



Independent Auto Dealers Insurance Application

Phone: 800-432-4232
Fax: 800-992-4232

Full Named Insured _____				
→ Dealership Name or DBA (if different) _____				
Website _____ (Attach your business card or any promotional material on your dealership.)				
→ Type of Dealership: <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other than Autos <input type="checkbox"/> Auction <input type="checkbox"/> Consignment <input type="checkbox"/> Dealer w/ other operations (supplemental app required)				
→ Type of Entity: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Wholly Owned Subsidiary				
Parent Corp. _____				
FEIN or Tax ID # _____	Number of Employees _____ Full Time _____ Part Time			
Primary Address: _____				
Mailing Address (if different): _____				
→ Primary Contact:				
Name _____	Title _____			
Email _____	Phone _____			
Fax _____	Cell Phone _____			
Name of Owner (if different): _____				
Is Owner directly involved in Operations? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Year Business Started _____ Years in business under current ownership _____				
Has Dealership ever filed for reorganization or bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain dates and status _____				
Gross Receipts for Prior Year \$ _____ Anticipated for Current Year \$ _____ Estimated Net Worth of Business \$ _____				
→ Describe Percentage of Sales based on the following categories:				
Private Passenger Autos and Pickups _____ %	Recreational Vehicles: Snowmobiles, ATV's, Motor Bikes _____ %			
Kit Cars _____ %	Trucks more than 10,000 lbs GVW _____ %			
Antique or Collector Vehicles _____ %	Truck tractors and semi trailers or 5 th wheel trailers _____ %			
Exotics/ High Performance Vehicles _____ %	Farm Equipment or Implements _____ %			
Motorcycles _____ %	Contractor's Equipment _____ %			
Mobile Homes, Campers, Utility Trailers _____ %	Boats, Jetskis or other Watercraft _____ %			
Buses _____ %	Other (Explain in remarks) _____ %			
Do you retain the services of a professional accountant for financial recordkeeping? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Accounting Contact: _____				
Name	Phone			
SCHEDULE OF LOCATIONS: Dealership Type: A-Retailer B-Wholesaler C-Other than Autos D-Auction E-Consignment F-Dealer w/ other operations				
PHYSICAL LOCATION (street, city, county, state, zip)	Own/Rent	Dealership Type	Average Inventory Value	Maximum Inventory Value
1. _____				
2. _____				
3. _____				
4. _____				

II. INSURANCE INFORMATION

Proposed Effective Date of Insurance _____

Prior Insurance Carrier Information - 4 Years

Year	Insurance Company	Policy Number	Annual Premium	Losses Y/N

Dealership Loss History - 4 Years **Carrier Loss Runs Attached** YES NO (must receive loss runs to bind coverage)

Loss Date	Loss Type	Loss Description	Amount Paid	Amount Reserved

Has Dealership Insurance ever been cancelled or non-renewed? YES NO If yes, explain: _____

COVERED AUTO SYMBOL: [21] ANY AUTO [22] ALL OWNED AUTOS [27] SPECIFICALLY DESCRIBED AUTOS
 [30] AUTOS LEFT FOR SERVICE, REPAIR, STORAGE, OR SAFE KEEPING [31] DEALERS AUTOS & INVENTORY AUTOS

