

Automobile Service Operations Application

NATIONAL INDEMNITY COMPANY OF THE SOUTH
NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Administrative Office – Omaha, Nebraska

Desired Policy Term From: _____ To: _____

GENERAL INFORMATION

1. Named Insured Information (please select one):

- | | | |
|--------------------------------------|-------|-----------------------|
| | Name | “dba” (if applicable) |
| <input type="checkbox"/> Corporation | _____ | _____ |
| <input type="checkbox"/> Partnership | _____ | _____ |
| <input type="checkbox"/> Individual | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

2. Business (physical) Address: _____

3. Mailing address: _____

4. Web Site Address: _____

5. Are you the owner of this business location? Yes No

If no, does owner of premises need to be named as additional insured? Yes No

If yes, please provide owner's complete name. _____

6. Description of Operation: _____

7. Please check those items below that are part of your repair operation:

- | | | | |
|--|-------------------|--|-------------------|
| | % of Operation | | % of Operation |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Boats | _____ |
| <input type="checkbox"/> All Terrain Vehicles | _____ | <input type="checkbox"/> Utility Trailers, Semi-Trailers, Trailers | _____ |
| <input type="checkbox"/> Motor Homes | _____ | <input type="checkbox"/> Trucks or Truck Tractors | _____ |
| <input type="checkbox"/> Farm Equipment or Implement Dealer | _____ | <input type="checkbox"/> Propane Conversions | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> LPG Systems | _____ |
| <input type="checkbox"/> Buses | _____ | <input type="checkbox"/> Lift Kit (suspension) Installation/Sales | _____ |
| <input type="checkbox"/> Private Passenger Vehicles, SUVs, and Light Trucks | _____ | <input type="checkbox"/> Contractor's Equipment | _____ |
| | | <input type="checkbox"/> Other | _____ |

8. What percentage of repair is performed at a location other than that listed in item 2 above? _____%

9. Person to contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled business since _____ (year) and has been in this type of business since _____ (year)

11. Is this a new venture? Yes No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

| Policy Term | Insurance Company Name | Premium | Description of Loss (if any) | Loss Date | Amount Paid |
|-------------|------------------------|---------|------------------------------|-----------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |

(b) Have you ever been declined, cancelled or non-renewed for this kind of insurance? 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 coverage sought in this application? Yes No

If yes, provide complete details. _____

13. (a) List major owners/shareholders/management:

| Name | Years with Company | % of Ownership |
|-------|--------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(b) What is estimated net worth of the business? _____ (c) Gross receipts last year? _____

14. Has this business entity ever filed for bankruptcy? Yes No

Date filed _____ Date released _____

15. Do you ever engage in the sale of autos? Yes No If yes, _____% of operation.

16. Do you accept vehicles on consignment? Yes No If yes, _____% of operation.

If yes, is value of consigned autos included in garagekeepers limit? Yes No

Please enclose copy of current consignment agreement.

17. Plates held by Applicant: Dealer Transporter
 Repairer Other _____

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned vehicles? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

18. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

I. LIABILITY

| | | |
|--|-------------------------|---------------------------------------|
| | Each Accident | Aggregate (Garage operations only) |
| <input type="checkbox"/> Bodily Injury & Property Damage Liability | \$ _____ | \$ _____ |
| (Property Damage Liability subject to \$100 deductible completed operations) | (Combined Single Limit) | (Maximum Aggregate Limit - 2 million) |

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

| | |
|------------------------|------------------------|
| Location No. 1 Address | Location No. 3 Address |
| Location No. 2 Address | Location No. 4 Address |

II. MEDICAL PAYMENTS

Premises Medical Payments (per person) Choose Limit : \$500 \$750 \$1,000 \$2,000 \$5,000

III. UNINSURED/UNDERINSURED MOTORISTS

**APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE
SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE
NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.**

IV. GARAGEKEEPERS COVERAGE

SPECIFIED PERILS and Collision **OR** COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

Legal Liability

Direct Primary

GARAGEKEEPERS DEDUCTIBLE: \$500 deductible per auto
 \$1,000 deductible per auto
 \$2,500 deductible per auto
 \$5,000 deductible per auto

19. List All Business Locations To Be Covered for Garagekeepers Coverage

| Loc. No. | Garagekeepers Limit | Garagekeepers | | | |
|----------|---------------------|------------------------|------------------------|--------------------|--------------------|
| | | Average Value Per Auto | Maximum Value Per Auto | Average # of Autos | Maximum # of Autos |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

20. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

| Vehicle # | Model Year | Vehicle Make & Model | Vehicle Identification Number | Gross Vehicle Weight (GVW) | Body Type (pickup, sedan, etc.) | Maximum Radius of Operation | Garaging Location (Complete Street Address, City, State & Zip) | Current Vehicle Value | Physical Damage Deductible | Is a plate permanently attached? Y or N |
|-----------|------------|----------------------|-------------------------------|----------------------------|---------------------------------|-----------------------------|--|-----------------------|----------------------------|---|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |

Check desired coverages for scheduled autos and/or plates:

- Liability (Must match the garage liability limit)
- UM Limit (policy level) \$ _____
- Medical Payments Limit (Must match the garage medical payments limit)
- Physical Damage (select type for each unit on which coverage is desired)
 - Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
 - Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

Is intow desired? Which units? _____

Intow limit: _____ Intow deductible: _____

RATING INFORMATION

21. EMPLOYEE INFORMATION (Include Independent Contractors)

| Loc. No. | Name | Job Duty or Job Title | Date of Birth | State where licensed | Drivers License # | Number of Accidents last 3 years | Number of Violations last 3 years | Explain |
|----------|------|-----------------------|---------------|----------------------|-------------------|----------------------------------|-----------------------------------|---------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

UNDERWRITING INFORMATION

22. Is the operation in question 6 your primary operation? If not, explain. _____ 22. Yes No
23. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 23. Yes No
24. (a) Do you sell tires?
_____ % of Receipts New Tires _____ % Used Tires _____ % 24. (a) Yes No
- (b) Do you recap or retread tires? (b) Yes No
25. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 25. Yes No
26. Do you hold a salvage dealer license or operate a salvage yard? 26. Yes No
27. Do you salvage cars for resale? 27. Yes No
28. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation. 28. Yes No
29. Do you weld gas tanks? 29. Yes No
30. Do you repossess autos? 30. Yes No
31. Do you sell parts?
Gross Receipts from Parts Sold but not Installed: _____
 Used Parts _____ % New Parts _____ % 31. Yes No
32. Do you have automatic car washes on location? (\$500 deductible applies) 32. Yes No
33. (a) Do you spray paint at your business location? 33. (a) Yes No
- (b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
34. What percentage of your work involves the following?
Autobody repair/Painting _____ % Sound System _____ % Window Tint _____ %
Tune up _____ % Tires _____ % Wash/Detail _____ %
Oil & Lube _____ % Upholstery _____ %
Other (describe) _____ % _____
35. Do you loan autos to customers? 35. Yes No
36. Do you rent autos to customers while their units are left for service repair? 36. Yes No
37. Do you furnish autos to anyone? 37. Yes No
38. Do you sponsor any racing events? 38. Yes No
39. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 39. Yes No
40. Do you pick up or deliver customers' autos? 40. Yes No
41. **PREMISES**
- Are customers' autos stored in building(s)? 41. Yes No
If no, describe lot (e.g. fenced, lighted, etc.) _____
- Are keys locked when stored after hours? Yes No
- Where are keys kept? Explain _____
- Are customers permitted in the service area? Yes No
- How many service bays do you have? _____ Any service pits? If so, how many? _____
- Do you have fire and smoke alarms? Yes No
- Do you have fire extinguishers? Yes No
- Do you occupy all of the premises? Yes No
- Do you lease part of premises to others? If yes, to whom? _____ Yes No
- Is your operation located at your private residence? Yes No
If yes, do you have homeowners or renters insurance? Yes 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 _____

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.

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 _____ Applicant's Representative's Agent License ID Number _____ Phone No. _____

COVERAGE ELECTION NOTICE
Regarding Uninsured Motorists Coverage
FLORIDA

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Uninsured Motorist Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the bodily injury limits are less than your damages.

Florida law requires that automobile liability policies include Uninsured Motorist Coverage at limits equal to the Bodily Injury Liability limits in your policy unless you select a lower limit offered by the company, or reject Uninsured Motorist entirely.

Please indicate whether you desire to entirely reject Uninsured Motorist Coverage, or whether you desire this coverage at limits lower than the Bodily Injury Liability limits of your policy:

- a. I hereby reject Uninsured Motorist Coverage
- b. I hereby select Uninsured Motorist limits of _____ which are lower than my Bodily Injury Liability limits.

STACKING OF UNINSURED MOTORISTS LIMITS APPLIES ONLY TO CLASS I INSUREDS (THE NAMED INSURED, IF AN INDIVIDUAL, AND ANY FAMILY MEMBERS). CLASS II INSUREDS ARE NOT REQUIRED TO COMPLETE THIS SECTION.

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorist)

You have the option to purchase, at a reduced rate, a non-stacked (limited) type of Uninsured Motorist Coverage. Under this form if injury occurs in a vehicle owned or leased by you or any family member who resides with you, this policy will apply only to the extent of coverage (if any) which applies to that vehicle in this policy. If an injury occurs while occupying someone else's vehicle, or you are struck as a pedestrian, you are entitled to select the highest limits of Uninsured Motorist Coverage available on any one vehicle for which you are a named insured, insured family member, or insured resident of the named insured's household. This policy will not apply if you select the coverage available under any other policy issued to you or the policy of any other family member who resides with you.

If you do not elect to purchase the non-stacked form, your policy limit(s) for each motor vehicle are added together (stacked) for all covered injuries. Thus, your policy limits would automatically change during the policy term if you increase or decrease the number of autos covered under the policy.

- I hereby elect the non-stacked form of Uninsured Motorist Coverage.

I understand and agree that selection of one of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability limits. If I decide to select another option at some future time, I must let the company or my agent know in writing.

Signed: _____
(Named Insured)

Date: _____

NO FAULT COVERAGE - In accordance with Florida Statutes, you must carry no-fault insurance of \$10,000. If your motor vehicles are owned by an individual or husband and wife, the named insured may elect a deductible and exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident. Deductible or reduced benefits are not available to a partnership, corporation or other non-individual entity. Please choose either A or B.

- | | |
|--|--|
| <p>A. \$10,000 Coverage (no deductible)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Exclude work loss for Named Insured <input type="checkbox"/> Exclude work loss for Named Insured and Dependent Relatives | <p>B. \$10,000 Coverage less Deductible of *\$ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Named Insured <input type="checkbox"/> Named Insured and Dependent Relatives <p>*Deductible Available (\$250) (\$500) (\$1,000)</p> |
|--|--|

Applicant's Signature _____

Applicant's Signature _____