



CA License #0531139

CALIFORNIA USED CAR DEALER APPLICATION

Underwritten by



AM Best "A" Rated (Admitted)

PROPOSED EFFECTIVE DATE:

From: _____ to _____
12:01 AM Standard Time at Address of Applicant

First Named Insured: _____

Other Insured(s)/DBA: _____

Mailing Address: _____

Number of Physical Location(s): _____ Phone: _____

Location 1 Address: _____

CA

Location 2 Address: _____

Location 3 Address: _____

DMV Dealer # _____

Prior years used car management experience: _____ E-mail : _____

Years in Business: _____ Website: _____

Is applicant: Retail Wholesale

PRODUCER INFORMATION

Producer Code: _____

Fax: _____

Phone: _____

Mail: _____

How many license plates do you have?

_____ Dealers _____ Regular

_____ Transit

How are vehicles delivered to the lot?

Please list all percentages accordingly.

_____ Public Transport _____ Local Tow

_____ Independent Contractors

_____ Family Members

_____ Occasional Drivers

_____ Other _____

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS, WRITE "NONE" IF NO PRIOR

Year	Company	Policy Number	Premium	# of Losses & Amount	Description of Losses (Use separate sheet if necessary)

1. Is applicant: **owner** **tenant** of the building?
2. Is the applicant's physical location a: retail lot residence suite in a building?
3. If retail lot:
 - a. Is entire premise occupied by the applicant? Yes No
(If no, applicant's written request to exclude other business and proof of other insurance must be submitted with application.)
 - b. Are there any large cracks or potholes in the pavement? Yes No
 - c. Does the property have any underground storage tanks? Yes No
4. Does the applicant carry worker's compensation insurance? Yes No
5. Does the applicant buy or sell vehicles through an internet or world wide web outlet? Yes No
 If yes, is the applicant shipping the vehicles to the buyer? Yes No
 If yes, when is the title released? < 24 Hrs < 48Hrs > 48 Hrs

LIST ALL VEHICLES OWNED BY INSURED BELOW / SCHEDULED VEHICLES - NOT HELD FOR SALE

Year, Make, Model and Vin Number	Current Value	Exclude



OPERATOR & EMPLOYEE PAGE

Please list all employees, family members and operators associated with the applicant. Individuals must be specifically listed and possess a valid driver's license in order to insure them at the limit requested. Any operator not specifically listed is only insured if there is no other valid and collective insurance and only up to a maximum amount not to exceed the applicable financial responsibility limit of \$15,000 per person for bodily injury up to a maximum of \$30,000 per accident for bodily injury and no more than \$5,000 for property damage.

In order to accurately identify all individuals listed, please indicate auto use, employment status, hours working in that capacity, date of birth, driver's license number, driving record history and the name as listed with the department of motor vehicles of each individual. No one under the age of 18 years will be insured for auto coverage.

Status (See Below)	Location	Name	Date of Birth	Driver's License No.	State	Violations/Accidents Last Three Years	•F P or EXCL	▼ Auto Use	Rating Units

2

LIST ALL FAMILY MEMBERS IN OWNER'S HOUSEHOLD ABOVE (Including All Driving and Non-Driving Age Children)

- 1. Does the applicant check MVR's on all new hires? Yes No
- 2. Does the applicant record driver's license numbers on all test drivers? Yes No
- 3. Does the applicant allow employees to drive vehicles for their own personal use or take vehicles home? Yes No
- 4. Does the applicant provide autos to any family members not working in the business? Yes No

■ Status

- O. Owner
- P. Investment Partner, Inactive Partner
- M. Sales Manager
- I. Occasional Operator
- E. Mechanic
- C. Clerical Staff
- S. Salesman
- R. Other _____
- H. Child of owner
- U. Spouse of owner(s)
- L. Lot Person

I/We understand that an offer of insurance and the premium quoted is based on all motor vehicle records being acceptable to the company. Unacceptable motor vehicle records will result in driver exclusion(s), premium increase, and/or possible cancellation or rescission of an issued policy. I/We further declare that I/We will notify the company of all employee additions or deletions (including independent contractors) as they occur. Failure to report employee changes as they occur can result in a coverage dispute and/or cancellation of an issued policy.