COVERAGES DESIRED	OPTIONS		DEDUCTIBLE
<input type="checkbox"/> Garage Liability [21] (split limits or combined single limit will depend on carrier)	Limits - Auto		Limits - Other than Auto
	<input type="checkbox"/> State Statutory Limits		<input type="checkbox"/> 100,000
	<input type="checkbox"/> 100,000 to 300,000		<input type="checkbox"/> 250,000
	<input type="checkbox"/> 250,000 to 300,000		<input type="checkbox"/> 300,000
	<input type="checkbox"/> 1,000,000 Single Limit		<input type="checkbox"/> 1,000,000
<input type="checkbox"/> Dealers Professional Liability	All or check each below		
<input type="checkbox"/> Federal Odometer <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Title Errors and Omissions	For all Errors and Omissions coverage: LIMITS <input type="checkbox"/> 25,000 Aggregate per coverage <input type="checkbox"/> 50,000 Aggregate per coverage <input type="checkbox"/> 100,000 Aggregate per coverage <input type="checkbox"/> Limit of liability per coverage is the same as Garage Liability - up to \$300,000		
<input type="checkbox"/> Broadened Liability	INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability And \$50,000 Fire Legal Liability Coverage (Refer to Policy Conditions, Definitions, and Limits)		
<input type="checkbox"/> Medical Payments	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
<input type="checkbox"/> Broad Form Products	SAME LIMITS AS SELECTED IN LIABILITY		
<input type="checkbox"/> Drive Other Car	<input type="checkbox"/> Liability	Available only to owner(s), partner(s), their spouse(s), and majority shareholder(s) and their spouse(s). List names: 1. _____ 3. _____ 2. _____ 4. _____	
	<input type="checkbox"/> UM/UIM		
	<input type="checkbox"/> Medical		
	<input type="checkbox"/> PIP (If applicable)		
<input type="checkbox"/> Phys. Damage			
<input type="checkbox"/> Uninsured Motorist <input type="checkbox"/> Underinsured Motorist <input type="checkbox"/> UM/UIM	Limits - (see state specific form) <input type="checkbox"/> 75,000 (SC only) <input type="checkbox"/> 85,000 (NC only) <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 <input type="checkbox"/> Same As Auto Liability Limit		Number of Dealer Plates: _____ Number of Personal Registered Autos: _____ Number of Commercial Plates: _____
<input type="checkbox"/> Garagekeepers [30] (for customer's autos on your premises)	Other Than Collision Perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Collision	Type <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary <input type="checkbox"/> Direct Excess	On Hook for Covered Tow Truck <input type="checkbox"/> YES <input type="checkbox"/> NO Limit of Liability _____ Location # _____
			DEDUCTIBLES Other Than Collision <input type="checkbox"/> \$500/\$2500 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000/\$5000 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500/\$10,000 <input type="checkbox"/> \$2500
<input type="checkbox"/> Physical Damage [31]	100% to value each location		
	Inventory - Coverage Limit \$ _____		Blanket Collision - Deductible per Auto
	Other Than Collision Perils <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Fire Only	Deductibles Other Than Collision <input type="checkbox"/> \$500/\$2500 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000/\$5000 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500/\$10,000 <input type="checkbox"/> \$2500/\$10,000	
	Deductibles Blanket Collision <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$2500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$5000		



III. RATING INFORMATION

- and owners

GARAGE LIABILITY		Driver Schedule for Employees - List ALL Employees (whether they drive or not)				
NAME	POSITION	FT/PT	DRIVERS LICENSE #	STATE ISSUED	D.O.B.	PROVIDED VEHICLE ?

Are employed drivers covered by Workers' Compensation Insurance? YES NO

Driver Schedule for Non-Employees - All persons having personal use of a covered auto INCLUDING SPOUSES.				
NAME	RELATIONSHIP TO INSURED	DL#	STATE ISSUED	DOB

Number of Tags for: Dealer Transport Regular Other

Vehicles to Be Scheduled (Registered and Titled with Dealership)					
YEAR	MAKE	MODEL	TYPE	VIN#	VALUE

Number of Annual Trips by Radius for Pickup & Delivery of Vehicles: _____ 0 to 150 miles _____ 151 to 300 miles
_____ 301 to 500 miles _____ over 500 miles

Describe your Methods of Transporting vehicles:
Any Autos Personally Titled in Dealership Owner's Name? YES NO If yes, are they covered by a Personal Auto Policy? YES NO
If yes, provide policy number, carrier and liability limits:



DEALER'S OPEN LOT

Vehicles Kept: On Lot In Building

Describe the type of Inventory at your dealership:

Calculate Minimum Insurable Value on Each Lot:
Avg. Wholesale Value of your vehicles \$ _____ x Maximum # of Vehicles _____ = _____

