



USED CAR DEALER PROPERTY APPLICATION SUPPLEMENT

CA License #0531139

Company Use Only	
CODE _____	1 GROSS
DATE _____	2 NET
TOTAL AMT PAID _____	3 INSTALLMENT
\$ _____	PAYMENT PLAN

Underwritten by



A (Admitted)

Producer # _____

Phone # _____

Effective Date Desired _____

DMV Dealer # _____

First Named Insured: _____

(The first Named Insured is responsible for premium payment, cancellation and changes - refer to policy wording.)

Other Insured(s)/DBA: _____

PRIOR INSURANCE CARRIER AND LOSS HISTORY FOR THE PAST THREE YEARS					
Year	Company	Policy Number	Premium	# of Losses & Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past three years?
 Yes No - If yes, give name of company, date and reason.

MAXIMUM LIMIT AVAILABLE: \$500,000 (per occurrence deductible \$500)

MINIMUM TOTAL PREMIUM: \$150

BUILDING

Basic (Rate: \$.40 per \$100)

Special (Rate: \$.49 per \$100)

Amount of
Insurance

Physical Address

Location #1: _____

Location #2: _____

Location #3: _____

MAXIMUM LIMIT AVAILABLE: \$200,000 (per occurrence deductible \$500)

CONTENTS

Basic (Rate: \$.40 per \$100)

Special (Rate: \$.49 per \$100)

Amount of
Insurance

Physical Address

Location #1: _____

Location #2: _____

Location #3: _____

Any Mortgagee/Loss Payee? List Name, Address, Loan # _____

Indicate Financial Interest _____

All underwriting questions on reverse side must be completed. The Proposed Insured warrants that the information provided on this application is true, complete, and correct based on his/her records, knowledge and belief. The Proposed Insured agrees that this application shall constitute a part of any policy issued whether or not and that any willful concealment or misrepresentation of a material fact or circumstance shall void any policy issued.

Signature of Agent or Broker

Signature of Proposed Insured

Address

1

Date

CA-UCD-WSUPP(I) Ed.3.0

COVERAGES

90% Co-Insurance
(Per Occurrence)

NOTE: Special form will NOT be written unless risk has ALL of the following:

- 1) Central Station Alarm
- 2) Owner has been in business at location two (2) or more years
- 3) Building is located in low crime area
- 4) Lot is fenced and locked during non-business hours

COVERED PERILS

Basic Form:

- Fire
- Lightning
- Explosion
- Smoke
- Aircraft or Vehicle
- Sinkhole Collapse
- Windstorm or Hail
- Vandalism
- Sprinkler Leakage
- Riot or Civil Commotion

Special Form:

This form is "all risk" in nature and includes theft.

Protection Class: _____ Distance to nearest hydrant: _____ Value: _____ Purchase Price: _____
 Number of stories: _____ Area (square foot) of building: _____ Year built _____
 Construction: Frame Metal Clad Concrete Masonry Other _____
 Condition of Building: Good Fair Poor Other _____
 Construction of Roof: Gravel Tile Wood Other _____
 Has property ever been upgraded (wiring, plumbing, roof): Yes No If yes, explain _____

Protection Devices: Sprinklers Central Station Alarm Smoke Detector/Alarm Fire Extinguishers
 Night Watchman Local Alarm Other _____

Describe Protection Devices Maintenance Programs: _____

Occupancy: Warehouse Sales Office Repair Garage Other _____

Other occupancies in the same building: _____

Neighborhood Type: Residential Industrial Commercial Rural Other _____

Neighborhood Condition: Stable Improving Deteriorating

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE EXPLAIN IN REMARKS.

- 1) Are there any mortgage payments (building or contents) overdue by 3 months or more? Yes No
- 2) Are there any tax liens against the property or business? Yes No
- 3) A. Are there any current violations of fire safety, health, building, construction or other codes at this location? Yes No
- B. Have there been any violations of fire safety, health, building, construction or other codes within the last 3 years? Yes No
- 4) Has anyone with a financial interest in this property been convicted of arson, fraud, or other crime related to loss on property owned now or during the last 5 years? Yes No
- 5) Have there been losses during the past 5 years exceeding \$1,000 in damage to other property in which anyone with a financial interest in this property has an equity interest or held a mortgage (except federal or state chartered lending institutions)? Yes No
- 6) Is there any other insurance in force or to be secured on this property. Yes No

Remarks: _____