Signature of Applicant: _____

Date: _____

1st Mortgagee

Loc-1

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-1

Loc-2

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-2

Loc-3

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-3

2nd Mortgagee

Loc-1

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-1

Loc-2

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-2

Loc-3

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-3

Loss Payee

Loc-1

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-2

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-3

Name _____
 Address _____
 City _____ State: __ Zip: _____

Lessor of Inventory (add'l Insured)

2b

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Certificate Holders

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Excluded Businesses

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Name _____
 Address _____
 City _____ State: __ Zip: _____

Owner/Lessor/Land Lord

Loc-1

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-2

Name _____
 Address _____
 City _____ State: __ Zip: _____

Loc-3

Name _____
 Address _____
 City _____ State: __ Zip: _____

PACIFIC SPECIALTY INSURANCE COMPANY

USED CAR DEALER APPLICATION SUPPLEMENT

CALIFORNIA

(To be completed and signed by the Named Insured)
For a more detailed description of these coverages refer to your policy.

Name: _____

Policy #: MNN _____

UNINSURED / UNDERINSURED MOTORIST – BODILY INJURY

Uninsured Motorists – Bodily Injury (UM-BI) insurance provides protection for damages as a result of bodily injury caused by a negligent motorist who has no insurance. UM-BI must be provided for the minimum limit required by law, which is \$30,000 per accident. If you purchase UM coverage at a limit higher than \$30,000, your coverage will also include Underinsured Motorists – Bodily Injury (UIM-BI) coverage. UIM-BI provides protection if a negligent motorist does not have enough liability insurance to pay for the damages caused.

Uninsured / Underinsured Bodily Injury Options:

Your policy offers three options. ***Please initial your choice below.***

_____ I want to select Uninsured Motorists – Bodily Injury coverage at a limit of \$100,000 combined single limit. I understand that this limit may be less than the liability limit I have selected.

_____ I want to select Uninsured Motorists – Bodily Injury coverage at a limit of \$60,000 combined single limit. I understand that this limit may be less than the liability limit I have selected.

_____ I want to reject Uninsured Motorists – Bodily Injury coverage completely. I understand that by selecting this option I have **NO PROTECTION** against bodily injuries caused by a negligent motorist who has no insurance.

UNINSURED / UNDERINSURED MOTORIST – PROPERTY DAMAGE

Uninsured / Underinsured Motorists – Property Damage (UM-PD) insurance provides protection for damage to your auto caused by a negligent motorist who has no insurance. Your policy will include (unless rejected) a property damage limit of \$3,500 or the actual cash value, whichever is less. Property damage is only payable if there is actual physical contact, the owner/operator or license plate number is identified, and the accident is reported within 10 days to the insurer or agent.

Uninsured / Underinsured Property Damage Options:

Your policy offers two options. ***Please initial your choice below.***

_____ I want to select Uninsured Property Damage at a limit of \$3,500 or actual cash value, whichever is less.

_____ I want to reject Uninsured Property Damage coverage completely. I understand that by selecting this option I have **NO PROTECTION** against property damages caused by a negligent motorist who has no insurance.

WAIVER OF COLLISION DEDUCTIBLE

We must offer this coverage to you when; (a) Uninsured Motorists Bodily Injury insurance is provided and (b) collision coverage is provided. Under this coverage your collision deductible will be waived when a collision loss is caused by an uninsured motor vehicle. You have the right to reject this coverage. Unless you request this coverage in writing we do not have to provide this coverage on renewal policies when the named insured has rejected the coverage on the policy previously issued.

Waiver of Collision Deductible Options:

Your policy offers two options. **Please initial your choice below.**

_____ I want to select Waiver of Collision Deductible coverage. The collision deductible on my policy is \$ _____

_____ I want to reject Waiver of Collision Deductible coverage completely. I understand that by selecting this option my collision deductible **WILL APPLY** if I am involved in an accident with an uninsured motorist.

