

- NATIONAL INDEMNITY COMPANY OF THE SOUTH
 - NATIONAL LIABILITY & FIRE INSURANCE COMPANY
- Administrative Office - Omaha, Nebraska

Status of Submission: <input type="checkbox"/> Quote <input type="checkbox"/> Bind at earliest possible date	
Issue policy from _____ to _____	
Applicant's Representative (Producer) Name Must Be Typed or Printed	Applicant's Representative Agent License ID Number
Phone No. _____	

USED CAR DEALER APPLICATION GENERAL INFORMATION

1. Applicant's Name (you) _____
2. Business Address _____
(number) (street) (city) (county) (state) (zip)
3. Mailing address (if different than business address) _____
4. Is business located within the corporate city limits? Yes No
5. You are: Individual Partnership Corporation
6. You are: Owner Tenant
7. Insurance is desired from _____ to _____
8. Does your business deal in any of the following:
 - Franchised Dealer Non-franchised Dealer Equipment & Implement Dealer Storage Garage or Parking
 - Repair Shop Automobile Dismantling Service Station
9. Person to Contact:
For Inspection (Name & Phone Number) _____
For Accounting Records (Name & Phone Number) _____
10. Current management has controlled the business since _____ (yr.) and has been in this type of business since _____ (yr.)
11. (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? _____ Estimate for coming year? _____
12. (a) Have you ever filed for reorganization or bankruptcy? Yes No
If yes, show date (month and year) and explain _____

- (b) Have you been released from reorganization or bankruptcy? Yes No Date released _____
13. (a) **PREVIOUS 3 YEARS' CARRIER AND ANY LOSS EXPERIENCE**

Year	CARRIER POLICY NUMBER	Date of Loss	Description of Loss	Driver	Amount 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 requested)**
- | | | |
|---|---------------|---------------------------------------|
| LIABILITY: | Each Accident | Aggregate
(Garage Operations only) |
| <input type="checkbox"/> *Bodily Injury & Property Damage Liability CSL
(Property Damage Liability - subject to \$100 deductible completed operations) | \$ _____ | \$ _____ |
| <input type="checkbox"/> *Limited Liability for Customers <input type="checkbox"/> *Unlimited Liability for Customers (Designate choice) | | |

- UNINSURED/UNDERINSURED MOTORISTS:**
- Uninsured Motorists \$ _____ Each person \$ _____ Each accident
or \$ _____ SL
 - Underinsured Motorists \$ _____ Each person \$ _____ Each accident
or \$ _____ SL

- MEDICAL PAYMENTS**
- Automobile & Premises Medical Payments Limit \$ _____
- GARAGEKEEPERS COVERAGE** Legal Liability Direct Excess Direct Primary
- Maximum Limit of any one covered automobile - \$ _____
- Specified Causes of Loss (Fire, lightning or explosion; Theft; Mischief or Vandalism)
 - Collision
- ALL COVERAGES (indicate deductible desired)**
- \$500 Deductible Other _____
 - \$1,000 Deductible

List All Locations To Be Covered -

Location No. 1 - Address	Limit of Liability Per Location: \$ _____ Any One Automobile: \$ _____
Location No. 2 - Address	Limit of Liability Per Location: \$ _____ Any One Automobile: \$ _____

DEALER'S PHYSICAL DAMAGE COVERAGE (Non-Reporting Form)

- Specified Causes of Loss
(check applicable box for coverage desired)
- Fire, lightning or explosion; Theft
 - Fire, lightning or explosion; Theft; Windstorm, hail or earthquake; Flood
 - Fire, lightning or explosion; Theft; Windstorm, hail or earthquake; Flood; Mischief or Vandalism
- Collision

- ALL COVERAGES**
(indicate deductible desired)
- \$250 Deductible
 - \$500 Deductible
 - \$1,000 Deductible
 - Other _____

List All Locations To Be Covered -

Location No. 1 - Address	Limit of Liability Per Location: \$	Any One Automobile: \$
Location No. 2 - Address	Limit of Liability Per Location: \$	Any One Automobile: \$

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

CLASS I EMPLOYEES

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

*Insert letter from definitions on previous page **Part Time = less than 20 hours per week

CLASS II EMPLOYEES

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. _____

Name	Date of Birth	Marital Status	If member of Household Show Relationship	Driver License Number	Driving Record - 3 Years Detailed description of all Accidents, Violations, Convictions
1					
2					
3					
4					

16. Identify automobiles furnished to other persons other than Class I or Class II employees (show name of driver and describe automobile):

How is auto registered:
Individual or business

- (1) _____ (1) _____
- (2) _____ (2) _____

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

UNDERWRITING INFORMATION

17. Is Item 8 your primary business? Yes No If no, what is your primary business? _____

Describe _____

18. Describe all owned vehicles not held for sale.

Year	Make & Model	Gross Weight	ID Number	Use	Cost New	Radius	Coverage Desired
1.							
2.							

