



AutoEdge Sales and Service Supplemental Application

Insured Name:

Effective Date:

Expiring Premium:

Date Quote Needed:

Description of Risk:

Address:

City:

State:

Zip:

Agent Checklist for Quote: Items required for submission with Supplemental.

Acord Applications for all coverages being quoted.

Employee List: Include name, job title/position, license number, state of issue, DOB, location they work at, if furnished a vehicle and if full or part time. Also include and identify all non-employees who are provided/furnished a vehicle(s) and their relationship to the operation on the list.

Current year and 3 years prior (4 years total) loss history valued within last 90 days.

Provide an explanation of all losses over \$10,000 and any actions taken to prevent a reoccurring.

Dealership Operations

Primary Manufacturer:

Additional Manufacturer(s):

Does insured do any of the following? If yes, indicate sales amount for each.

Operation	Sales Amount	Operation	Sales Amount
New Autos:	\$	LPG Sales or Service :	\$
Used Autos:	\$	Food Service (Fryers, Grills, Flame)	\$
Motorcycles:	\$	Wholesale/Retail Gas or Fuel Sale:	\$
RV/Campers:	\$	Property Leased to Others:	\$
Farm/Construction:	\$	Res Property (incl Apartments blds):	\$
Boats:	\$	Res Property (other risks):	\$
Airplanes:	\$	Antique or classic Vehicles:	\$
Power-Sport Equip:	\$	Other:	\$
Racing Vehicles:	\$	Other:	\$
Salvage/Grey Mkt:	\$	Other:	\$
		Total	\$

List the percentage of Service Work in each category:

Type of Work	Percent	Type of Work	Percent
Oil and Lube	%	Wash/Detail	%
Tune-up	%	Window Tinting	%
Muffler	%	Clear Coating	%
Radiator	%	Stereo Systems	%
Electrical	%	Alarm Systems	%
Brakes	%	Transmission	%
Hitches	%	Windshield	%
Upholstery	%	Lift Kit Installation	%
Tires (New)	%	Suspension (Not Lift Kit)	%
Tires (Used)	%	Wheel Alignment	%
Frame Work	%	Performance Adjustments	%
Painting	%	Other	%
Body Work	%	Other	%
		Total Percentage	%

Drive Away Collision

- | | | |
|--|-----|----|
| 1. Drive away collision? | YES | NO |
| 2. Is the distance driven or transported more than 50 miles? | YES | NO |
| 3. Average number of miles driven per month | | |

Auto Dealers Open Lot

- | | | |
|---|-----|----|
| 1. Does dealer have wholesale finance vehicles insured through Wholesale Insurer? | YES | NO |
| Identify Wholesale Finance Insurance Coverage Provider: | | |

Insurance Coverage Requested

Coverage to be included in this quote: ☐ Comprehensive ☐ Collision ☐ False Pretense

Comprehensive Deductible:

Wind Hail Deductible:

Collision Deductible:

False Pretense: <i>(continued on next page)</i>	Limit \$	Deductible \$	Value \$
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Fill in values below and attach additional list if needed.

Location	Average Inside Value	Max Inside Value	Average Outside Value	Max Outside Value	Standard Open Lot	Non-Standard Open Lot
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Optional Coverages

- | | | |
|---|-----------|----------------|
| 1. Additional Insured – Lessor of Leased Equipment | YES | NO |
| Number of Equipment Lessors # | | |
| 2. Additional Insured – Designated Person or Organization | YES | NO |
| Number of Persons or Organizations # | | |
| 3. EPLI | Limit: \$ | Deductible: \$ |

General Underwriting Questions

- | | | |
|--|-----|----|
| 4. Number of years top management has been working in insured business: # | | |
| 5. Number of insurance carriers in the last 5 years: # | | |
| 6. Number of years profitable in the past 5 years: # | | |
| 7. Are customer signatures required if a repair of safety item is refused? | YES | NO |
| 8. Are lots fully fenced, and gates locked? | YES | NO |
| 9. Are lots fully lit? | YES | NO |
| 10. Are lots covered by security cameras? | YES | NO |
| 11. Is a monitored alarm system in place? | YES | NO |
| 12. Are all exits blocked after hours? | YES | NO |
| 13. Are lots paved and free of obstruction/holes? | YES | NO |
| 14. Is there a night watchman? | YES | NO |
| If there are night watchmen, are they armed? | YES | NO |
| 15. Are there any guard dogs? | YES | NO |

16. Are customers prohibited from any service areas with signs posted?	YES	NO
17. Any rental/leasing operations?	YES	NO
18. Is a demo agreement for furnished auto used?	YES	NO
Does agreement prohibit family use?	YES	NO
Does employee pay deductible?	YES	NO
If yes, how much? \$		
Total number of employees: #		
Total number of furnished autos: #		
19. Does insured deliver parts?	YES	NO
Number of delivery vehicles: #		
Is insured considered a part of a distribution center?	YES	NO
Percentage of parts sales to total sales: %		
20. Are customer test drives allowed?	YES	NO
Are overnight test drives allowed?	YES	NO
Does sales staff accompany all test drives?	YES	NO
Is the customer's driver's license reviewed and copied?	YES	NO
Is there a predetermined test drive route?	YES	NO
21. Does insured have BUY HERE/PAY HERE or in-house finance operations?	YES	NO
22. Does the insured request Carfax reports on used vehicles?	YES	NO
23. Is there computerized key control?	YES	NO
24. Are lock boxes used on inventory?	YES	NO
If lock boxes are in place, are keys removed at night from the boxes?	YES	NO
25. Any vehicles in inventory with values more than \$75,000?	YES	NO
If yes, detail below:		
Maximum value of any one vehicle: \$		
26. Are vehicles inventories conducted at least monthly?	YES	NO

27. Does the insured have towing vehicles? YES NO

If yes, number of vehicles: #

Is there any police or impound towing or storage done? YES NO

Is all towing only for insured customers? YES NO

28. Does the insured do spot deliveries of vehicles held for sale? YES NO

If yes, avg # per month:

29. For service, how long are repair records kept?

Paint Booth Location Info as listed on Acord 125

1. Is there a body repair shop? YES NO

2. Are there welding operations? YES NO

3. Do any locations have paint booths? YES NO

4. Are the paint storage and mixing rooms equipped with fire suppression systems? YES NO

5. Are all paints water base? YES NO

6. Are all paints/thinners stores in approved containers? YES NO

Location/Bldg #	NFPA/UL Approved	Explosion/Vapor Proof Lighting?	Fire Suppression System

Attach additional list if needed.

Provide an explanation of any unfavorable answers from the questions in the box below:

Garagekeepers

Complete Garagekeepers limits section of Acord Application in addition to info below:

- | | | |
|--|-----|----|
| 1. Wind/Hail Deductible \$ | | |
| 2. Are signed rental/loaner agreements obtained? | YES | NO |
| 3. Number of loaner vehicles? # | | |

Severe Weather Preparation Analysis

- | | | |
|---|-----|----|
| 1. Does insured have a written disaster plan for avoiding damage caused by severe weather? | YES | NO |
| Is the written plan attached? | YES | NO |
| Has the written plan been tested? | YES | NO |
| 2. Does insured have a designated area to store outside inventory in the event of severe weather? | YES | NO |
| 3. Do any of the insured's building(s) have rock aggregate on the roof? | YES | NO |
| 4. Are there any buildings within 300 feet of inventory with rock aggregate on roof? | YES | NO |
| 5. Is any of the insured's new or used inventory stored under protective cover? | YES | NO |
| 6. Has any part of the insured's outside inventory storage or parking area ever flooded? | YES | NO |

Property Questions

- | | | |
|--|-----|----|
| 1. Are any locations listed as vacant land? | YES | NO |
| 2. Are any locations listed as vacant buildings? | YES | NO |

Please identify all Vacant Building/Land below:

Location#	Building #	Building	Land	Currently for Sale?

Business Income

Business Income is available under the Property Enhancement Endorsement
With a limit of \$100,000. Is more needed?
(If yes, complete on the Acord Property Application)

YES NO

Inland Marine (Other than Equipment Dealers)

Employee Tools? YES NO

Are employee tools secured after hours? YES NO

Location	Limit	Deductible	RC or ACV

Attach additional list if needed.

Crime Coverage

Are incoming checks immediately stamped "For Deposit Only"? YES NO

Additional Coverages

- | | | | |
|---|-------------------|-----|----|
| 1. Property Enhancement Endorsement | | YES | NO |
| 2. Dealer Extension Endorsement | | YES | NO |
| 3. Garage Physical Damage Special Repair Percentage Percentage of Parts/Labor | | YES | NO |
| 4. Garagekeepers Special Repair Percentage Percentage of Pars/Labor | | YES | NO |
| 5. Garagekeepers – Direct Primary – Other Than Natural Disasters Coverage Amendment | | YES | NO |
| 6. Blanket Waiver of Transfer of Rights of Recovery | | YES | NO |
| 7. Broad Form Completed Operations and Faulty Work | | YES | NO |
| 8. Broad Form Products Coverage | | YES | NO |
| 9. Consumer Suits Defense Cost Coverage Limit (Per 1,000) Deductible | | YES | NO |
| 10. Prior Damage Disclosure E&O <i>(Franchised Dealers)</i>
<i>(One selection only #10 or #11)</i> | Limit (Per 1,000) | YES | NO |

11. Prior Damage Disclosure E&O Defense Cost Only (*Franchised Dealers*) Limit YES NO
(One selection only #10 or #11)

12. Prior Damage Disclosure Statutes E&O Defense Coverage (*Non Franchised Dealers*) YES NO

13. Specified Statutes Defense Cost Coverage YES NO

Per Suite Limit/Aggregate Limit

Deductible

14. Vicarious Liability Coverage YES NO

15. Drive Other Car YES NO

List of Individuals and Relationship to the Dealership

Named Individual	Relationship to Dealership		Named Individual	Relationship to Dealership

16. Additional UM/UIM Limits (Special UM/UIM Coverage for Named Individuals) YES NO
Limit:

List of Individuals and Relationship to the Dealership

Named Individual	Relationship to Dealership		Named Individual	Relationship to Dealership

17. Identity Recovery Coverage YES NO

18. Acts, Error Or Omissions Aggregate Aggregate Limit Deductible YES NO

19. Specified **Excluded** Acts, Errors Or Omissions Coverages YES NO
from item #18 (check all that apply):

- ☐ Truth In Lending/Consumer Leasing Acts
- ☐ Odometer Mileage
- ☐ Insurance Agent or Broker
- ☐ Title E&O

20. Employee Benefits Liability Limit Number of Employees YES NO

Insured Signature:

Date:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, VT or WA; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.