What is the Minimum Value on Each Lot? _____ Number of Units Sold per Year _____

How often each year do you drive or sell a vehicle greater than \$50,000 in value? _____ Highest value of a vehicle? _____



IV. UNDERWRITING INFORMATION

(Provide details to relevant answers on Remarks Page)

SECURITY

1. Lot Security: Fencing or Chains Lighting Police Patrol Guard Dogs Gun on Premises
 Watchman If so, list first and last name: _____

2. Building Security: Central Station Alarm - Information: _____
 Deadbolt Locks Windows Barred Anyone live on Premises? YES NO

PROPERTY INFORMATION		
3. How Many Buildings? _____	4. Describe their construction and use: _____	
5. Total Square Footage: _____		
6. Any Buildings more than 15 years old?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. If yes, has wiring been updated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DRIVER AND VEHICLE CONTROLS		
8. Describe how keys are controlled: _____		
9. Are keys ever left in the vehicles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Describe how plates are stored and secured: _____		
11. Do you loan autos to customers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Do you lease or rent vehicles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Are customers allowed to test drive vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are they accompanied by salesman? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14. Do you get a copy of their license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. Are employees allowed to drive cars for personal use or take them home?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. If yes, do they carry their own insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Are MVR's run on employees prior to hiring or would MVR's be run on employees if you were hiring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Anyone under the age of 19 permitted to drive vehicles? (Any family members not included in driver schedule will be excluded from inception date)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. Are you or any owners married? (If yes, are spouses to be: <input type="checkbox"/> Included on policy or <input type="checkbox"/> Excluded?) If not Included or Excluded, a copy of a valid personal auto policy is required. (List names of any spouses in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. Do you or any owners have children age 13 or older living in the household? (List names and ages in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. Do you or any owners have any family members, relatives or friends that have occasional use of your vehicles? If Yes, list names on in Remarks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OPERATIONS		
22. Do you generate revenue from any source aside from Vehicle Sales? If Yes, please complete supplemental application for Additional Operations.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. Do you install trailer hitches or fifth wheel connections?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. Do you do your own repossessions or hire out repossessions? If Yes, go to supplemental application.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. Do you perform any retail repair for the public or major maintenance services on this property? (If Yes, explain in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. Do you own a tow truck, car hauler, trailer or dolly to transport more than one vehicle? If Yes, do you tow for others, for a fee, or as part of another Business? <input type="checkbox"/> YES <input type="checkbox"/> NO (If Yes, explain in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Do you sell salvage or rebuilt vehicles?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. Do you perform any work or deactivate airbags or breathalyzers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. Business involved in any way in the sale or distribution of butane, propane or other liquefied gas held under pressure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. Do you have a written safety program in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. Do you do consignment sales? If Yes, attach copy of contract.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. Do you do any "Buy Here-Pay Here" Sales or in-house financing? If Yes, is the registration transferred to the customer and report of sale immediately filed with the state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. Is the property shared with another business? (If Yes, describe the physical separation of offices and garage area/lot in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. Are there currently serviced, charged and operable fire extinguishers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. Does the property have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. Are there NO SMOKING signs posted in all areas where combustible materials are located?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. Has any policy or coverage for this business been declined, cancelled, or non-renewed in the last 3 years? (If Yes, provide details in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. Is any of this ownership a subsidiary of another entity or does this ownership have any subsidiaries? (Explain in Remarks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. List your methods of advertising: _____		
REMARKS		

Signature of Applicant _____

Date _____

if applicable



**DEALERS RISK AND
INSURANCE SERVICES
NEW IN BUSINESS**

EXPERIENCE QUESTIONNAIRE (LESS THAN 3 YEARS)

Named Insured: _____

DBA: _____

1. Type of Business: _____

2. Business License Number: _____

3. Original issue date of License: _____

4. # of years business insurance: _____ Type of business insured: _____

→ 5. Number of years experience in the Auto Sales and/or Auto Service industry: _____

→ 6. Describe auto industry experience. List job title held, job duties, and management qualifications:

→ 7. ~~Attach resume or~~ list employment for the previous 5 years:

• Employer's Name: _____

City/Town: _____ State: _____

Employed from: _____ to: _____

• Employer's Name: _____

City/Town: _____ State: _____

Employed from: _____ to: _____

• Employer's Name: _____

City/Town: _____ State: _____

Employed from: _____ to: _____

8. ~~Attach Owner's Motor Vehicle Record~~

Remarks: _____

I certify that, to the best of my knowledge, all information contained herein is true and correct.

