



CREATIVE UNDERWRITERS CORPORATION
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Dealers Application

APPLICANT INFORMATION

Proposed Policy Term: From: _____ To: _____

Name: _____ Phone: (____) _____

Address: _____ Contact Name: _____

Location Address: 1. _____ Home Phone: (____) _____

2. _____ Web Address: _____

3. _____

Form of Business: Individual Partnership Corporation Other: _____

Applicant's Years in Business: _____ Applicant's Years at this Location: _____

COVERAGES AND LIMITS OF LIABILITY
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Coverages	Limits Of Liability		
<input type="checkbox"/> Liability—Garage Operations	\$	Auto Only	
<input type="checkbox"/> Limited	\$	Other Than Auto Only	
<input type="checkbox"/> Unlimited	\$	Aggregate—Other Than Auto Only	
<input type="checkbox"/> P.D. Deductible \$	\$		
<input type="checkbox"/> PIP	\$		
<input type="checkbox"/> Medical Payments	\$	<input type="checkbox"/> Auto <input type="checkbox"/> Premises & Operations <input type="checkbox"/> Both	
<input type="checkbox"/> Uninsured Motorist	\$		
<input type="checkbox"/> Underinsured Motorist	\$		
Number of Plates:	Dealer No.:	Transporter No.:	Other No.:

Average number of units sold per year:

Dealers Open Lot Physical Damage		Number of Autos Held for Sale		Enter Limit for Each Location		Deductible Per Auto	Max. Ded. For Any One Loss
				Max. Value Any One Auto	Max. Value for All Autos		
Coverage	Loc.	Maximum	Average				
<input type="checkbox"/> Specified Perils	1			\$	\$	\$	\$
<input type="checkbox"/> Comprehensive	2			\$	\$	\$	\$
	3			\$	\$	\$	\$
Collision		\$				Deductible \$	
Other Coverage—Specify:							

Garagekeepers Limits						
	Loc.	Enter the Limit for Each Location Max. Value of All Autos in your C.C.C.		No. of Autos	Deductible Per Auto	Max. Ded. For Any One Loss
<input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Basis	1	\$			\$	\$
	2	\$			\$	\$
	3	\$			\$	\$
<input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Perils	Collision	1	\$		\$	
		2	\$		\$	
		3	\$		\$	
Other Coverage—Specify:						

	Sales	Repair	Total Gross Receipts from:	
Private Passenger Autos (include pickups & vans)	____%	____%	Sales	\$ _____
Motorcycles/Boats/Snowmobiles	____%	____%	Repair	\$ _____
Motor Homes/Utility Trailers/Campers	____%	____%	Tow Truck Operations	\$ _____
Truck Tractors/Trailers/Semi-Trailers/5th Wheels	____%	____%		
Farm Machinery/Contractors Equipment	____%	____%	Total Gross Sales	\$ _____
Other—Describe: _____	____%	____%		
	100%	100%		

Specifically described or any owned autos NOT held for sale:

Year, Make & Model	Cost New	VIN	Registered To	Plate Type

Do you want coverage for these vehicles? Yes No

If "Yes," please complete and attach Commercial Automobile Application.

Describe any other business operations at this location, including leasing: _____

LOSS EXPERIENCE AND EXPOSURE INFORMATION—CURRENT PLUS THREE PREVIOUS YEARS

1. HAS ANY COMPANY CANCELLED, DECLINED OR REFUSED TO RENEW SIMILAR INSURANCE TO THE APPLICANT IN THE LAST FIVE YEARS? (Not applicable in Missouri.) Yes No

If "Yes," explain fully in Comments Section, giving name of insurance companies, dates and reason for cancellation, declination or refusal to renew.

2. Copies of Currently Valued Loss Experience Attached? Yes No

Policy Period		Name of Insurance Company	Loss Amount		Description of Loss
From	To		Paid	Reserve	

