



COX SPECIALTY MARKETS

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www.coxspecialty.com

Agent Name _____
and Address _____
Phone (____) _____ - _____

AUTO DEALERS AND SERVICE GARAGE APPLICATION

GENERAL INFORMATION

Proposed effective date ____ / ____ / ____

Legal Name of Applicant _____

DBA Name (if applicable) _____

Mailing Address _____

Applicant is ☐ Individual ☐ Joint Venture ☐ Corporation ☐ LLC ☐ Partnership ☐ Other, Describe _____

Years this business entity has been in operation? _____ Gross Annual Sales _____

If less than 3 years, explain training and any certifications _____

Number of employees, including owner: Full Time: _____ Part Time: _____

Inspection Contact _____ Phone (____) _____ - _____

Has any policy or coverage been declined, cancelled or non-renewed during the prior 3 years? ☐ Yes ☐ No
(Do not answer if risk is in MO)

If yes, explain: _____

LOCATION INFORMATION

#	Street Address, City, County, State, Zip	Use of Location
1		
2		
3		
4		
5		

1. Describe your operations _____

Indicate percentage of the following type of autos sold and/or repaired

	Sales	Repair		Sales	Repair
Private passenger, Light & Medium Truck	____ %	____ %	Kit Cars or Other Auto Manufacturing	____ %	____ %
Boats (Other than Jet Skis)	____ %	____ %	Mobile Homes (non-motorized)	____ %	____ %
Busses	____ %	____ %	Motorcycles	____ %	____ %
Bucket Trucks / Cranes / Scissor Lifts	____ %	____ %	ATVs, UTVs, Scooters, Snowmobiles	____ %	____ %
Classic / Antique Vehicles	____ %	____ %	Race Cars / Street Rods	____ %	____ %
Contractors Equipment	____ %	____ %	Recreational Vehicles	____ %	____ %
Emergency Vehicles	____ %	____ %	Semi Trailers	____ %	____ %
Farm Equipment	____ %	____ %	Trailers, Other than Semi Trailers	____ %	____ %
Public Livery / Transportation	____ %	____ %	OTHER	____ %	____ %
Golf Carts	____ %	____ %	Describe _____		
Heavy Truck	____ %	____ %			
Jet Skis	____ %	____ %			

2. DEALERS AND SERVICE RATING EXPOSURE BASIS: Must list ALL owners, ALL employees (including clerical) and ALL household members, including contract drivers, 1099 and other employees.

Loc #	Name	Driver's License #	State	DOB	Hours Worked*	Status**	Auto Use***	PAP In Place ****

Attach additional pages if more space is needed.

***Hours Worked**

F = Full-Time (Over 20 hrs/week)
P = Part-Time (20 or less hrs/week)
N - Non-Employee

*****Auto Use:**

A = Furnished a covered auto for personal use
B = Business Use only of covered autos
C = Excluded driver

****Status:**

1. Active owner, partner or officer
2. Inactive owner, partner or officer
3. Lot person
4. Salesperson
5. Mechanic

6. Clerical
7. Spouse of owner, partner or officer
8. Child of owner, partner or officer
9. Spouse of any other person furnished an auto

10. Child of any other person furnished an auto
11. Occasional or contract driver
12. Other: _____

******PAP = Personal Auto Policy:**

Y = Yes
N = N

3. Do you have any kids over 14 years old? ☐ Yes ☐ No
4. Are any owners married? ☐ Yes ☐ No
5. Do you ever use temporary or part time drivers? ☐ Yes ☐ No
- If 3., 4., or 5., above are "Yes", please list the person(s) on the schedule above.
6. Have you identified every possible driver of an insured vehicle, including those who may fill in during peak periods and emergencies? (such as members of households, friends, etc?) ☐ Yes ☐ No
7. Have you identified all employees, volunteers or independent contractors who work at your operation? ☐ Yes ☐ No

8. Do any owners of this business have an ownership interest in or operate any other businesses? ☐ Yes ☐ No
If Yes:
- Provide business name and physical address: _____
 - Describe the operation of the business: _____
 - What is the relationship between the business indicated in question a) and the business we are being asked to insure?

- Are there any shared employees between these businesses? ☐ Yes ☐ No
 - Do you have insurance elsewhere for your other business(es)? ☐ Yes ☐ No
9. Do you rent any space at this location to another business? ☐ Yes ☐ No
If Yes:
- What is the nature of that business? _____
 - Do renters carry their own insurance? ☐ Yes ☐ No
10. Do you:
- | | | | |
|--------------------------------------|--|---------------------|--|
| Keep firearms on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Repossess vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any dogs on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow for hire? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Install trailer hitches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Work on breathalizers or interlocks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
- Explain all "Yes" responses _____
-
11. Racing exposure (Must answer entire section)
- Do you have an owned vehicle racing or exhibition exposure? ☐ Yes ☐ No
If "Yes", is the vehicle titled to the business we are being asked to insure? ☐ Yes ☐ No
 - Do you service any vehicles involved in racing or exhibition events? If "Yes", _____ % ☐ Yes ☐ No
If "Yes", provide details of work performed and location where work is performed

 - Do you sponsor any racing related activities? ☐ Yes ☐ No
If "Yes", provide details:

-
12. Are autos loaned, leased or rented to customers (excluding customers test driving cars for sale)? ☐ Yes ☐ No
- Is there a contract agreement? ☐ Yes ☐ No
 - Do you get a copy of the driver's license? ☐ Yes ☐ No
 - Do you verify that the customer has auto insurance? ☐ Yes ☐ No
 - What is the minimum age? _____
13. Do you pick up and deliver customers' vehicles? ☐ Yes ☐ No
- If yes, how many time per week? _____
 - How far from your shop? _____
14. Where are keys and/or dealer plates kept? _____

LOCATION SECURITY INFORMATION

Loc Num	Lights?	Fenced?	Fence Height and Type	Gates Locked at Night	Avg # Vehicles In Building	Describe any other Security Measures
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

PRIOR INSURANCE AND LOSS HISTORY

Policy Period	Insurance Company	Limits	Premium	# of Losses	Amount

ATTACH COPY OF INSURANCE COMPANY LOSS RUNS

DEALER SECTION

IF YOU ARE NOT A DEALER, CHECK THIS BOX AND GO TO THE NEXT SECTION ☐ Not A Dealer

1. Sales Breakdown
- Retail _____ % Brokers _____ %
- Wholesale _____ % Consigned _____ % (If any, provide copy of consignment agreement)
2. How do you transport autos? ☐ Driven by Employees ☐ Contracted to a 3rd Party Tow Truck or Car Hauler
- ☐ Owned Tow Truck or Car Hauler ☐ Driven by Temporary or Contract Driver
- ☐ Owned Tow Bar or Dolly ☐ Other (Describe) _____
3. What percentage of vehicles are driven or transported within the following mileage groups?
- 0 - 100 miles _____ % 100 - 300 miles _____ % Over 300 miles _____ %
4. Do you drive or transport vehicles in the following states: ☐ Michigan ☐ New York ☐ New Jersey ☐ Florida
5. How many vehicles do you sell per year? _____
- a. What percentage is sold "sight unseen" over the internet? (Vehicle sale not completed on the lot) _____ %
- b. Website address: _____
6. Please list the number of dealer plates you have for: Autos _____ Boats _____ Motorcycles _____ Trailers _____
7. Do you sell salvage or total loss titled vehicles prior to sale? ☐ Yes ☐ No
- a. If "Yes", do you repair salvage titled vehicles prior to sale? ☐ Yes ☐ No
- b. If "Yes", are repairs: ☐ Structural _____ % ☐ Mechanical _____ % ☐ Cosmetic _____ %
8. Do salespeople always accompany customers on demonstration rides? ☐ Yes ☐ No
- a. If no, what precautions are implemented? _____
9. Do you offer in-house financing or Buy Here / Pay Here? ☐ Yes ☐ No
- a. If yes, are titles transferred to customer at the beginning of the finance period and your business name is listed as the lienholder on the title? ☐ Yes ☐ No
- b. Do you repossess vehicles you sell yourself? ☐ Yes ☐ No If yes, estimated number annually by drive-away _____

10. How often do you take title and registration paperwork to the County Clerk's Office? ☐ Daily ☐ Weekly ☐ Other

If "Other", describe: _____

11. Do you obtain a Drivers License AND Proof of Insurance before all test drives? ☐ Yes ☐ No

12. Do you allow extended or overnight test drives? ☐ Yes ☐ No

13. Inventory Information

Loc #	Number of Vehicles Held For Sale		Average Value Per Auto	Maximum Value Per Auto
	Average	Maximum		
1				
2				
3				
4				
5				

SERVICE SECTION

IF YOU DO NOT PERFORM ANY SERVICE WORK, CHECK THIS BOX AND GO TO THE NEXT SECTION ☐ No Service Operations

1. What percentage of your work is?

Alignment	_____ %	Lift Kit	_____ %	Sound/Alarm System	_____ %
Batteries	_____ %	Muffler	_____ %	Suspension/Frame	_____ %
Body (Not Fiberglass)	_____ %	Oil & Lube	_____ %	Tires	_____ %
Brakes	_____ %	Paint	_____ %	Trailer Hitches	_____ %
Engine Overhaul	_____ %	Race Cars	_____ %	Transmission	_____ %
Fiberglass	_____ %	Radiator	_____ %	Tune Up	_____ %
Frame Straightening	_____ %	Roadside Assistance	_____ %	Wash/Detail	_____ %

(Device is ☐ Laser ☐ Digital ☐ Optical ☐ Mechanical)

Custom/Fabrication	_____ %	Must Describe	_____
Performance Enhance	_____ %	Must Describe	_____
Other	_____ %	Must Describe	_____

2. Are signs posted to keep customers out of the work area? ☐ Yes ☐ No

3. If customers enter the work area, are they always accompanied by an employee? ☐ Yes ☐ No

4. Do you sell gasoline? ☐ Yes ☐ No

a. Annually, Gallons of Gas _____

5. Do you sell LP gas? ☐ Yes ☐ No

a. Is the storage tank protected by collision barriers? ☐ Yes ☐ No

b. Are "No Smoking" signs posted? ☐ Yes ☐ No

c. Do only qualified operators fill customer's tanks? ☐ Yes ☐ No

d. How many feet separate storage tank from adjacent buildings and vehicles? _____

6. Do you install lift kits? ☐ Yes ☐ No

a. Do you lift over 6"? ☐ Yes ☐ No

b. What percentage is: Body Lifts? _____ Suspension Lifts? _____

c. What is your training and expertise? _____

7. Do you perform any spray painting? ☐ Yes ☐ No
- a. If yes, are all spray painting operations completed in a separate, ventilated booth/room? ☐ Yes ☐ No
- b. If you have a booth, is it UL approved? ☐ Yes ☐ No ☐ N/A
- c. Does the painting area have explosion proof electrical/lights? ☐ Yes ☐ No
- d. Are paints/solvents stored in a fire resistive cabinet outside of the painting area? ☐ Yes ☐ No
8. Do you sell or install mobility or medical equipment? ☐ Yes ☐ No
- a. If yes, describe and list annual sales _____
-
9. Are solvent waste, oily rags and flammable liquids kept in fire resistant covered containers until removed from the worksite? ☐ Yes ☐ No
10. How many Transporter or Repairer Plates (NOT DEALER PLATES) do you have? _____
- a. If any, how are they used? _____
- b. Provide plate numbers: _____
11. Do you lease, rent or loan Dealer, Transporter, or any other type of plates? ☐ Yes ☐ No
- a. If yes, please describe: _____
12. If you sell or service tires, please complete the following section:
- a. Do you sell, install or service racing tires? ☐ Yes ☐ No
- b. Do you sell, install or service Recap / Retread Tires? ☐ Yes ☐ No
- c. Do you perform quality control to verify proper installation, tightened lug nuts and matched tire sizes? ☐ Yes ☐ No
- TIRE SALES ☐ I do not sell any tires
- d. Gross Receipts - Tire sales & installation: _____
- e. Do you sell new tires manufactured more than three (3) years ago? ☐ Yes ☐ No
- f. When selling less than a full set of tires, are the newest always installed on the rear axle? ☐ Yes ☐ No
- g. Do you sell used tires manufactured over four (4) years ago, or with less than 4/32 of useable tread depth? ☐ Yes ☐ No
- h. If you sell used tires, what method do you use to mark them? _____
- TIRE SERVICE ☐ I do not service any tires
- i. Will you work on split rims? ☐ Yes ☐ No
- (1) if yes, do you use a cage? ☐ Yes ☐ No
- j. Work performed (check all that apply) ☐ Fixing Flats ☐ Tire Rotation ☐ Tire Siping ☐ Comp Cutting
- ☐ Other Describe: _____