Applicant's Signature

Date



Supplemental Application Auto Dealers with Additional Operations

Dealership/Business Name: _____

Please indicate if you conduct any of the following operations on any premises where you are applying for insurance coverage and provide a description of the operation in the remarks section.

Business Activity	Loc. #	% of Operations	Est. Annual Revenue
Auto/ Truck Service and Repairs			
Auto/ Truck Body Shop			
Conversions/Modifications			
Salvage Operation/ Yard			
Gas			
Grocery Sales			
Liquor Sales			
Parking			
Impound Storage			
Marina			
Propane or LPG Tanks			
New Auto Parts Sales			
Used Auto Parts Sales			
Car Wash			
Towing Operations			
Tire Sales			
Auto Rental or Leasing			
Equipment/Machinery Rental or Leasing			
Other (explain in remarks)			

1. For Body Shop or Repairs: Do you perform frame straightening? YES NO
If yes, list your equipment in remarks. (Year, Make, Model & Type)
2. For Conversions or Modifications: Describe your work:

3. For Parking: Do you provide Valet Service? YES NO
Are keys left with you? YES NO How much do you charge? _____ Do you supply a ticket? YES NO
4. For Tires: What type? New _____% Used _____% Recaps _____%

REMARKS & OPERATIONS DESCRIPTION

Signature of Applicant _____ Date _____

Surety Bond Application

SECTION I: BOND APPLIED FOR

Type of Bond: _____ Effective Date: _____ Expiration Date: _____
 Type of Company CORP LLC DBA PARTNERSHIP Bond Amount: _____
 (Obligee) _____
 Obligee Address _____

SECTION II: GENERAL INFORMATION

Applicant's Name: _____ Spouse Name: _____
 SS#: _____ Spouse SS#: _____ Home Phone: _____
 Residence Address: _____
 Business Name: _____
 Business Phone: _____ Business Fax: _____ E-mail: _____
 Business Address: _____
 Date Business BEGAN under present Individual or Firm Name: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO
 If Yes, Explain: _____
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO
 If Yes, Explain: _____
 HAS APPLICANT EVER FILED BANKRUPTCY? YES NO
 If Yes Explain: _____
 DO YOU HAVE ANY LIENS, CLAIMS OR JUDGMENTS AGAINST YOU? YES NO
 If Yes, Explain: _____

PERSONAL FINANCIALS (IF MORE THAN ONE OWNER, EACH HAS TO FILL OUT THIS APPLICATION) STATEMENT OF ASSETS AND LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK		NOTES PAYABLE TO BANKS	
CASH ON HAND		NOTES TO OTHERS (excl. of equipment)	
STOCKS AND BONDS		ACCOUNTS PAYABLE	
ACCOUNTS RECEIVABLE		FEDERAL & STATE INCOME TAX DUE	
NOTES RECEIVABLE		ALL OTHER TAXES	
INVENTORY		ACCRUALS, PAYROLLS, ETC.	
CASH VALUE LIFE INSURANCE			
EQUIPMENT		DUE ON EQUIPMENT	
REAL ESTATE		DUE ON REAL ESTATE	
OTHER ASSETS		OTHER LIABILITIES	
		CAPITAL STOCK (if a corporation)	
		SURPLUS AND UNDIVIDED PROFITS	
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
Name of Owners	Name and Title of Officers	% OWNERSHIP IN COMPANY	

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR AMRIBONDS SURETY & INSURANCE SERVICES AND AFFILIATES TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

APPLICANT SIGNATURE _____ DATE: _____