I, _____, have read this offer form carefully. I understand that I have the right to purchase Uninsured / Underinsured Motorists Bodily Injury coverage with limits higher than \$30,000 per accident. I may also purchase Uninsured Motorist Property Damage coverage for my autos with a limit of \$3,500 for each accident as described in this form. In response to this offer I have indicated my selections above.

I understand that my coverage selection or rejection shall apply on this policy, and all future renewals, until I notify the Company **IN WRITING** of any changes.

Signature of Applicant Date

Signature of Broker Date

Additional Insured/Certificate Holder

Do you desire any additional insureds? Yes No

Name _____

Address _____

(Indicate relation to insured _____)

Do you desire any certificate holders? Yes No

Name _____

Address _____

Gross Amount Collected \$ _____

Less Commission \$ _____

Amt Remitted to McGraw \$ _____

Check # _____

FULL NET SATISFIED

INSTALLMENT PAYMENT PLAN

COVERAGES	LIMITS OF LIABILITY The most we will pay for any one accident or loss
Other Than Auto Liability Occurrence Limit	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Other Than Auto Liability Aggregate Limit	Other Than Auto Occurrence Limit Selected Above <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3 <input type="checkbox"/> x5 <input type="checkbox"/> x10
Auto Liability Occurrence Limit	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Auto Liability Aggregate Limit	Auto Occurrence Limit Selected Above <input type="checkbox"/> x1 <input type="checkbox"/> x2 <input type="checkbox"/> x3 <input type="checkbox"/> x5 <input type="checkbox"/> x10
The Liability Deductible selected below is applicable to Auto and Other Than Auto Liability	
Liability Deductible	<input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
Medical Payments	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Reject
Uninsured Motorist	BI Limit <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Reject
UM/Property Damage	\$3500 <input type="checkbox"/> Yes <input type="checkbox"/> No
UM/Waiver of Deductible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Garagekeepers Legal Liability	Do you desire Physical Damage Coverage for consigned autos? (care, custody, & control) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Specified Perils <input type="checkbox"/> \$500 deductible per vehicle \$2,500 per loss <input type="checkbox"/> \$1,000 deductible per vehicle \$5,000 per loss
	<input type="checkbox"/> Collision <input type="checkbox"/> \$500 deductible <input type="checkbox"/> \$1,000 deductible
	Limit: \$
Dealers Open Lot (includes Dealer Drive Away)	Do you desire Physical Damage Coverage for vehicles owned by the insured & held for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ _____ Maximum Wholesale Value of any one auto (up to \$150,000)
	Limit: \$ _____ Entire Lot Value (up to \$2,500,000)
	<input type="checkbox"/> Fire & Theft <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive (choose one) <input type="checkbox"/> \$500 deductible per vehicle, \$2,500 per loss <input type="checkbox"/> \$1,000 deductible per vehicle, \$5,000 per loss <input type="checkbox"/> \$1,500 deductible per vehicle, \$7,500 per loss <input type="checkbox"/> \$2,500 deductible per vehicle, \$12,500 per loss <input type="checkbox"/> \$5,000 deductible per vehicle, \$25,000 per loss
	<input type="checkbox"/> Collision <input type="checkbox"/> \$500 deductible <input type="checkbox"/> \$1,000 deductible <input type="checkbox"/> \$1,500 deductible <input type="checkbox"/> \$2,500 deductible <input type="checkbox"/> \$5,000 deductible
Scheduled Vehicles	Do you desire Physical Damage Coverage for vehicles owned by the insured & not held for sale? Maximum value of any one auto (up to \$70,000) <input type="checkbox"/> Yes <input type="checkbox"/> No Limit: \$
	<input type="checkbox"/> Fire & Theft or <input type="checkbox"/> Specified Perils (choose one) <input type="checkbox"/> \$500 deductible per vehicle \$2,500 per loss <input type="checkbox"/> \$1,000 deductible per vehicle \$5,000 per loss
	<input type="checkbox"/> Collision <input type="checkbox"/> \$500 deductible <input type="checkbox"/> \$1,000 deductible
Personal Injury Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No \$25,000 Limit
Fire Legal Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000
Loaned Auto Liability ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No Minimum Financial Responsibility For Drivers
Unaccompanied Test Drive Liability ²	<input type="checkbox"/> Yes <input type="checkbox"/> No Minimum Financial Responsibility For Drivers
Truth In Lending Limit	<input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000
Truth in Lending Deductible	<input type="checkbox"/> \$0 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
False Pretense	<input type="checkbox"/> Yes <input type="checkbox"/> No Up to maximum wholesale value per auto limit (\$250 deductible)

