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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	_____ %	_____ %	_____	_____ %	_____ %

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

- d. Are there any shared employees between these businesses? Yes No
- e. 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:
- a. What is the nature of that business? _____
- b. 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 | Have a 3rd party repossess vehicles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Install trailer hitches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tow for hire? | <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)
- a. 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
- b. Do you service any vehicles involved in racing or exhibition events? Yes No
 If "Yes", provide details of work performed and location where work is performed _____

- c. 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
- a. Is there a contract agreement? Yes No
- b. Do you get a copy of the driver's license? Yes No
- c. Do you verify that the customer has auto insurance? Yes No
- d. What is the minimum age? _____
13. Do you pick up and deliver customers' vehicles? Yes No
- a. If yes, how many time per week? _____
- b. 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 _____

a. Are any dealer tags primarily used on a vehicle for personal use, or attached to a vehicle for regular use in the business? Yes No

If yes, please explain: _____

7. Do you sell salvage or total loss titled vehicles? 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 _____
- c. Do you have a third party repossess vehicles you sell? Yes No
- d. How are delinquent customer accounts handled? _____
- e. How and when are vehicles repossessed? _____

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 _____