

GARAGE AND DEALERS APPLICATION

IMPORTANT: IN ORDER FOR COVERAGE TO BE BOUND, ALL QUESTIONS MUST BE ANSWERED COMPLETELY BEFORE SUBMISSION AND INCLUDE TOTAL NET PREMIUM. IF ADDITIONAL SPACE IS NEEDED, USE ADDITIONAL APPLICATION. COVERAGE MAY ONLY BE BOUND BY THE BROKERING AGENT AFTER RECEIVING ELECTRONIC OR FACSIMILE APPROVAL FROM THE INSURER.

PRINT BROKERING AGENT'S NAME & EMAIL ADDRESS:		BROKERING AGENT'S CODE NO.	BROKERING AGENT'S 2-20 LICENSE #
ADDRESS	CITY	STATE	ZIP
PHONE NO. (INCLUDE AREA CODE)		TERM	
POLICY PERIOD FROM	TO		

APPLICANT INFORMATION		
APPLICANT (FIRST NAMED INSURED)	E.E.I.N. NO.	WORK PHONE
MAILING ADDRESS	STREET ADDRESS IF DIFFERENT FROM MAILING ADDRESS	
BUSINESS DESCRIPTION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> USED AUTO DEALER <input type="checkbox"/> REPAIR SHOP <input type="checkbox"/> OTHER		

NUMBER OF DEALER PLATES _____

COVERAGE / LIMITS		
LIABILITY	LIMIT	\$
PERSONAL INJURY	LIMIT	\$
UNINSURED MOTORISTS	LIMIT	\$
MEDICAL PAYMENTS	LIMIT	\$
SPECIFIED PERILS	LOC-1 LIMIT	\$
	LOC-1 LIMIT	\$
COLLISION	LIMIT	\$
GARAGE KEEPERS LEGAL LIABILITY (COMPREHENSIVE/COLLISSION)	LOC-1 LIMIT	\$
	LOC-1 LIMIT	\$
		NUMBER OF AUTOS #
		NUMBER OF AUTOS #

LOCATION #1

ADDRESS:						
FOR REPAIR SHOPS LIST ALL EMPLOYEES INCLUDING OWNERS FOR DEALERS LIST EMPLOYEES (INCLUDING OWNER) AND FAMILY MEMBERS THAT WILL DRIVE VEHICLES						
NAME	SEX	D.O.B	DRIVER LICENSE #	STATE	POSITION	FULL / PART TIME
					OWNER	<input type="checkbox"/> FULL
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
MAXIMUM NUMBER OF VEHICLES ON THE LOT		#	AVERAGE VALUE OF VEHICLES ON THE LOT		\$	

LOCATION #2

ADDRESS:						
FOR REPAIR SHOPS LIST ALL EMPLOYEES INCLUDING OWNERS FOR DEALERS LIST EMPLOYEES (INCLUDING OWNER) AND FAMILY MEMBERS THAT WILL DRIVE VEHICLES						
NAME	SEX	D.O.B	DRIVER LICENSE #	STATE	POSITION	FULL / PART TIME
					OWNER	<input type="checkbox"/> FULL
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
						<input type="checkbox"/> FULL <input type="checkbox"/> PART
MAXIMUM NUMBER OF VEHICLES ON THE LOT		#	AVERAGE VALUE OF VEHICLES ON THE LOT		\$	

PREMIUM \$ _____ + POLICY FEE \$ _____ + FHCF \$ _____ = TOTAL PREMIUM \$ _____

UNDERWRITING QUESTIONS: If you answer "YES" to any of these questions use the space provided below to explain.

Have you had any Claim(s) paid or pending during the last three years?..... YES NO
 Name of previous insurance carrier _____ Expiration Date _____

NON DEALERS

1. Does the applicant rent, lease or loan vehicles to others?..... YES NO
2. Does the applicant own tow trucks? YES NO
3. Does the insured have signs posted prohibiting public access to service area? YES NO
4. What is the maximum number of customer vehicles the applicant will have in his care? _____
5. What is the average value of the vehicles? _____
6. Does the insured perform all painting operations within a UL/NFPA approved booth?..... YES NO
7. Does the applicant have any transported plates?..... YES NO
 How many? _____ What is the use? _____
8. Does the applicant sell tires?..... YES NO
9. What percentage of work is: Body Paint _____% Routine Mechanics _____% Transmission _____% Brakes _____%
 Muffler _____% Oil & Lube _____% Glass Replacement _____% Air Conditioning _____%
10. Does the applicant perform any of the following operations
 - Salvage Operation..... YES NO
 - Sale of Used Parts..... YES NO
 - Vehicle Dismantling..... YES NO
 - Sale of Retread/Used Tires..... YES NO
 - Frame Cutting..... YES NO
 - Recapping Tires..... YES NO

USED AUTO DEALERS

1. Estimated number of pick up and delivery per year: _____ 1-50 Miles _____ 50-300 Miles (Within state of Florida)
2. Does the applicant use contract drivers? (If yes, we need a copy of COI)..... YES NO
3. Type of lot protection: _____ Building _____ Standard Open Lot _____ Non-Standard Open Lot

Use this space for any necessary explanations. (If more space is needed, use a separate sheet.)

IF YOU HAVE CONCEALED FACTS OR MADE INCORRECT STATEMENTS ON YOUR APPLICATION, YOU MAY NOT HAVE COVERAGE FOR ANY CLAIM. (FL STATUTE 627.409)

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. (FL STATUTE 817.234)

In Compliance with the Fair Credit Reporting Act (FCRA), you are advised that this Company may order reports which may contain or include information pertaining to the character, general reputation, personal character, personal characteristics, and mode of living of the applicant. Upon written request the complete nature and scope of the investigation will be provided.

I hereby declare that all of the foregoing statements are true and that these statements are offered as an inducement to the company to issue the policy for which I am applying, and I consent to the Company obtaining said information.

I AGREE THAT IF MY DOWNPAYMENT OR FULL PAYMENT CHECK IS UNCOLLECTIBLE DUE TO A RETURNED CHECK BECAUSE OF INSUFFICIENT FUNDS OR ANY OTHER FORM OF DISHONORED PAYMENT INCLUDING BUT NOT LIMITED TO AN ELECTRONIC TRANSACTION, COVERAGE MAY BE VOID OR NULL FROM INCEPTION.

The undersigned by signature, represents the statements and answers made to be true, complete and correct and agrees that any policy which may be issued by the company and all subsequent renewals shall be issued or renewed in reliance upon the truth, completeness or correctness of such statements or answers and understands that falsity, incompleteness, or incorrectness may jeopardize the coverage under such policy so issued or renewed.

**This application is in compliance with section 626.752, Florida statutes
 A copy has been furnished to the applicant or insured and coverage is:**

- BOUND EFFECTIVE** _____ **TIME** _____ **DATE** _____
 NOT BOUND

COVERAGE IDENTIFICATION BINDER NO. Florida Statute 627.4205

Brokering Agent's Signature

APPLICATIONS MUST BE RECEIVED AT OUR OFFICE WITHIN 10 DAYS OF BINDING, OTHERWISE, BINDER WILL BE CANCELLED, BINDING SHALL BE VALID ONLY ON SUPPLIES FURNISHED BY THE COMPANY.

This Applicant shall not be bound unless and until it has been approved by the Company and the said Applicant covenants and agrees that the foregoing statements and answers are a full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant; and the same are made the basis and a condition of the insurance, and a representation on the part of the insured.

**I agree and understand that this application will be made part of the policy when issued.
 I understand this application is not a binder unless indicated as such on the form by the brokering agent.**

 Print Applicant's Name Applicant's Signature Date