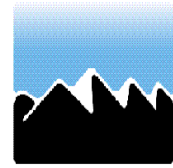


# Motorcycle & Recreational Vehicle Dealers Garage Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Sierra Specialty Insurance Services, Inc.  
 7110 N. Fresno Street, Suite 300  
 Fresno, CA 93720  
 559-256-6900 phone  
 559-256-6950 fax  
 866-814-9378 toll free  
 www.SierraSpecialty.com



CA Insurance License #0E81019  
**SierraSpecialty**

Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

## GENERAL INFORMATION

- 1 Named Applicant (you): \_\_\_\_\_
- 2 Business Address: \_\_\_\_\_
- 3 Mailing Address: \_\_\_\_\_
- 4 You are:  Individual  Partnership  Corporation
- 5 You are:  Owner  Tenant Does owner of premises need to be named as additional insured?  Yes  No  
 If yes, owner's name: \_\_\_\_\_
- 6 Insurance is desired from \_\_\_\_\_ 20\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_
- 7 Your Business is:  Franchised Dealer  Non-Franchised Dealer  Repair Shop  Service Station
- 8 Do you conduct any other business other than stated in item 7 from any location?  Yes  No
- 9 Person to Contact:  
 For Inspection (Name & Phone Number) \_\_\_\_\_  
 For Accounting Records (Name & Phone Number) \_\_\_\_\_
- 10 Current management has controlled the business since \_\_\_\_\_ (yr.) And has been in this type of business since \_\_\_\_\_ (yr.)
- 11 Is this a new venture?  Yes  No
- 12 (a) **Previous 3 Years' Carriers and any Loss Experience**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused to renew?  Yes  No  
 If yes, explain \_\_\_\_\_
- (c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

13 Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
|   | Each Accident                         | Aggregate<br>(Garage operations only) |
| (a) <input type="checkbox"/> <b>Bodily Injury &amp; Property Damage Liability</b> CSL (State Permitting) \$ _____ | \$ _____                              | \$ _____                              |
| (Property Damage Liability – subject to \$100 deductible completed operations)                                    |                                       |                                       |
| <input type="checkbox"/> <b>Limited Liability for Customers</b>   | (State Permitting – Designate Choice) |                                       |
| <input type="checkbox"/> <b>Unlimited Liability for Customers</b>   |                                       |                                       |
| <input type="checkbox"/> <b>Passenger Hazard</b> – Financial Responsibility Limit only (State Permitting)         |                                       |                                       |
| <input type="checkbox"/> <b>Personal Injury Protection</b> (State Permitting)                                     |                                       |                                       |
| <b>UNINSURED/UNDERINSURED MOTORISTS</b>   |                                       |                                       |
| <input type="checkbox"/> <b>Uninsured Motorists</b> \$ _____ each person/\$ _____ each accident or \$ _____ SL    |                                       |                                       |
| <input type="checkbox"/> <b>Underinsured Motorists</b> \$ _____ each person/\$ _____ each accident or \$ _____ SL |                                       |                                       |

List All Locations To Be Covered for bodily injury and property damage liability –

Location No. 1 – Address _____ _____
Location No. 2 – Address _____ _____

- (b) **NUMBERS (sets) OF PLATES HELD BY YOU:** \_\_\_\_\_

(ENTIRE APPLICATION MUST BE COMPLETED)

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES      Maximum limit of any one unit: \_\_\_\_\_  
 \$250 Deductible       Specified Causes of Loss  
 \$500 Deductible       Collision  
 Other Deductible \_\_\_\_\_

Legal Liability  
 Direct       Primary  
 Excess

List All Locations To Be Covered –

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises
No. 2				<input type="checkbox"/> All <input type="checkbox"/> Part of Premises

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

\*Non-Reporting Form Only

Specified Causes of Loss  
 \$250 deductible       \$500 deductible  
 Collision  
 \$250 deductible       \$500 deductible