RELATED OPERATIONS
Incidental to Garage Operations

Related Operations Class	Description	Rating Information Needed
Automobile Dismantling	Includes salvage or junking of parts	Complete Salvage Yard Supplemental App
Auto Parts & Supplies	Parts/Accessory sales - Not Installed	Gross Receipts
Car Wash - Self Service	Customers drive through or spray wash bay	Gross Receipts
Concessionaires	Food & Drink Snack Bars	Gross Receipts
Lessor's Risk - Building or Premises	Located on the same premises as your Garage Operations (you are the landlord)	Area in Square Feet
LPG Sales	Incidental Sales	Annual # Gallons Sold
Machine Shops	Machining work done for other garages/customers	Payroll
Metal Recycling	Recycling scrap or other metal	Complete Salvage Yard Supplemental App
Stores	Sale of clothing, equipment and supplies	Gross Receipts
Vacant Land	Owned by the insured but not in use	# of Acres
Welding - Offsite Repairs	Welding done offsite, typically on equipment	Complete Welding Supplemental App

Describe any other operations not otherwise noted above

COVERAGES AND LIMITS DESIRED

Auto Liability Hired Auto Liability	Combined Single Limit (CSL) \$ _____ (up to \$1,000,000) <input type="checkbox"/> Yes Cost of Hire \$ _____
Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> Combined <input type="checkbox"/> \$2,000 <input type="checkbox"/> Premises Only <input type="checkbox"/> \$5,000
Personal Injury Protection	(As required by state law)
Uninsured/Underinsured Motorists	Combined Single Limit \$ _____ Signed state form selecting or rejecting coverage where required
General Liability	Each Occurrence \$ _____ (Matches Auto Liability Limit) Damage to Premises Rented <input type="checkbox"/> Yes Personal and Advertising Injury <input type="checkbox"/> Yes Aggregate \$ _____ (up to 2 times)
Dealers Acts, Errors & Omissions	<input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O Limits <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Drive Other Car	Named Drivers:
Garagekeepers	Perils <input type="checkbox"/> Specified Causes of Loss and Collision <input type="checkbox"/> Comprehensive and Collision Basis <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Primary Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 Limit Location 1 \$ _____ Limit Location 2 \$ _____ Limit Location 3 \$ _____ Limit Location 4 \$ _____ Limit Location 5 \$ _____ MAX LIMIT PER AUTO \$ _____ Garagekeepers provides coverage for "customer's autos" left with you for service, repair, storage or safekeeping.
Dealers Physical Damage	Perils <input type="checkbox"/> Specified Causes of Loss and Collision <input type="checkbox"/> Comprehensive and Collision Deductible <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 False Pretense Coverage <input type="checkbox"/> 25,000 <input type="checkbox"/> 50,000 Limit Location 1 \$ _____ Limit Location 2 \$ _____ Limit Location 3 \$ _____ Limit Location 4 \$ _____ Limit Location 5 \$ _____ MAX LIMIT PER AUTO \$ _____ Loss Payee(s): _____ Dealers physical damage provides coverage for dealer's "autos" and "autos" held for sale. 100% coinsurance provision. Be sure to insured to total lot value.
Additional Insured(s) and Relationship	<input type="checkbox"/> Blanket AI or schedule individually
Waiver of Subrogation (& describe contract requesting)	
Customer's Cargo Coverage (Towing accounts ONLY)	<input type="checkbox"/> Yes Provides coverage for customer's cargo while in tow. See form for details.
OHIO Stop Gap	\$ _____ Each Accident \$ _____ Each Person Disease
Repossessor's E&O	<input type="checkbox"/> Yes
Others Coverages / Options	

For Property Coverage, please attach ACORD form 140

VEHICLE SCHEDULE

Physical Damage Type: ☐ Comprehensive & Collision ☐ Specified Causes & Collision

Indicate on schedule which vehicles desire physical damage with a stated amount and deductibles ☐ supplemental schedule attached

Vehicle 1

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 2

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 3

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 4

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 5

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

Vehicle 6

Year	Make	Model	Body Type	Full Serial Number	
GVW	Radius	Stated Amount	On-Hook Limit	Comp/SCOL Deductible	Collision Deductible
Use of vehicle/specialty equipment			Garaging Location		
Loss Payee					

FRAUD STATEMENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

STATE SPECIFIC PROVISIONS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicant

Signature

Date