

Motorcycle & Recreational Vehicle Dealers Garage Application (Motorhomes not included)

COLUMBIA INSURANCE COMPANY
 NATIONAL FIRE & MARINE INSURANCE COMPANY
 NATIONAL INDEMNITY COMPANY
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA
 NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Desired Policy Term From: _____ To _____

GENERAL INFORMATION

1. Named Applicant (you): _____
2. Business Address: _____
3. Mailing Address: _____
4. Web Site Address: _____
5. You are: Individual Partnership Corporation
6. You are: Owner Tenant Does owner of premises need to be named as additional insured? Yes No
If yes, owner's name: _____
7. Description of Operation: _____
8. Your Business is: Franchised Dealer Non-Franchised Dealer Repair Shop Service Station
9. Do you conduct any other business other than stated in item 7 from any location? Yes No
10. Person to Contact:
For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____
11. Current management has controlled the business since _____ (yr.) And has been in this type of business since _____ (yr.)
12. Is this a new venture? Yes No

13. (a) **Previous 3 Years' Carriers and Loss Experience**

| Year | Carrier | Policy Number | Loss Date | Amount Paid | Description 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 _____

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

- (a) **Bodily Injury & Property Damage Liability** CSL (State Permitting) \$ _____ Each Accident Aggregate (Garage operations only) \$ _____
 (Property Damage Liability – subject to \$100 deductible completed operations) (Maximum Aggregate Limit - 2 million)
 Limited Liability for Customers (State Permitting – Designate Choice)
 Unlimited Liability for Customers
 Passenger Hazard – Financial Responsibility Limit only (State Permitting)
 Personal Injury Protection (State Permitting)
UNINSURED/UNDERINSURED MOTORISTS
 Uninsured Motorists \$ _____ each person/\$ _____ each accident or \$ _____ SL
 Underinsured Motorists \$ _____ each person/\$ _____ each accident or \$ _____ SL

**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.**

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

| |
|--------------------------|
| Location No. 1 – Address |
| Location No. 2 – Address |

(b) **NUMBERS (sets) OF PLATES HELD BY YOU:** _____

(ENTIRE APPLICATION MUST BE COMPLETED)

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES

- Maximum limit of any one unit: _____
 \$500 Deductible Specified Causes of Loss and Collision
 \$1,000 Deductible
 Other Deductible _____

- Legal Liability
 Direct Primary
 Direct Excess

List All Business Locations To Be Covered –

| | Garagekeepers Limit | Garagekeepers | | Applicant Occupies |
|-------|---------------------|--------------------------------|---------------------------------|--|
| | | Average/Maximum Value Per Auto | Average/Maximum Number of Autos | |
| No. 1 | | | | <input type="checkbox"/> All <input type="checkbox"/> Part of Premises |
| No. 2 | | | | <input type="checkbox"/> All <input type="checkbox"/> Part of Premises |

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

*Non-Reporting Form Only

- Specified Causes of Loss
 \$500 deductible \$1,000 deductible
 Collision
 \$500 deductible \$1,000 deductible

List All Locations To Be Covered –

| | Dealers Physical Damage Limit Per Location: \$ | Average/Maximum Value Per Auto | Average/Maximum Number of Autos |
|-------|--|--------------------------------|---------------------------------|
| No. 1 | | | |
| No. 2 | | | |

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

15. 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 | _____ | (F) Other employees or operations whose duty is driving garage vehicles for delivery or Driveaway | _____ |
| (C) General Managers | _____ | (G) All other employees | _____ |
| (D) Service Managers | _____ | | |

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 | Driver License Number | State | Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions |
|------|------------------|------------------------------------|---------------|-----------------------|-------|--|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

†Insert letter from above definitions
 ††Part Time = less than 20 hours per week

NON-EMPLOYEES (CLASS II)

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 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.
- (4) Any other persons furnished an auto.

List all non-employees as defined above:

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

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

Description of automobile to be covered:

| Year | Model | Body Type | Load Capacity | Identification No. | Radius |
|------|-------|-----------|---------------|--------------------|--------|
| | | | | | |

UNDERWRITING INFORMATION

- 1. Are floors free of oil, grease and other flammable materials? 1. Yes No
- 2. Do you store gasoline on location? 2. Yes No
- 3. Are ignition keys left in vehicles that are stored? 3. Yes No
If not where? _____
- 4. During working hours - where are keys to units? _____
- 5. Are windows on sides and back barred? 5. Yes No
- 6. Are bolt locks on all doors? 6. Yes No
- 7. Is the front and back well lighted? 7. Yes No
- 8. Do you have an alarm system? Type _____ 8. Yes No
- 9. Do you have a sprinkler system? 9. Yes No
- 10. Do you have fire extinguishers? 10. Yes No
- 11. Do you sell any of the following?

| | | | |
|------------------------|--|-----------------------------|--|
| Mobile Homes | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Camper Trailers (Pull Type) | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| Trailers | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Boats | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| Motorcycles | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Snowmobiles | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| All Terrain Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Golf Carts | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| Lawn & Garden Vehicles | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Motorhomes | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % |
| Jet Skis/Waverunners | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ % | Other (Specify) _____ | |
- Sale, repair or installation of trailer hitch or 5th wheel connections Yes No _____ %
- 12. If you sell motorcycles:
 - a) Do you sell units under 50 ccs? 12. Yes No
 - b) Are units you sell required to be registered for road use? Yes No
 - c) Is a motorcycle license required to operate the units you sell? Yes No
 - d) Are you involved with modification and/or kit installation? Yes No

REJECTION OF UNINSURED MOTORISTS COVERAGE
ALABAMA

Act No. 866, Alabama Law 1965, provides that, unless rejected by the named insured, Uninsured Motorists Coverage must be provided, in limits set forth in the law, in or supplemental to all automobile or motor vehicle liability policies delivered or issued for delivery in Alabama with respect to any motor vehicle registered or principally garaged in Alabama and insuring against loss resulting from liability imposed by law for bodily injury or death suffered by any person arising out of the ownership, maintenance or use of a motor vehicle. Such Uninsured Motorists Coverage is the coverage provided for the protection of persons insured under the policy who would be legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease including death resulting therefrom.

If such coverage is rejected, the premium shall be \$ _____ less than if it is not rejected.

In accordance with the provision that Uninsured Motorists Coverage may be rejected, the undersigned (and each of them) does hereby reject such coverage.

The undersigned understands and agrees that the provisions of the Uninsured Motorists Coverage will not be included in the policy issued to them and waives any protection of the Alabama Statutes in that respect.

Signature

Date

Signature

Date

Until you advise us otherwise in writing, your rejection, as indicated above, will continue regardless of any addition or change in Auto coverage on your current policy or addition of any scheduled Autos and will be carried forward on all future renewal policies without additional notice.

SIGNATURE IS ALSO REQUIRED ON LAST PAGE OF APPLICATION