List All Locations To Be Covered –

	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 1			
No. 2			

Any loss payees?  Yes  No      If yes, give name and address of loss payee: \_\_\_\_\_

14 PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

<u>CLASS I EMPLOYEES</u>	<u>Number</u>	<u>Number</u>
<b>Definitions:</b>		
(A) Proprietors, Partners, Executives active in the business	_____	(E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles
(B) Sales Persons	_____	(F) Other employees or operations whose duty is driving garage vehicles for delivery or Driveaway
(C) General Managers	_____	(G) All other employees
(D) Service Managers	_____	

**COMPLETE ALL SECTIONS BELOW:**

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations Convictions
1.						
2.						
3.						
4.						

†Insert letter from above definitions  
 ††Part Time = less than 20 hours per week

**CLASS II EMPLOYEES**

Number

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished \_\_\_\_\_
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. \_\_\_\_\_
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto \_\_\_\_\_

List all Class II employees as defined above: \_\_\_\_\_

Name	Date of Birth	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations Convictions
1.				
2.				
3.				
4.				

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

Description of automobile to be covered:

Year	Model	Body Type	Load Capacity	Identification No.	Radius

**UNDERWRITING INFORMATION**

- 1 Are floors free of oil, grease and other flammable materials? 1.  Yes  No
- 2 Do you store gasoline on location? 2  Yes  No
- 3 Are ignition keys left in vehicles that are stored? 3  Yes  No  
If not where? \_\_\_\_\_
- 4 During working hours - where are keys to units? \_\_\_\_\_
- 5 Are windows on sides and back barred? 5.  Yes  No
- 6 Are bolt locks on all doors? 6  Yes  No
- 7. Is the front and back well lighted? 7  Yes  No
- 8 Do you have an alarm system? Type \_\_\_\_\_ 8  Yes  No
- 9 Do you have a sprinkler system? 9.  Yes  No
- 10. Do you have fire extinguishers? 10.  Yes  No
- 11 Do you deal in any of the following?
  - Mobile Homes  Yes  No \_\_\_\_\_ %
  - Trailers  Yes  No \_\_\_\_\_ %
  - Motorcycles  Yes  No \_\_\_\_\_ %
  - All Terrain Vehicles  Yes  No \_\_\_\_\_ %
  - Lawn & Garden Vehicles  Yes  No \_\_\_\_\_ %
  - Jet Skis/Waverunners  Yes  No \_\_\_\_\_ %
  - Camper Trailers (Pull Type)  Yes  No \_\_\_\_\_ %
  - Boats  Yes  No \_\_\_\_\_ %
  - Snowmobiles  Yes  No \_\_\_\_\_ %
  - Golf Carts  Yes  No \_\_\_\_\_ %
  - Motorhomes  Yes  No \_\_\_\_\_ %
  - Other (Specify) \_\_\_\_\_
- Sale, repair or installation of trailer hitch or 5<sup>th</sup> wheel connections  Yes  No \_\_\_\_\_ %
- 12 Do you rent or lease units to others? 12  Yes  No
- 13 Do you loan units to customers? 13  Yes  No

- |   |  |
|---|--|
| 14. Do you rent units to customers while their units are left for service repair?   | 14. <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 15. Do you furnish units to anyone?   | 15. <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 16. Are customers permitted to test drive?<br>Accompanied by a salesperson?   | 16. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. Do you service customers vehicles? If yes _____ % Receipts<br>Are they stored in building?  | 17. <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Do you sell parts and accessories? Receipts _____ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Accessories | 18. <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 19. Are units consigned? If yes _____ %   | 19. <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 20. Are you involved in the sale of distribution of butane, propane or any other liquefied gas held under pressure?                                   | 20. <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 21. Do you weld gas tanks?  | 21. <input type="checkbox"/> Yes <input type="checkbox"/> No   |

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of the Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below)

Will premium be financed?  Yes  No If yes, with whom \_\_\_\_\_

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote

Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

Applicant's Representative's Name and Address

Phone No.