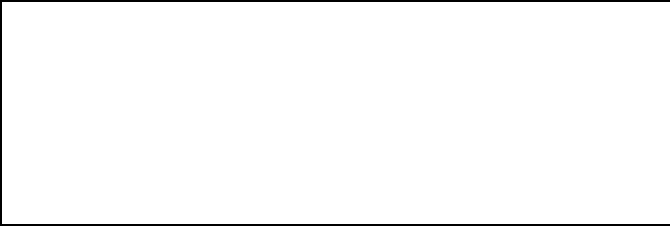


Motorcycle & Recreational Vehicle Dealers Garage Application (Motorhomes not included)



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

Desired Policy Term From: _____ To: _____

Administrative Office – Omaha, Nebraska

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. Type of Operation:

- Franchised Dealer Non-Franchised Dealer Repair Shop Service Station

8. Please check those items below that are part of your dealer operation:

- | | % of
Operation | | % of
Operation |
|--|-------------------|---|-------------------|
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> Camper Trailers (pull type) | _____ |
| <input type="checkbox"/> Trailers | _____ | <input type="checkbox"/> Boats | _____ |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Snowmobiles | _____ |
| <input type="checkbox"/> All Terrain Vehicles | _____ | <input type="checkbox"/> Golf Carts | _____ |
| <input type="checkbox"/> Lawn & Garden Vehicles | _____ | <input type="checkbox"/> Motorhomes | _____ |
| <input type="checkbox"/> Jet Skis/Waverunners | _____ | <input type="checkbox"/> Internet sales of ATVs,
Motorcycles, etc. | _____ |
| <input type="checkbox"/> Internet sales of parts/accessories | _____ | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Go Karts | _____ | | |

9. Person to Contact:

For Inspection (Name & Phone Number) _____

For Accounting Records (Name & Phone Number) _____

10. Current management has controlled the 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 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 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? _____

(d) How many autos did you sell in the past year? _____

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

Date filed _____ Date released _____

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

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

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): _____ Dealer _____ Transporter
_____ Repairer _____ Other

List Plate Identification Numbers assigned by the state: _____

Are plates attached to owned autos? Yes No Describe _____

Are plates attached to tow trucks? Yes No Describe _____

COVERAGE INFORMATION

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

I. LIABILITY

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

If liability coverage is desired, please also complete the following:

Limited Liability for Customers
OR (State Permitting Designate Choice)
 Unlimited Liability for Customers

AND

Passenger Hazard Included
OR (State Permitting Designate Choice)
 Passenger Hazard Excluded

Personal Injury Protection (State Permitting)

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. 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.**

III. 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

18. 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

IV. **DEALERS PHYSICAL DAMAGE** *Non-Reporting Form Only, 80% coinsurance clause applies

- Specified Causes of Loss (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

AND

- Collision (select desired deductible)
 \$500 \$1,000 \$2,500 \$5,000

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

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

19. 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) \$ _____ Is intow desired? Which units? _____
 Medical Payments Limit
(Must match the garage medical payments limit) Intow Limit: _____
 Physical Damage
(select type for each unit on which coverage is desired) Intow Deductible: _____
Unit #1: Specified Perils/Collision **OR** Comprehensive/Collision
Unit #2: Specified Perils/Collision **OR** Comprehensive/Collision
Unit #3: Specified Perils/Collision **OR** Comprehensive/Collision

RATING INFORMATION

20. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

CLASS I EMPLOYEES

Number

Number

Definitions:

- | | | | |
|--|-------|--|-------|
| (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:

Employee Driver information

Loc. No.	Name	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents	Number of Violations	Explain

*Insert letter from above definitions

**Part Time = less than 20 hours per week

CLASS II EMPLOYEES (NON-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 <u>14 years of age</u> and older regardless of whether licensed or operating vehicles. | _____ |
| (4) Any other persons furnished an auto. | _____ |

List all non-employees as defined above:

Name	Date of Birth	If Member of Household, Show Relationship	State where licensed	Driver License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

UNDERWRITING INFORMATION

21. Is the operation in question 6 your primary operation? If not, explain. _____ 21. Yes No
22. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 22. Yes No
23. (a) Do you sell tires? _____% of Receipts New Tires _____% Used Tires _____% 23. (a) Yes No
(b) