

- NATIONAL INDEMNITY COMPANY
- NATIONAL FIRE & MARINE INSURANCE COMPANY
- COLUMBIA INSURANCE COMPANY
- NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- NATIONAL INDEMNITY COMPANY OF THE SOUTH
- NATIONAL INDEMNITY COMPANY OF MID-AMERICA
- WESCO-FINANCIAL INSURANCE COMPANY
- REDWOOD FIRE AND CASUALTY INSURANCE COMPANY
- KANSAS FIRE & CASUALTY COMPANY

SUBMIT TO: _____

Pacific International Underwriters, Inc.
P.O. Box 2007
Edmonds, Washington 98020

(General Agent)

USED AUTO DEALER APPLICATION

GENERAL INFORMATION

1. Applicant's Name (you) _____
2. Business Address _____
(number) (street) (city) (county) (state) (zip)
3. Mailing address (if different than business address) _____
4. Is business located within the corporate city limits? Yes No
5. You are: Individual Partnership Corporation
6. You are: Owner Tenant
7. Insurance is desired from _____ 19 _____ to _____ 19 _____
8. Does your business deal in any of the following:
 - Franchised Dealer Repair Shop
 - Non-franchised Dealer Automobile Dismantling
 - Equipment & Implement Dealer Service Station
 - Storage Garage or Parking
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 _____ (yr.)
11. (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? _____ Estimate for coming year? _____
12. (a) Have you ever filed for reorganization or bankruptcy? Yes No
 If yes, show date (month and year) and explain _____
- (b) Have you been released from reorganization or bankruptcy? Yes No Date released _____
13. (a) **PREVIOUS 3 YEARS' CARRIERS AND ANY LOSS EXPERIENCE**

Year	CARRIER POLICY NUMBER	Date of Loss	Description of Loss	Driver	Amount of Loss
- (b) During the past three (3) years has any insurer cancelled or refused to renew? 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 _____

COMPLETE ALL SECTIONS BELOW:

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

Name	*Duties or Title	Full Time (FT) **Part Time (PT)	Date of Birth	Marital Status	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.							
2.							
3.							
4.							

*Insert letter from definitions on previous page
 **Part Time = less than 20 hours per week

CLASS II EMPLOYEES

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 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 or operating vehicles.

Number

Name	Date of Birth	Marital Status	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1					
2					
3					
4					

16. Identify automobiles furnished to other persons other than Class I or Class II employees (show name of driver and describe automobile).

How is auto registered:
Individual or business

- (1) _____
- (2) _____

- (1) _____
- (2) _____

Are employed drivers covered by Workers' Compensation Insurance?

Yes No

UNDERWRITING INFORMATION

17. Is Item 8 your primary business? If no, what is your primary business? Yes No
 Describe _____

18. Describe all owned vehicles not held for sale.

Year	Make & Model	Gross Weight	ID Number	Use	Cost New	Radius	Coverage Desired
1.							
2.							

19. Do you own and operate an Automobile Transporter, tank truck or tank trailer? 19. Yes No
 (Note this exposure is not covered under garage policy)

20. Type of automobiles held for sale: _____
 Average number of autos at all locations: _____
 Average value of any one auto: _____
 Maximum number of autos at all locations: _____
 Maximum value of any one auto: _____

21. Do you deal in any of the following?

Mobile Homes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Buses	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Motorcycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Foreign Sports Cars	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Recreational Vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Foreign Class Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Antique Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Tractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %	Fiberglass Body Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
Trailers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %			

22. Where do you obtain autos held for sale? _____

23. How are they delivered? (i.e. by train, drive-away contractor, etc.) _____

24. If by drive-away, estimated total number of trips annually: _____

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

Name(s) of individuals _____

MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY:

Under 50 miles _____ 51-200 miles _____ Over 200 miles _____

25. Do you loan autos to customers? 25. Yes No

26. Do you rent autos to customers while their autos are left for service or repair? 26. Yes No

27. (a) Are customers permitted to test drive autos? 27. Yes No

(b) Are customers accompanied by a salesperson? Yes No

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

Dealer _____ Regular _____ Repair _____ Transporter _____ Other _____

29. Are temporary plates used on private autos (registered to other than insured or insured's business)? 29. Yes No

30. Are autos held for sale stored in open lots or in buildings? _____

(a) If open lot, is lot completely floodlighted? 30. 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?

(Describe in detail) _____

(b) If in building: Yes No

Is there burglary protection? (Explain) _____ Yes No

Is there a sprinkler system? (Explain) _____ Yes No

31. Where are keys to autos kept during the night? _____

32. Where are keys kept during the daylight or working hours? _____

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

33. Are vehicles encumbered? 33. Yes No

If yes, indicate mortgagee _____

34. Are automobiles consigned? If yes, enclose copy of agreement. _____ % 34. Yes No
35. Do you conduct any other business than stated in Items 8 or 17 from any location? 35. Yes No
If yes, explain _____
36. Do you provide road service? If yes, explain _____ 36. Yes No
37. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? 37. Yes No
38. Do you have a repair shop? _____ % of receipts. 38. Yes No
39. Do you have a service station? 39. Yes No
40. Do you provide towing and/or storage for any municipalities? _____ 40. Yes No
Cities? _____ County _____ State _____
41. Are there underground storage tanks? 41. Yes No
42. If underground storage tanks, are they approved? 42. Yes No
43. (a) Do you spray paint on premises? 43. Yes No
(b) Do you use booth meeting governmental standards? Yes No
44. Describe neighborhood: Commercial Residential
 Mercantile Mercantile & Residential
45. Answer the following only if Garagekeepers' Liability is requested: 45. Yes No
- (a) Do customers park their own cars? Yes No
- (b) Are customers cars stored in: Buildings Open Lot
- (c) If stored in buildings:
Age of building _____ Number of floors _____
Maximum capacity (no. of cars) _____
Type of construction _____ Number of exits _____
Is gasoline sold or stored at location? Yes No
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

(If more space needed, use additional applications)

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 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.

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).

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

Witness _____ Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE

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? _____

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 Agent's Office Binding Coverage)

Applicant's Representative's Name and Address _____ Phone No. _____