A. GENERAL INFORMATION—PLEASE ANSWER ALL QUESTIONS

1. Do you service any vehicles?..... Yes No
If "Yes," please describe type of service(s) performed: _____

2. Do you install trailer hitches?..... Yes No
3. Do you perform any welding?..... Yes No
If "Yes," explain: _____
4. Do you conduct any spray painting operations? Yes No
If "Yes," do you have an approved spray booth? Yes No
If "No," explain extent of spray painting operations: _____
5. Do you have any storage of oil, gasoline or other petroleum products?..... Yes No
If "Yes," explain: _____
6. Do you do tire recap work or sell any tires? Yes No
7. Do you rent or loan autos to your customers while their autos are left with you for service or repair?..... Yes No
If "Yes," explain: _____
8. Do you own or sponsor any racing vehicles?..... Yes No
If "Yes," explain: _____
9. Do you sponsor any drivers' education cars? Yes No
If "Yes," explain: _____
10. Do you pick up inventory of automobiles to be held for sale?..... Yes No
No. of TRIPS per year: Under 50 mi: _____ 51 to 200 mi.: _____ over 200 mi.: _____
Are the drivers: employees hired "as needed"
Are the vehicles transported using YOUR dealer tags?..... Yes No
If "No," explain: _____
11. Do you have any dogs on premises? Yes No
12. Do you repossess autos? Yes No
13. Do you engage in any dismantling/salvage or rebuilding autos? Yes No
14. Do you have frame straightening equipment?..... Yes No
If "Yes," explain: _____
15. Do you deal in any of the following: Foreign Sports Cars Fiberglass Body Antique Autos Buses
If "Yes," explain in Comment section.
16. Are photocopies of Drivers Licenses and Insurance Cards made prior to all test drives?..... Yes No

17. Are customers permitted to test drive auto without a salesperson?..... Yes No
 If "Yes," please describe procedures: _____
18. Do you furnish or loan vehicles for any group or organization? Yes No
19. Do you have any consigned autos held for sale?..... Yes No
 If "Yes," include a copy of the contract.
20. If you finance autos held for sale, do you:
- a. Hold title for final payment?..... Yes No
 - b. Finance for three months or less? Yes No
 - c. Require a certificate of insurance from the buyer? Yes No
 - d. When are titles transferred? _____
 - e. Do any repossessions of vehicles?..... Yes No

B. PREMISES AND AUTO INFORMATION

1. Are autos kept: Inside ____ % Outside ____ %
 If autos are kept inside, indicate age, construction and condition of building: _____
2. If autos are kept outside, is your lot protected on all sides by fence, chain, cable or pipe welded to or connected through steel, concrete or heavy timber post and secured with a heavy gauge steel padlock? Yes No
 If "No," explain: _____
3. a. Is (Are) your lot(s) lighted?..... Yes No
 b. Is there police protection?..... Yes No
 c. Do you employ a guard while business is closed? Yes No
4. Where are the keys kept during business hours? _____ After hours: _____
5. Please indicate the interests to be covered for autos held for sale.

Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a Loss Payable	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Vehicle Storage—Indicate Type of Facility.

Type of Facility	Location		
	1	2	3
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonstandard Open Lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. COMMENT SECTION—ALSO LIST ANY LOSS PAYEES AND/OR ADDITIONAL INSURED IN THIS SECTION

D. OPTIONAL COVERAGES—PLEASE MARK ANY THAT APPLY

- 1. Broadened Coverages (CA 25 14) Yes No
- 2. Broad Form Products (CA 25 01) Yes No
- 3. False Pretense (CA 25 03) Yes No
- 4. Fire Legal Liability (CA 25 10) Yes No
 Indicate Limit..... \$ _____
- 5. Personal Injury Liability Coverage (CA 25 08) Yes No
- 6. Owners of Garage Premises (CA 25 09) Yes No
- 7. Dealers Drive-Away Collision (CA 25 02) Yes No

E. EMPLOYEE AND DRIVER INFORMATION

Complete the information below for all employees and family members—employees or not.

	Name	A Position*	B F, P, or N**	C Vehicle Use***
1				
2				
3				
4				
5				
6				
7				
8				

Continue completing for above names.

	Birth Date	Driver's License Number	State	Violations & Accidents Last Three Years	No. Years Employed By You	No. Years Experience This Business	Indicate if Drive Tow Truck
1							
2							
3							
4							
5							
6							
7							
8							

Key: A

*Position

1. Owner, Active Partner
2. Investment Partner, Inactive Partner
3. Sales Manager
4. Salesperson
5. Lot Person
6. Mechanic
7. Clerical Staff
8. Spouse of Owner(s)
9. Children of Owner(s)
10. Spouse and Children or any other person with a furnished auto
11. Occasional Driver
12. Other

B

**F, P or N

- F—Full Time (Over 20 hours per week)
- P—Part Time (20 hours or less per week)
- N—Non-employee

C

***Vehicle Use

1. Furnished (furnished vehicle for personal use).
2. Employee not furnished a vehicle owned by the business for personal use but used in a business capacity.
3. Non-Driving (does not drive vehicles owned by the business).
4. Non-employee with occasional access to vehicles owned by the business but not furnished a vehicle.
5. Operates customers' vehicles.

F. FRAUD WARNINGS AND ATTESTATION

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

LICENSED AGENT: _____ DATE: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

————— IMPORTANT NOTICE —————

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.