ☐ Yes ☐ No
23. (a) Do you sell tires? \_\_\_\_\_ % of Receipts ☐ New Tires \_\_\_\_\_ % ☐ Used Tires \_\_\_\_\_ % 23. (a) ☐ Yes ☐ No
- (b) Do you recap or retread tires? (b) ☐ Yes ☐ No
24. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation. 24. ☐ Yes ☐ No
25. Do you hold a salvage dealer license or operate a salvage yard? 25. ☐ Yes ☐ No
26. Do you salvage units for resale? 26. ☐ Yes ☐ No
27. Do you dismantle units for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation. 27. ☐ Yes ☐ No
28. Do you weld gas tanks? 28. ☐ Yes ☐ No
29. If you sell motorcycles, please complete the following: 29. ☐ Yes ☐ No
- (a) Do you sell motorcycles with engine size less than 50ccs? (a) ☐ Yes ☐ No
- (b) Are these motorcycles required to be licensed for road use? (b) ☐ Yes ☐ No
- (c) Is a motorcycle license required to operate these motorcycles? (c) ☐ Yes ☐ No
- (d) Do you modify motorcycles that you sell? If yes, explain. \_\_\_\_\_ (d) ☐ Yes ☐ No
- (e) Do you assemble motorcycle kits? If yes, in what country are the kits manufactured? \_\_\_\_\_ (e) ☐ Yes ☐ No
30. (a) Are customers allowed to test drive units overnight? 30. (a) ☐ Yes ☐ No
- (b) Are customers required to wear a helmet during test drives? (b) ☐ Yes ☐ No
31. Do you sell parts? 31. ☐ Yes ☐ No
- Gross Receipts from Parts Sold but not Installed: \_\_\_\_\_
- ☐ Used Parts \_\_\_\_\_ % ☐ New Parts \_\_\_\_\_ %
32. Do you sell accessories (e.g., helmets, gloves, shirts, jackets)? 32. ☐ Yes ☐ No
- Gross Receipts from accessory sales: \_\_\_\_\_
33. Do you have automatic car washes on location? (\$500 deductible applies) 33. ☐ Yes ☐ No
34. (a) Do you spray paint at your business location? 34. (a) ☐ Yes ☐ No
- (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) ☐ Yes ☐ No
35. (a) Do you loan units to customers? 35. (a) ☐ Yes ☐ No
- (b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b) ☐ Yes ☐ No
36. Do you rent units to customers while their units are left for service repair? 36. ☐ Yes ☐ No
37. Do you furnish units to anyone? 37. ☐ Yes ☐ No
38. Do you sponsor any racing events? 38. ☐ Yes ☐ No
39. **PREMISES**
- Where are the units held for sale stored (in building, open lot, etc.)? \_\_\_\_\_
- If open lot, is lot floodlighted? 39. ☐ Yes ☐ No
- Are attendants or night watchmen employed? ☐ Yes ☐ No
- Is there an alarm system? If yes, what kind? \_\_\_\_\_ ☐ Yes ☐ No
- Is lot fenced? ☐ Yes ☐ No
- If yes, describe (e.g., chained, posts 4 feet apart). \_\_\_\_\_
- Are keys locked when stored after hours? ☐ Yes ☐ No
- Where are keys kept? Explain. \_\_\_\_\_
- Are customers permitted in the service area? ☐ Yes ☐ No
- How many service bays do you have? \_\_\_\_\_ Any service pits? If so, how many? \_\_\_\_\_
- Do you have fire and smoke alarms? ☐ Yes ☐ No
- Do you have fire extinguishers? ☐ Yes ☐ No
- Are firearms kept on premises? ☐ Yes ☐ No
- Do you occupy all of the premises? ☐ Yes ☐ No
- Do you lease part of premises to others? If yes, to whom? \_\_\_\_\_ ☐ Yes ☐ No
- Is your operation located at your private residence? ☐ Yes ☐ No
- If yes, do you have homeowners or renters insurance? ☐ Yes ☐ No

## SELECTION OF LIMITS FOR UNINSURED/UNDERINSURED MOTORISTS COVERAGE (Virginia)

Virginia Insurance Code Section 38.2-2206 provides that policies of insurance which provide bodily injury or property damage liability insurance relating to the ownership, maintenance or use of a motor vehicle issued or delivered in the Commonwealth of Virginia must provide Uninsured motor vehicle coverage in limits not less than \$25,000 because of bodily injury to or death of one person in any one accident and \$50,000 because of bodily injury to or death of two or more persons in any one accident, and \$20,000 because of injury to or destruction of property of others in any one accident. Such policies must also provide coverage for bodily injury or property damage caused by the operation or use of an Underinsured motor vehicle.

Under Virginia law, the limits of Uninsured/Underinsured motorist coverage must equal the limits of the liability insurance provided by your policy unless additional coverage is rejected by any one named insured. Therefore, if you purchase liability insurance in amounts greater than the state mandated minimum limits of \$25,000/50,000/20,000, your Uninsured/Underinsured motorist coverage limits will equal these greater limits.

If you purchase liability insurance limits in excess of \$25,000/50,000/20,000 you may reject the increased limits of Uninsured/Underinsured motorist coverage. If you reject the increased limits of Uninsured/Underinsured motorist coverage you must at a minimum purchase the state-mandated limits of \$25,000/50,000/20,000. You may also choose to purchase Uninsured/Underinsured motorist coverage limits in excess of the state-mandated minimum amount yet less than your liability insurance limits. Ask your producer for coverage limits offered.

The rejection of the additional limits of Uninsured/Underinsured motorist insurance by any one named insured is binding on all insureds under such policy.

In accordance with the Virginia law, the undersigned insured (and each of them):

### Applicable item marked (X)

☐ Selects Uninsured/Underinsured motor vehicle coverage limits in the amount of \$25,000/50,000/20,000. These are the lowest coverage limits which may be purchased by law.

☐ Selects Uninsured/Underinsured motor vehicle coverage limits which are **lower than the liability limits under the policy but** higher than the state-mandated minimum limits. Selected limits for Uninsured/Underinsured motorist coverage are:

(Enter limits if a separate limit of liability applies)

\$ \_\_\_\_\_ Bodily Injury each person  
\$ \_\_\_\_\_ Bodily Injury each accident  
\$ \_\_\_\_\_ Property Damage each accident

(Enter limit if a single limit of liability applies)

\$ \_\_\_\_\_ Each accident

### MEDICAL EXPENSE AND INCOME LOSS BENEFITS SELECTION

#### Medical Expense Benefits - Choose one:

☐ **Reject**  
☐ **Accept** If accepting, choose one: ☐ \$500 ☐ \$1000 ☐ \$2000 ☐ \$5000

#### Income Loss Benefits - Choose one:

☐ **Reject**  
☐ **Accept**

I have indicated my choice above ("X" indicates my choice):

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Policy Number

(Until you advise us otherwise in writing, your choices, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any Scheduled Autos.)

**SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION**

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.**

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 Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

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.

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

Witness
Applicant's Signature
Date

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

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

☐ 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 Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

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Phone No.