



8722 S. Harrison St. Sandy, UT 84070
P.O. Box 4439 Sandy, UT 84091
877-585-2853 • Fax 877-585-2854

USED CAR

General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

Physical Location of Business (if different): _____

Population within 50 miles: _____

Other Locations Used:

Physical Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact Person: _____

Producer No.: _____ Producer's Name: _____

Producer's E-mail: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is: Individual Corporation Partnership Joint Venture

Other (please describe): _____

Annual Payroll: \$ _____

Total Number of Employees: _____ Full-Time: _____ Part-Time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee Name: _____

E-Mail: _____ Business Telephone No.: () _____

Fax: () _____ Years with Company: _____

Employee's Responsibilities: _____

1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim? Yes No

Attach a complete five year Claims and Loss History including details.

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

Coverage Requested (Please check):

- Commercial Liability
- Business Auto Liability – business use of owned autos
- Physical Damage to owned vehicles, used for business only.
- Garage Keeper's Legal Liability (GKLL)
- Dealer's Open Lot – legal liability for vehicles on sale

Garage Liability Limits

- \$25,000/\$75,000 \$200,000/\$400,000
- \$50,000/\$100,000 \$250,000/\$500,000
- \$100,000/\$200,000 \$500,000/\$1,000,000
- \$150,000/\$300,000

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

GKLL - Garage Keepers Legal Liability Limits

- Specified Causes of Loss—fire, theft, explosion, mischief and vandalism. A Deductible will apply for each covered auto.
- Collision: a deductible will apply for each covered auto.

	LIMIT AT EACH LOCATION
Loc. #1	<input type="checkbox"/> \$
Loc. #2	<input type="checkbox"/> \$
Loc. #3	<input type="checkbox"/> \$

Dealers Open Lot Coverage Limits

- Specified Causes of Loss—fire, theft, explosion, mischief and vandalism. A Deductible will apply for each covered auto.
- Collision: a deductible will apply for each covered auto.

	LIMIT AT EACH LOCATION
Loc. #1	<input type="checkbox"/> \$
Loc. #2	<input type="checkbox"/> \$
Loc. #3	<input type="checkbox"/> \$

Interests to be covered on autos held for sale:

- All parties' interest in covered autos
- Financed party's interest only in stock for sale

2. Business Activities

1. List all Location(s) owned or from which you operate (use separate sheet if necessary). Please list Address, City, State and description of use. Show main location as No. 1.

	NUMBER AND STREET	CITY	COUNTY	STATE	ZIP CODE
Loc. 1					
Loc. 2					
Loc. 3					

a. Description of Use

1. Loc. 1: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

2. Loc. 2: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

3. Loc. 3: _____

Type of Facility:

- Building Storage
- Standard Open Lot (Protected—Posts/Chains)
- Non-Standard Open Lot (Unprotected)

2. Describe test drive procedures: _____

3. Are customers allowed to keep cars overnight or weekends? Yes No

4. Lots

a. If autos are outside, is lot a protected lot that is completely enclosed by a chain link fence or chain and posts not more than four feet apart? Yes No

b. Is lot completely enclosed by a chain link fence or chain and posts not more than six feet apart? Yes No

c. Is lot completely floodlighted? Yes No
Please explain: _____

d. Do you use guard dogs? Yes No
Please explain: _____

e. Is their police or other protection? Yes No
 Please explain: _____

f. Do you pick up or deliver automobiles? Yes No
 Please explain: _____

g. Do you repossess property autos? Yes No
 1. Number of repossessions annually # _____

5. Estimated annual gross receipts: \$ _____

a. Retail Sales: \$ _____

6. If you are a wholesaler, do you maintain a separate storage facility? Yes No
 If yes, please explain: _____

7. Do you consign autos to retail dealers? Yes No
 If yes, how are they insured? _____

8. Average number of vehicles sold annually: Total: _____ Retail: _____
 Wholesale: _____

9. Indicate how many:

a. Dealer plates: _____ 100% used for business. No personal use is insured.

b. Transportation Plates: _____ 100% used for business. No personal use is insured.

c. Service Vehicles: _____ 100% used for business. No personal use is insured.

10. How are autos acquired?

Local auto auction	%
New car dealer	%
Wholesale	%
Private Parties	%

11. Average number of cars for sale at one time: _____

12. List any major auctions you attend in order of most frequented:

Auction #	City/State

13. Please complete a Schedule of Named Operators, listing drivers to be specifically insured (no coverage will be afforded unless all drivers who are furnished an auto are listed). Include any employee or proprietor, partner or officer who is to be named as an Insured Driver on covered autos.

Note: Insurance is provided to named operators only. Specifically, insured coverage for named insured operators is limited to business use only. Personal use of insured vehicles--owned or non-owned--is EXCLUDED. All business owners and employees must purchase a separate family auto policy for personal use of owned and non-owned vehicles.

14. Please complete a schedule of Commercial Vehicles to be specifically insured. Please list all vehicles owned and licensed by you and used in your business. Include all service vehicles, tow trucks, and car carriers. No coverage will be afforded unless each unit is specifically listed, described, and insured, and a coverage charge is paid. Scheduled vehicles are only insured when driven by named insured drivers.

3. Employee Information

a. Number of Total Staff _____

Full Time _____ Part Time _____ Seasonal _____

	NUMBER	ESTIMATED ANNUAL GROSS PAYROLL
A. Proprietor, Partner, Officer		\$
B. Office Employees		\$
C. Salesmen		\$
D. Service Dept. Employees		\$
E. Other Employees		\$

b. Schedule of drivers furnished Autos. Please list all drivers according to their employee class.

Note: No coverage afforded unless all drivers who are furnished an Auto are listed.

Class I: Furnished vehicles for personal use (minimum age of driver is 23 years).

Class II: Furnished vehicles for business use only (minimum age of driver is 23 years).

c. Class I- Employees: Personal Use

Any employee or active proprietor, partner or officer who is furnished a covered Auto.

NAME	POSITION	D.O.B.	DRIVERS LICENSE #	STATE

Inactive proprietors, partners or officers or family members of active or inactive proprietors, partners, officers or employees whom you will allow to drive an Auto, or other person or organization who you furnish an Auto.

NAME	POSITION/ RELATIONSHIP	D.O.B.	DRIVERS LICENSE #	STATE

d. Class II- Employees: No personal use

Proprietors, partners and executives active in the business, salespersons, general mangers, service managers, and any employee who drives Autos, but who is not furnished an Auto.

NAME	POSITION	D.O.B.	DRIVERS LICENSE #	STATE

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name