Motorcycle & Recreational Vehicle Dealers Garage Application

COLUMBIA INSURANCE COMPANY
NATIONAL FIRE & MARINE INSURANCE COMPANY
NATIONAL INDEMNITY COMPANY
NATIONAL INDEMNITY COMPANYOF MID-AMERICA
NATIONAL INDEMNITY COMPANYOF THE SOUTH
NATIONAL I LABILITY & FIRE INSURANCE COMPANY

r	
2	
4	
(;	*
D. P	-

				GENERAL I	NFORMATIC	N		
Name	ed Applicant (yo	u):						
		,						
Mailir	ng Address:							
You a	are: 🗆 Individu	ual 🗀 Parti	nership	□ Corporation				
You a	are: 🗆 Owner	□ Tena	ant	Does owner of p	oremises need to	o be named as addi	tional insured	? □ Yes □ No
If yes	s, owner's name				and the second s		·	
İnsur	ance is desired	from		20	to _			20
		☐ Franchised De				□ Repair Shop	□ Service	Station
•	•	other business o	ther than state	ed in item 7 from	n any location?	□ Yes □ No		
	on to Contact:			•				
						boon in this type of		ce (yr.)
	is a new venture			since	(yr.) And has	s been in this type of	business sin	Ce (yr.)
		rs' Carriers and	·	nerience				
<u> </u>	ear I	Carrier		licy Number	Loss Date	Amount Paid	·	Description of Loss
<u> </u>	Cui	Carrier	1	ney rumber	E000 Build	7 mount 1 aid		Description of Loss
	L		1		1	1	L	
(b) [During the past t	three (3) years ha	as any insure	r cancelled or re	fused to renew?	' □ Yes □ No		
(c) A	lf yes, explain Are you aware o		st incidents, c	ircumstances or	situations which	n could give rise to a		the insurance sought in
(c) A	If yes, explain Are you aware o this application?	f any facts or pas	st incidents, c	ircumstances or rovide complete	situations which	n could give rise to a		_
(c) A t Limit	If yes, explain Are you aware o this application? ts of Liability and	f any facts or pas □ Yes □ No	st incidents, c o If yes, p equested – (C	ircumstances or rovide complete check desired co	situations which detailsverage and inse	n could give rise to a		_
(c) A t Limit	If yes, explain Are you aware o this application? ts of Liability and Bodily Injury (Property Da	f any facts or pas Yes No Coverage(s) Re A Property Dal mage Liability - s	st incidents, configuration of the second of	ircumstances or rovide complete theck desired co	situations which details verage and inse	ert limits) Each Accider		Aggregate (Garage operations o
(c) A t Limit	If yes, explain Are you aware o this application? ts of Liability and Bodily Injury (Property Da	f any facts or pas Yes No Coverage(s) Re	st incidents, configure of the state of the	ircumstances or rovide complete check desired co	situations which details verage and inse	ert limits) Each Accider S		Aggregate (Garage operations o
(c) A t Limit	If yes, explain Are you aware o this application? ts of Liability and Bodily Injury (Property Da	f any facts or pas Yes No Coverage(s) Re A Property Dal mage Liability - s	st incidents, c o If yes, p equested – (C mage Liabilit subject to \$10 mers (St	ircumstances or rovide complete theck desired co	situations which details verage and inse	ert limits) Each Accider S		Aggregate (Garage operations o
(c) A t Limit	If yes, explain Are you aware o this application? ts of Liability and Bodily Injury (Property Da Limited L Unlimited Passenger H	f any facts or past Yes No Coverage(s) Re A Property Dan mage Liability - s iability for Custon	st incidents, c o If yes, p equested – (C mage Liabilit subject to \$10 mers (St tomers al Responsibi	ircumstances or rovide complete check desired co	situations which details verage and insermitting) mpleted operation Designate Choice	ert limits) Each Accider S		Aggregate (Garage operations o
(c) A t Limit	If yes, explain Are you aware of this application? Its of Liability and Property Date	f any facts or past Yes No Coverage(s) Re & Property Dai mage Liability - s iability for Custol Liability for Custol Liability for Custol	equested – (Comage Liability Subject to \$10 mers (State Permitti	ircumstances or rovide complete Check desired co by CSL (State Per O deductible cor ate Permitting – ility Limit only (Sting)	situations which details verage and insermitting) mpleted operation Designate Choice	ert limits) Each Accider S		Aggregate (Garage operations o
(c) A t Limit	If yes, explain Are you aware of this application? Its of Liability and Bodily Injury (Property Data Limited L Dassenger H Personal Inj UNINSUREE	f any facts or past Yes No. No	st incidents, c o If yes, p equested – (C mage Liabilit subject to \$10 mers (St tomers al Responsibi State Permitti	ircumstances or rovide complete check desired co by CSL (State Per 100 deductible cor 101 ate Permitting – 111ty Limit only (Sting)	situations which details	ert limits) Each Accider s ons) ce)	nt	Aggregate (Garage operations o
(c) A t Limit	If yes, explain	f any facts or past Yes No. No	st incidents, c o If yes, p equested – (C mage Liabilit subject to \$10 mers (St tomers al Responsibi State Permitti	ircumstances or rovide complete check desired co by CSL (State Per 100 deductible cor 101 ate Permitting – 111ty Limit only (Sting)	situations which details	ert limits) Each Accider s ons) ce)	nt	Aggregate (Garage operations o
(c) // t t	If yes, explain	f any facts or past Yes No Coverage(s) Re & Property Dai mage Liability - s iability for Custor Liability for Cu	equested – (Comage Liabilities ubject to \$10 mers (State Permitties BMOTORIS	ircumstances or rovide complete check desired complete check desired complete control (State Permitting – attemption (State	situations which details	Each Accider (cet limits) Each Accider (cet) Each accider (cet)	nt	Aggregate (Garage operations o
(c) A t	If yes, explain	f any facts or past Yes No Coverage(s) Re & Property Dai mage Liability - s iability for Custor I Liability for Custor I Liability for Custor UNDERINSUR ed Motorists sured Motorists	equested – (Comage Liabilities ubject to \$10 mers (State Permitties BMOTORIS	ircumstances or rovide complete check desired complete check desired complete control (State Permitting – attemption (State	situations which details	Each Accider (cet limits) Each Accider (cet) Each accider (cet)	nt	Aggregate (Garage operations o

