



Franchised Auto Dealers Supplemental Application

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

WEB ADDRESS _____

UNDERWRITING INFORMATION

Management:

- How many years has the dealership been in business?
..... years
- How many years of experience does current management have? years

Premises:

- Is the business located in an area designated as a flood plain? Yes No
- Has the dealership ever been flooded? Yes No
- Distance to nearest river or stream? _____
- Any wood stove or waste oil burner? Yes No
If yes, UL-approved? Yes No
- How is oil disposed of? _____
- Is the dealership equipped to do body and paintwork?
..... Yes No
- Is paint stored in metal cabinets? Yes No
- Is the paint booth UL-approved? Yes No
If no, explain? _____
- Signs posted and enforced prohibiting the public in service area? Yes No
- Are no smoking signs posted and enforced? Yes No
- Does the dealership have a burglar alarm? Yes No
- Automatic fire alarm? Yes No
- Does applicant have posts, raised curbs, planters or other barriers protecting front line cars and driveways?
..... Yes No
Describe: _____

- Is the lot fenced? Yes No
- Does the insured have guard dogs on the premises?
..... Yes No

Vehicle control:

- Does dealership have written policy regarding use of demonstrators? Yes No
(If yes, please attach copy)
Restrictions on use:
Employee only Yes No
Spouse Yes No
Children Yes No
Other (describe) _____
 - Is there a restriction on mileage? Yes No
If yes, describe _____
- Are customers permitted to test drive vehicles unaccompanied by a salesperson? Yes No
If yes, does dealer obtain:
 - Complete name and address Yes No
 - Copy of driver's license Yes No
 - Proof of insurance Yes No
- Are vehicles allowed to be taken by customers overnight?
..... Yes No
 - If yes, what is the mileage limitation? _____
 - Does dealer agree to follow these guidelines?
 - Restrict privilege to well-known customers?
..... Yes No
 - Obtain photocopy of driver's license? Yes No
 - Limit use to no more than two nights? Yes No
- Are keys stored in locked box away from customer areas?
..... Yes No

5. Are vehicles provided for driver education? Yes No
6. Does the dealership lot have full lighting during non-business hours?..... Yes No
7. Describe credit checks and screening practices for buyers:

8. Does dealership own or sponsor vehicles for racing?
..... Yes No
a. If yes, provide details: _____

9. Does dealership lease vehicles other than directly through franchise? Yes No
a. If yes, number of cars: _____
10. Are loaner vehicles provided? Yes No
a. If yes, number of loaner vehicles: _____
11. Does the dealership rent vehicles to:
a. Walk-in customers Yes No
i. Number of days _____ per year
b. Repair customers..... Yes No
i. Number of days _____ per year

*(Exclude those rented directly through franchise)
Provide a copy of the rental agreement and eligibility guidelines used to screen customers.*

12. Schedule of autos used as rentals:

Year	Make/Model	Vin #	Cost new

**Note: In most states, vehicles operating under dealers plate cannot be used as rentals.*

Employee:

1. Is each employee required to fill out an application? Yes No
2. Does the insured conduct personal interviews? Yes No
3. Are references checked?..... Yes No
4. Are MVRS checked?..... Yes No
5. Are there set standards for employee driving records?
..... Yes No
Explain: _____

6. Number of W2 forms issued last year:..... _____
7. Is there a written safety program? Yes No
8. How often are safety meetings held? _____

Dealership:

1. List dealership franchises: _____

2. Does the applicant sell the following:
Cars/pickups/vans _____% All-terrain vehicles _____%
Trucks/tractors _____% Motorhomes/campers _____%
Motorcycles _____% Other (Explain) _____%
3. List makes and sizes of all tow trucks: _____

4. If towing for others, please describe (AAA, police, etc.): _____

a. Number of calls each month: _____
5. What insurance coverages are provided by the floor plan?
a. Comprehensive: New _____ Used _____
b. Collision: New _____ Used _____
c. False pretense: New _____ Used _____
6. Current value of new inventory:\$ _____
a. Number of vehicles? _____
7. Current value of used inventory?\$ _____
a. Number of vehicles? _____
8. Annual receipts for:
a. New car sales _____
b. Used car sales _____
c. Service/repair _____
9. Attach three-year loss run *(Required for experience credit)*

Auto dealer employees

Class I Employees

Number of employees

Regular operators— Full-time

- 1. Active owners, partners and corporate officers..... _____
- 2. General managers, service managers, and sales managers..... _____
- 3. Parts managers, when there is a set parts car _____
- 4. Salespersons _____
- 5. Towtruck drivers. If the towtruck has been scheduled with a liability charge, then the driver would be an "all other" employee. _____
- 6. Any other employee whose principal duty involves the operation of a covered auto or who is furnished a coverer auto. _____
- 7. Part-time employees that are under age 25 and are furnished a car _____

Regular operators— Part-time

Regular operations who work less than 20 hours per week for the number of weeks worked. This doesn't apply to part-time employees who are under age 25 and provided a car. _____

Regular operators— Not furnished a car

Salespersons and managers who are not furnished a covered "auto" and never drive a covered "auto" to and from work.

..... _____

All others— Full-time

- 1. All other employees..... _____
- 2. All occasional drivers who are under the age of 25 regardless of the number of hours worked, pay received, or trips made in any week, month or year. This includes "runners." _____

All others— Part-time

- 1. All other employees working less than 20 hours per week for the number of weeks worked. _____
- 2. All occasional drivers who are under the age of 25 regardless of the number of hours worked, pay received, or trips made in any week, month or year. This includes "runners." _____

Class II— Non-employees

- 1. Any individual other than a person described in Class I who is regularly furnished a covered "auto." _____
- 2. Under age 25..... _____
- 3. All others _____

N.J. Law P.L 1995, c. 132: Any person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:

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. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name	Agent's Name
Title	Agent's Signature Date
Owner or Officer's Signature	Expiring policy number, if applicable
Date	