AGENCY CUSTOMER ID: _____

ACORD®

GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

BUSINESS / VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES		AUTO DEALERS ☐ FRANCHISED ☐ NON-FRANCHISED		VEHICLE STORAGE			
☐	REPAIR SHOP	☐	CAR %	TYPE OF FACILITY	LOCATION #		
☐	MOBILE HOME TRAILER DEALER	☐	TRUCK-TRACTOR %				
☐	SERVICE STATION	☐	MOTORCYCLE %	BUILDING	%	%	%
☐	COMMERCIAL TRAILER DEALER	☐	RECREATIONAL VEHICLE %	STANDARD OPEN LOT	%	%	%
☐	STORAGE / GARAGE / PUBLIC PARKING	☐	SNOWMOBILE %	NON-STANDARD OPEN LOT	%	%	%
☐		☐	%		%	%	%

COVERAGES / LIMITS

USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER		
CLASS I EMPLOYEES	REGULAR OPERATORS			
	ALL OTHERS			
CLASS II NON-EMPLOYEES	UNDER AGE 25			
	ALL OTHERS			

DEFINITIONS:

CLASS I - EMPLOYEES

REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.

ALL OTHERS - ALL OTHER EMPLOYEES

CLASS II - NON-EMPLOYEES

ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.

NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH.
2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.

DEALERS PHYSICAL DAMAGE

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS
COMPREHENSIVE	☐	☐	☐	☐	☐
SPECIFIED PERILS	☐	☐	☐	☐	☐
COLLISION	☐	☐	☐	☐	☐

NON-DEALERS PREMISES & OPERATIONS

LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
	$	
	$	
	$	

SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES $	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:

DRIVER INFORMATION

☐ ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

* MARITAL STATUS / CIVIL UNION (if applicable)

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AGENCY CUSTOMER ID: _____

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?	
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?	
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?	
4. IS TIRE RECAPPING OR RETREADING PERFORMED?	
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?	
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?	
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?	
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?	
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?	
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?	
11. DOES APPLICANT USE TOW TRUCKS?	
12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?	
13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?	
14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)	
15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)	
16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)	
17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?	
18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? **APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS:** **1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or** **2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.**	

19. INDICATE THE NUMBER OF HOISTS BY LOCATION.	LOC #:	LOC #:	LOC #:
	# OF HOISTS:	# OF HOISTS:	# OF HOISTS:

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST / CERTIFICATE RECIPIENT ☐ **ACORD 45 attached for additional names**

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
☐	LENDER'S LOSS PAYABLE					OTHER
☐	LIENHOLDER					
☐	LOSS PAYEE					
		ITEM DESCRIPTION:				

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
☐	LENDER'S LOSS PAYABLE					OTHER
☐	LIENHOLDER					
☐	LOSS PAYEE					
		ITEM DESCRIPTION:				

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
☐	LENDER'S LOSS PAYABLE					OTHER
☐	LIENHOLDER					
☐	LOSS PAYEE					
		ITEM DESCRIPTION:				

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
☐	ADDITIONAL INSURED					VEHICLE:
☐	EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
☐	LENDER'S LOSS PAYABLE					OTHER
☐	LIENHOLDER					
☐	LOSS PAYEE					
		ITEM DESCRIPTION:				

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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 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.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER