

Trailer Dealer Application

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

Argenia, LLC
 11524 Fairview Road
 Little Rock, AR 72212
 (501) 227-9670 FAX: (501) 227-8105

Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

- | | | |
|--------------------------------------|-------|-----------------------|
| | Name | “dba” (if applicable) |
| <input type="checkbox"/> Corporation | _____ | |
| <input type="checkbox"/> Partnership | _____ | |
| <input type="checkbox"/> Individual | _____ | |
| <input type="checkbox"/> Other | _____ | |

2. Business (physical) address _____

3. Mailing address _____

4. Website address _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name _____

6. Description of operation _____

7. Type of Operation:

- | | | |
|---|---|---|
| <input type="checkbox"/> Franchised Dealer | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Wholesale Dealer/Auto Broker |
| <input type="checkbox"/> Non-Franchised Dealer | <input type="checkbox"/> Automobile Dismantling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment & Implement Dealer | | |

8. Please check those items below that are part of your dealer operation:

- | | | | |
|--|-------------------|--|-------------------|
| | % of
Operation | | % of
Operation |
| <input type="checkbox"/> Private Passenger Autos | _____ | <input type="checkbox"/> Motor Homes | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> Buses | _____ |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____ | <input type="checkbox"/> Contractor Equipment | _____ |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Farm Equipment/Implement Dealer | _____ |
| <input type="checkbox"/> Tractors | _____ | <input type="checkbox"/> Internet Sales of Trailers | _____ |
| <input type="checkbox"/> Trailers | _____ | <input type="checkbox"/> Internet Sales of Parts/Accessories | _____ |
| | | <input type="checkbox"/> Other | _____ |

9. Person to Contact:

For inspection (name & phone number) _____

For accounting records (name & phone number) _____

10. Current management has controlled the business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance? 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 _____

13. (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? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you accept autos on consignment? Yes No If yes, _____% of operation

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

16. Plates Held by Applicant (indicate number held): _____ Dealer _____ Transporter

_____ Repairer _____ Other

List plate identification numbers assigned by the state _____

Are plates attached to owned autos? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

17. **Limits of Liability and Coverage(s) Requested (check desired coverage and insert limits)**

I. LIABILITY

	Each Accident	Aggregate (Garage Operations Only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability Subject to \$100 Deductible Completed Operations)	(Combined Single Limit)	(Maximum Aggregate Limit - 2 Million)

List All Locations to be Covered for Bodily Injury and Property Damage Liability

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit: \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORIST

Applicable to scheduled autos or plates attached to autos (UM/UIM coverage does not apply to trailers).

UNINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident

UNDERINSURED MOTORIST COVERAGE		
Single Limit	Split Limits	
	Bodily Injury	
	Per Person	Per Accident

IV. GARAGEKEEPERS COVERAGE

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on direct primary basis only)

(pick one of the following)

- Legal Liability
- Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

18. List All Business Locations to be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

V. **DEALERS PHYSICAL DAMAGE** *Non-Reporting Form Only, 80% Co-Insurance Clause Applies

- Specified Causes of Loss (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

AND

- Collision (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

List All Business Locations to be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

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

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

- (a) Do you own and operate an automobile transporter, tow truck, tank truck or tank trailer? Yes No
 (b) Do you desire coverage? Yes No

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (city, state)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (must match the garage liability limit)
 UM Limit (policy level) \$ _____ Is in-tow desired? Which units? _____
 Medical Payments Limit (must match the garage liability limit) In-Tow Limit: \$ _____
 Physical Damage In-Tow Deductible: \$ _____

(select type for each unit on which coverage is desired)

- Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

RATING INFORMATION

20. EMPLOYEE INFORMATION (include independent contractors)

Loc. No.	Name	Job Duty or Job Title	Date of Birth	State Where Licensed	Drivers License #	Number of Accidents Last 3 Years	Number of Violations Last 3 Years	Explain

UNDERWRITING INFORMATION

- | | |
|--|--|
| 21. Is the operation in Question 6 your primary operation? If not, explain _____ | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. (a) Do you sell tires? _____% of receipts <input type="checkbox"/> New Tires _____% <input type="checkbox"/> Used Tires _____% | 22. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Do you recap or retread tires? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 23. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation | 23. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Do you hold a salvage dealer license or operate a salvage yard? | 24. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 25. Do you salvage cars for resale? | 25. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation | 26. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. Do you weld gas tanks? | 27. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Do you repossess autos? | 28. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Do you sell parts?
Gross receipts from parts sold but not installed _____
<input type="checkbox"/> Used Parts _____% <input type="checkbox"/> New Parts _____% | 29. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. (a) Do you spray paint at your business location? | 30. (a) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? | (b) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Do you loan autos to customers? | 31. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Do you rent autos to customers while their units are left for service repair? | 32. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 33. Do you furnish autos to anyone? | 33. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Do you sponsor any racing events? | 34. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? | 35. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. PREMISES
Where are the units held for sale stored (in building, open lot, etc.)? _____
If open lot, is lot floodlighted?
Are attendants or night watchmen employed?
Is there an alarm system? If yes, what kind? _____
Is lot fenced?
If yes, describe (e.g., chained, posts 4 feet apart) _____
Are customers permitted in the service area?
How many service bays do you have? _____ Any service pits? If so, how many? _____
Do you have fire and smoke alarms?
Do you have fire extinguishers?
Are firearms kept on premises?
Do you occupy all of the premises?
Do you lease part of premises to others? If yes, to whom? _____
Is your operation located at your private residence?
If yes, do you have homeowners or renters insurance? | 36. <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Federal Highway Administration 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 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 PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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.

**REJECTION OF UNINSURED AND UNDERINSURED
MOTORISTS COVERAGES, AND OFFER OF INCREASED UNINSURED LIMITS
(ARKANSAS)**

I. UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured thereunder who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting therefrom.

Uninsured Motorists Coverage (Section 23-89-404) also provides insurance for the protection of persons insured thereunder for **property damage** to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle.

Under the law (Section 27-1 9-605), the minimum limits for Uninsured Motorists Coverage are:

- at least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- at least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single accident, and
- at least \$25,000 of coverage for property damage in any single accident.

A. Offer of Increased Limits or Selection of Minimum Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose not to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage in limits up to the limits of third-party liability coverage you will carry under your automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Offer of increased Limits of Coverage

\$25,000	/	\$50,000	/	\$25,000	or	\$75,000 Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit
_____	/	_____	/	_____	or	_____ Single Limit

Amount of Increased Premium (if any)
Contact your agent for amount of
Increased premium.

Choose one of the following ('X' Indicates your choice) and complete the limits desired where Indicated, if applicable.

I wish to purchase increased limits of Uninsured Motorists Coverage.

If you marked this box, then you must specify the limits which you desire. These limits cannot exceed your third-party liability coverage.

I select: _____ / _____ / _____ or _____ Single Limit

I wish to REJECT the offer of any and all increased limits of Uninsured Motorists Coverage.

B. Rejection

The law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage in its entirety or to reject the property damage only portion of the Uninsured Motorists Coverage. The law requires that if you do not reject Uninsured Motorists Coverage for bodily injury, the insurer will automatically provide you with the coverage in the minimum limits prescribed by law.

You may not reject Uninsured Motorists Coverage if increased limits of Uninsured Motorists Coverage is selected in Section A above.

Choose one of the following, if applicable ("X" indicates your choice).

- I hereby REJECT Uninsured Motorists Coverage. The Uninsured Motorists Coverage offered is completely, removed and deleted from the policy.
- I hereby REJECT the property damage only portion of the Uninsured Motorists Coverage. The property damage only portion of the Uninsured Motorists Coverage offered is completely removed and deleted from the policy.

II. REJECTION OF UNDERINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-209), Underinsured Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent the injured party would receive compensation in excess of his/her damages.

Underinsured Motorists Coverage is available only if Uninsured Motorists Coverage is not rejected above.

The law permits you, the insured named in the policy, to reject Underinsured Motorists Coverage.

Mark the following, if applicable ("X" indicates your choice).

- I hereby REJECT Underinsured Motorists Coverage. The Underinsured Motorists Coverage offered is completely removed and deleted from the policy. This coverage MUST be deleted if Uninsured Motorists Coverage is deleted.

Signature of Named Insured (Representing all insureds)

Type or Print Name

Date

Policy Number (if known)