(ENTIRE APPLICATION MUST BE COMPLETED)

(c)	ALL COVERAGES Maximum Iir		of Loss		□ Lega □ Direc	al Liability ct		
	List All Locations To Be Covered -	-						
			Gar	agekeepers	Garagek		J	
	· 			Limit	Average/Maximum Value Per Auto	Average/Maximum Number of Autos	1	Applicant Occupies
	No. 1						□ A	All □ Part of Premises
	No. 2							All □ Part of Premises
(d)	DEALERS' PHYSICAL DAMAGE ALL COVERAGES *Non-Reporting Form Only		Specified Ca □ \$250 dedu Collision □ \$250 dedu		ss \$500 deductib			
	List All Laggians To Be Covered		•					
	No. 1	_		Dealers Phy Per Location	nysical Damage Limit on: \$	Average/Maximov		Average/Maximum Number of Autos
	No. 2			Dealers Phy Per Locatio	nysical Damage Limit on: \$	Average/Maxim Value Per Aut		Average/Maximum Number of Autos
	Any loss payees? ☐ Yes ☐ No ROVIDE TOTAL NUMBER OF EMPLO ELASS I EMPLOYEES		EACH OF TH		f loss payee:			Number
	efinitions:		-	Million.				· • • • • • • • • • • • • • • • • • • •
(A (B	A) Proprietors, Partners, Executives ac B) Sales Persons C) General Managers	tive in the bu	usiness _ _		is driving ga	oyees whose princi arage vehicles or w		
-	D) Service Managers		_		(F) Other emplo			se
	OMPLETE ALL SECTIONS BELOW:	-						
Dr	Priver information (list all drivers to be c	overed inclu	ding family	members no	ot residents of the ho	ousehold who are f	furnis	hed automobiles).
	Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Num	mber State	Deta	ing Record – 3 Years ailed description of all acidents, Violations, Convictions
1.								
2.								
3.								
- 1		T 1	i			 1		