Specific criteria must be met for Loaned Auto or Unaccompanied Test Drive Liability Coverage to be purchased. Please refer to NNPOLICY (06/09) for policy conditions and limitations.

1 Loaned autos can not exceed \$50,000 in value.

2 Unaccompanied Test Drives can not be performed in autos that exceed \$60,000 in value.

Submit Risks

1. Risks requesting a Garagekeepers limit in excess of \$250,000.
2. Risks requesting a per auto maximum limit in excess of \$75,000 or an inventory limit over \$1,500,000.
3. Risks with more than 20% of the dealer inventory consisting of street-legal motorcycles.

	Applicant is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Select all that apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are 90% or more of vehicles sold either private passenger autos, sports cars, or pick-up trucks/vans (vehicles with a gross vehicle weight under 10,000 pounds)? If no, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do sales personnel accompany customers on demonstration rides 100% of the time? If no, risk prohibited unless Unaccompanied Test Drive Liability is purchased.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you loan autos to customers under any circumstances? If yes, risk prohibited unless Loaned Auto Liability is purchased.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant allow customers to use vehicles without signing a loaned car/rental agreement? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any butane or propane cylinders at the business location? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that there is no coverage available for bodily injury or property damage caused by any dog on premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sponsor any driver's education cars? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell salvaged title or gray market cars? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a parts department? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you engage in auto dismantling? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any firearms on the premises? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own or sponsor any racing vehicles? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that any wrecker you own and is not for sale need to be listed under scheduled vehicles and specifically be excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you understand that any tow truck you own and is not for sale need to be listed under scheduled vehicles and specifically be included or excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you rebuild autos? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are receipts issued for all auto purchases? If no, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is consignment more than 25% of total inventory? If yes, risk prohibited.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are all vehicle keys kept on a keyboard or a lock box during the day? If no, risk prohibited. Where are all vehicle keys kept at night? _____

The following questions still need to be answered!

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are repairs made after the sale of a vehicle? If yes, are repairs: <input type="checkbox"/> done by dealer <input type="checkbox"/> Sent out
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any other business operation? If yes, applicant's written request to exclude other business and proof of other insurance must be submitted with the application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you engage in any "Buy Here – Pay Here" sales or in-house financing?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the registration transferred to the customer and report of sale filed immediately with the state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you do your own repossession? If yes, submit risk (proof of other insurance and a written request from the insured to exclude must be submitted.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant cut or weld auto frames?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant install or service trailer hitches?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any sales of recreational vehicles such as water vessels, motorcycles, off-road vehicles, etc.? If yes, provide details in Remarks section.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant provide customer shuttle?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant engage in windshield repair?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant engage in tire sales, recapping, retail or wholesale?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you married?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse work in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse insured elsewhere? If no, make sure spouse is listed on employee page Provide name and policy number of insurance carrier _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any dependent children of driving age? In this section check no if not applicable
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child work in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child insured elsewhere?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do any children live in household? Provide name and policy number of insurance carrier _____ All children between the ages of 13 and 17 must be listed and specifically excluded.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are autos kept inside 100% of the time? If autos kept inside, indicate age, construction, and condition of building: _____ If autos are kept outside, is(are) the lot(s) protected with Post & Chains no more than 4 feet apart or completely fenced?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is (Are) your lot(s) lighted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there police protection?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an alarm system?