19. Do you own and operate an Automobile Transporter, tank truck or tank trailer? Yes No
(Note this exposure is not covered under garage policy)

20. Type of automobiles held for sale: _____

Average number of autos at all locations: _____
 Average value of any one auto: _____
 Maximum number of autos at all locations: _____
 Maximum value of any one auto: _____

21. Do you deal in any of the following?

Mobile Homes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Buses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Motorcycles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Foreign Sports Cars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Recreational Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Foreign Class Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Trucks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Antique Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Tractors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %	Fiberglass Body Auto	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
Trailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %				

22. Where do you obtain autos held for sale? _____

23. How are they delivered? (i.e. by train, drive-away contractor, etc.) _____

24. If by drive-away, estimated total number of trips annually: _____

Explain in detail who the drivers are: Full-time employees Part-time employees Contract

Name(s) of individuals _____

MAXIMUM MILEAGE PER DRIVE-AWAY OR DELIVERY: Under 150 miles _____ Over 150 miles _____

25. Do you loan autos to customers? 25. Yes No

26. Do you rent autos to customers while their autos are left for service or repair? 26. Yes No

27. (a) Are customers permitted to test drive autos? 27. Yes No

(b) Are customers accompanied by a salesperson? Yes No

28. Number (sets) of Plates held by you:

Dealer _____ Regular _____ Repair _____ Transporter _____ Other _____

29. Are temporary plates used on private autos (registered to other than insured or insured's business)? 29. Yes No

30. Are autos held for sale stored in open lots or in buildings? _____

(a) If open lot, is lot completely floodlighted? 30. 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) _____

(b) If in building:

Is there burglary protection? (Explain) _____ Yes No

Is there a sprinkler system? (Explain) _____ Yes No

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

32. 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)

33. Are vehicles encumbered? If yes, indicate mortgagee _____ 33. Yes No

34. Are automobiles consigned? If yes, enclose copy of agreement. _____ % 34. Yes No

35. Do you conduct any other business than stated in Items 8 or 17 from any location? 35. Yes No

If yes, explain _____

36. Do you provide road service? If yes, explain _____ 36. Yes No

37. Are you involved in any way in the sale or distribution of butane, propane or any other liquified gas held under pressure? 37. Yes No

38. Do you have a repair shop? _____ % of receipts. 38. Yes No

39. Do you have a service station? 39. Yes No

40. Do you provide towing and/or storage for any municipalities? _____ 40. Yes No

Cities? _____ County _____ State _____

41. Are there underground storage tanks? 41. Yes No

42. If underground storage tanks, are they approved? 42. Yes No

43. (a) Do you spray paint on premises? 43. Yes No

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

44. Describe neighborhood: Commercial Residential Mercantile Mercantile & Residential

45. Answer the following only if Garagekeepers' Liability is requested:

- (a) Do customers park their own cars? 45. Yes No
- (b) Are customers cars stored in: Buildings Open Lots
- (c) If stored in buildings: Age of building _____ Number of floors _____
 Maximum capacity (no. of cars) _____
 Type of construction _____ Number of exits _____
 Is gasoline sold or stored at location? Yes No
 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

(If more space needed, use additional applications)

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 _____

 Applicant's Signature _____ Date _____ Witness _____

Authority of applicant Insured Officer Other, Explain _____

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.

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:	
<input type="checkbox"/> Please quote	<input type="checkbox"/> Please bind at earliest possible date and issue policy
<input type="checkbox"/> 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, premium credits may be achieved by electing to have a deductible apply to either the named insured or to the named insured and dependent relatives. If you do not elect a deductible you may exclude loss of income or coordinate the coverage with Military benefits if they are available to you. Deductible or reduced benefits are not available to a partnership, corporation or other non-individual entity. Please choose either A or B.

- | | |
|---|--|
| <p>A. \$10,000 Coverage (no deductible)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exclude work loss for Named Insured <input type="checkbox"/> Exclude work loss for Named Insured and Dependent Relatives <input type="checkbox"/> Reduce coverage by Military benefits for Named Insured and Dependent Relatives | <p>B. \$10,000 Coverage less Deductible of *\$ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Named Insured <input type="checkbox"/> Named Insured and Dependent Relatives <p>*Deductible Available (\$250) (\$500) (\$1,000) (\$2,000)</p> |
|---|--|

Applicant's Signature _____

Applicant's Signature _____