

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

NATIONAL INDEMNITY COMPANY OF THE SOUTH
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Administrative Office - Omaha, Nebraska

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) \$ _____
 Limited Liability for Customers (Maximum Aggregate Limit - 2 million)
 (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)

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 _____
 (B) Sales Persons _____
 (C) General Managers _____
 (D) Service Managers _____

- (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles _____
 (F) Other employees or operations whose duty is driving garage vehicles for delivery or Driveaway _____
 (G) All other employees _____

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

13. Do you rent or lease units to others? 13. Yes No
14. Do you loan units to customers? 14. Yes No
15. Do you rent units to customers while their units are left for service repair? 15. Yes No
16. Do you furnish units to anyone? 16. Yes No
17. Are customers permitted to test drive? 17. Yes No
- Accompanied by a salesperson? Yes No
- Are helmets required for all customer test drives? Yes No
18. Do you service customers vehicles? If yes, _____ % Receipts 18. Yes No
- Are they stored in building? Yes No
19. Do you sell parts and accessories? Receipts _____ New Used Accessories 19. Yes No
20. Are units consigned? If yes _____ % 20. Yes No
21. Are you involved in the sale of distribution of butane, propane or any other liquefied gas held under pressure? 21. Yes No
22. Do you weld gas tanks? 22. Yes No

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 the 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 the 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 _____

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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.

COVERAGE ELECTION NOTICE
Regarding Uninsured Motorists Coverage
FLORIDA

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- a. I hereby reject Uninsured Motorist Coverage
- b. I hereby select Uninsured Motorist limits of _____ which are lower than my Bodily Injury Liability limits.

STACKING OF UNINSURED MOTORISTS LIMITS APPLIES ONLY TO CLASS I INSUREDS (THE NAMED INSURED, IF AN INDIVIDUAL, AND ANY FAMILY MEMBERS). CLASS II INSUREDS ARE NOT REQUIRED TO COMPLETE THIS SECTION.

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, a non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorist Coverage.

I understand and agree that selection of one of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____ Date: _____
(Named Insured)

NO FAULT COVERAGE - In accordance with Florida Statutes, you must carry no-fault insurance of \$10,000. If your motor vehicles are owned by an individual or husband and wife, the named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. Deductible or reduced benefits are not available to a partnership, corporation or other non-individual entity. Please choose either A or B.

- A. \$10,000 Coverage (no deductible)
 - Exclude work loss for Named Insured
 - Exclude work loss for Named Insured and Dependent Relatives
- B. \$10,000 Coverage less Deductible of *\$_____
 - Named Insured
 - Named Insured and Dependent Relatives

*Deductible Available (\$250) (\$500) (\$1,000)

Applicant's Signature _____

Applicant's Signature _____