

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

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 operators whose duty is driving garage vehicles for delivery or Driveaway
- (G) All other employees

Number

COMPLETE ALL SECTIONS BELOW:

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

***Insert letter from definitions shown above in Duties or Title column.**

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.						

**Part Time = less than 20 hours per week

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.

Number

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.				

19. Are employed drivers covered by Workers' Compensation Insurance? Yes No

UNDERWRITING INFORMATION

20. Where do you obtain autos held for sale? _____
21. How are they delivered? (i.e. by drive-away, tow truck, auto transporter, etc.) _____
22. If by drive-away, estimated total number of trips annually: _____
 Explain in detail who the drivers are: Full-time employees Part-time employees Contractors
 Name(s) of individuals _____
- MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY: 0-150 miles _____ Over 150 miles _____
23. Do you loan autos to customers? 23. Yes No
24. Do you rent autos to customers while their autos are left for service or repair? 24. Yes No
25. (a) Are customers permitted to test drive autos? 25. Yes No
- (b) Are customers accompanied by a salesperson? Yes No
26. Do you sell salvaged titled autos? 26. Yes No
27. Is your operation located at your private residence? 27. Yes No
- If yes, do you have homeowners or renters insurance? Yes No

28. **ANSWER THE FOLLOWING ONLY IF DEALERS PHYSICAL DAMAGE IS REQUESTED:**

- (a) Are autos held for sale stored in open lots or in buildings? _____
- (b) If open lot, is lot completely floodlighted? _____ 28. 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? Yes No
 (Describe in detail) _____
- (c) If in building:
 Is there burglary protection? (Explain) _____ Yes No
 Is there a sprinkler system? (Explain) _____ Yes No

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

30. 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)

31. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? _____ 31. Yes No

32. Do you have a repair shop? If yes, % _____ 32. Yes No

33. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, % _____ 33. Yes No

34. (a) Do you spray paint on premises? _____ 34. Yes No

(b) Do you use booth meeting governmental standards? Yes No

35. **ANSWER THE FOLLOWING ONLY IF GARAGEKEEPERS' LIABILITY IS REQUESTED:**

(a) Do customers park their own cars? _____ 35. Yes No

(b) Are customers cars stored in: Buildings Open Lots

(c) If stored in buildings: Age of building _____ Number of floors _____

Type of construction _____ Number of exits _____

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

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? _____

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 Agency'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 _____