†Insert letter from above definitions ††Part Time = less than 20 hours per week

CLASS II EMPLOY									Numb	<u>er</u>	
Complete for all No											
(1) Any inactive pro											
(2) Any active or in has been furnis		executi	ve s or parmer s	s nous	enoia member ic	wnom a	covered a	uto			
(3) List all member		d who a	re 14 years of a	ige an	d older regardles	s of whetl	ner license	ed or			
operating vehic											
(4) Any other person	ons furnished an a	uto.									
List all Class II em	nlovees as define	ed abov	۵.								
List un Olass II cin	proyects as define		<u> </u>	<u> </u>		ī			Deixina	Decemb	2 Veers
			Date of		f Member of	.				Record – d descripti	
	Name		Birth		usehold Show Relationship	Driver L	icense Nur	nber		dents, Viola	
					·					Conviction	s
1.											
2.											
3.									-		
4.	· <u>·</u>				·						
L			I	1		1			L		
The Policy may be		•					• •		-	-	-
less provided such Passenger Automo	•	ally Des	scribed in the Po	olicy –	The Policy will no	ot extend	to cover a	ny add	itional Veh	icle nor ar	iy Private
1 doscinger / dicinic	one.										
Description of aut	omobile to be co	vered:			- ·- · · · · · · · · · · · · · · · · ·						
Year	Model		Body Type		Load Capacity		Identific	ation N	lo.	F	Radius
			UNDERW	/RITIN	IG INFORMATI	ON					
Are floors free of o	il. grease and othe	r flamma	able materials?						1	. □ Yes	□ No
Do you store gasol	. •									2. □ Yes	□ No
Are ignition keys le		are store	d?							B. □ Yes	□ No
If not where?											
During working ho	urs - where are key	s to unit	ts?		 						
Are windows on sig	•								5	5. □ Yes	□ No
Are bolt locks on a										S. □ Yes	□ No
Is the front and ba	ck well lighted?								7	7. □ Yes	□ No
Do you have an al	arm system? Type								8	B. □ Yes	□ No
Do you have a spr									g	. □ Yes	□ No
Do you have fire e	-								10). 🗆 Yes	□ No
. Do you deal in any	_										
Mobile Homes	□ Yes	□ No	%	Can	nper Trailers (Pu	ll Type)	□ Yes	□N	o	_%	
Trailers	□ Yes	□ No	%	Boa	ts		□ Yes	□N	o	_ %	
Motorcycles	□ Yes	□ No	%	Sno	wmobiles		□ Yes	□N	о	_ %	
All Terrain Vehicle	s □ Yes	□ No	%	Gol	Carts		□ Yes	□N	o	_ %	
Lawn & Garden Ve	ehicles □ Yes	□ No	%	Mot	orhomes		□ Yes	□N	0	_%	
Jet Skis/Waverunr	ners 🗆 Yes	□ No	%	Oth	er (Specify)					_	
Sale, repair or inst	allation of trailer hi	tch or 5 th	h wheel connect	ions	□ Yes □ I	No	%				
Do you rent or leas	se units to others?								12	2. □ Yes	□ No
. Do you loan units	to customers?								13	3. □ Yes	□ No

14. Do you rent units to customers while their units are left for	service repair?		14. ☐ Yes	□ No
5. Do you furnish units to anyone?			15. □ Yes	□ No
6. Are customers permitted to test drive?			16. ☐ Yes	□ No
Accompanied by a salesperson?			□ Yes	□ No
7. Do you service customers vehicles? If yes,%	Receipts		17. ☐ Yes	□ No
Are they stored in building?			☐ Yes	□ No
8. Do you sell parts and accessories? Receipts		□ Accessories	18. □ Yes	□ No
19. Are units consigned? If yes %			19. □ Yes	□ No
20. Are you involved in the sale of distribution of butane, prop	pane or any other liquefied gas he	d under pressure?	20. ☐ Yes	□ No
21. Do you weld gas tanks?			21. □ Yes	□ No
MUST BE SIGNE	ED BY THE APPLICANT PERSO	NALLY		
funds for the Company, and may not modify or interpret to The Applicant agrees that the foregoing statements and an and answers in issuing any policy or subsequent renewal. The may rescind any policy or subsequent renewal it may issue. If any jurisdiction in which the Applicant intends to operate to the policy which increases the Company's liability, the Applica The Applicant agrees that any inspection of autos, vehicles that may be provided by the Company, is made for the use and party in any respect. The Applicant understands that an inquiry may be made in information the Company deems necessary in determining whe provided to the Applicant regarding any investigation. The Applicant represents that she/he has completed all resigned below (or if Applicant is a Corporation a corporate office.)	swers are true and correct. The Applicant agrees that if its statem or the Interstate Commerce Commant agrees to reimburse the Compan, equipment, premises, operations benefit of the Company only, and to the character, finances, driving rether to bind or maintain coverage levant sections of the Application p	ents and answers are materission requires a special error in yin accordance with the toor inspection of any other nois not to be relied upon by ecords, and other personal error upon written request, add	erially false, the dorsement to be erms of that end natter relating to the Applicant of and business be ditional informa	e Company be attached dorsement. o insurance or any other packground ation will be
Will premium be financed? ☐ Yes ☐ No If yes, wi	th whom			
ANY PERSON WHO KNOWINGLY PRESENTS A BENEFIT OR KNOWINGLY PRESENTS FALSE IN CRIME AND MAY BE SUBJECT TO CIVIL FINES A Witness Appl	FORMATION IN AN APPLIC	ATION FOR INSURAI		
TO BE COMPLET	ED BY APPLICANT'S REPRESE	NTATIVE		
Is this direct business to your office? If n	ot, explain			
Is this new business to your office? If n	ot, how long have you had the acc	ount?		
How long have you known applicant?				
REQUEST TO COMPANY GENERAL AGENT:				
☐ Please quote				
☐ Please bind at earliest possible date and issue policy				
☐ Please issue policy effective(Time and Date Bound by €	Coverage was b General Agent) (Name of F	ound by erson in Company General Age	nt's Office Binding	Coverage)
Applicant's Representative's Name and Address			Phone No.	