INVENTORY LOSS DISCLOSURE & SUPPLEMENTAL DISCLAIMER

I, _____ of _____ am hereby requesting that my Open Lot Coverage be insured for _____ subject to 90% coinsurance and my maximum limit per vehicle of _____. The rule of coinsurance has been fully explained to me and I understand that should I have partial loss and the value of my inventory be greater than the amount of coverage at the time of loss, that if said loss is covered, I may receive a percentage of my loss based on the amount of insurance carried versus the amount of actual inventory. I also understand that, in addition to any other exclusions in the policy, this policy does not provide coverage for workers' compensation, nor does it insure any employees' personal automobiles. I fully understand and accept the above conditions.

Applicant Signature _____ Date _____

Broker Signature _____

I authorize McGraw Insurance Services to obtain a copy of my Motor Vehicles Report. I also understand that an inspection will be made of my business operation. Upon written request, a summary of this report will be sent to me. I warrant that all the information contained on this application is the truth. I agree to advise Pacific Specialty Insurance Company of any changes in the information provided and set forth on this application.

Applicant Signature _____ Date _____

Broker Signature _____

DEALER SAFETY PROGRAM

I understand that _____ (name of business) must complete and follow ALL the guidelines below to receive the safety credit on my garage insurance policy. I further understand that failure to maintain all guidelines throughout the policy period may result in a deletion of safety credit and additional premium may apply.

I WILL:

1. Maintain a clean, safe and secure operation free from garbage, debris, flammable and hazardous material, which may create a fire hazard or cause injury to customers or employees.
2. Maintain serviced and tagged fire extinguishers throughout.
3. Post "No Smoking" signs in appropriate areas.
4. Restrict access to service areas to authorized personnel only and post signs stating access is restricted at all entrances to service areas.
5. Perform only light mechanical work and this work will only be performed by trained and qualified mechanics.
6. Complete Safety Inspection and test all cars for sale operation prior to offering them for sale. This includes, but is not limited to tires, windshield and glass, brakes, lights, signals, and mirrors. I will maintain a completed inspection checklist on all vehicles.
7. At all times keep keys to all vehicles in a secure area not accessible to the public.
8. **NOT** permit employees to operate vehicles for any reason other than for business, unless these employees are furnished an auto and this information is provided to the insurance company.
9. Only transport vehicles using an insured contract hauler or transport vehicle owned by my business. I will maintain certificates of insurance from all contract haulers.
10. Report all transport vehicles owned by my business and ALL drivers to the insurance company.
11. Maintain a "dealer" license with the department of Motor Vehicles at all times.
12. Maintain workers' compensation insurance for my employees.
13. Report all new employees to my insurance company immediately upon hiring.
14. Maintain adequate records of all sales and immediately report all sales to DMV and process title transfer.

I consent to an independent inspection of my business to verify compliance with these dealer safety guidelines and all underwriting standards as set forth by the insurance company.

Signature of Applicant

Date



NEW VENTURE QUESTIONNAIRE

(TO BE COMPLETED IF LESS THAN 2 YEARS IN BUSINESS)

1. Name of Insured and Business _____
2. Address _____
3. Business Tax I.D.# (Corporation) _____
4. Insured's Social Security # (Sole Proprietorship/Partnership) _____
5. Principal Bank _____ Account # _____
6. Years/Months you have operated business _____
7. Is this a new operation? Yes _____ No _____
8. Did you purchase an existing operation? Yes _____ No _____
If yes, number of years existing operation has been at present location. _____ Years
9. Detailed explanation of experience in auto business:

10. Has your management had prior auto management experience?

11. Prior occupation and title for the past 3 years:

12. If the owner of the new venture was previously the owner of a used car business, what was the experience of that business?

- a. How long did you own prior used car business? _____
- b. Insurance company of prior used car business? _____
- c. Loss experience of prior used car business? _____

A routine inquiry may be made to provide information concerning character and business reputation. On written request, information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant

Date

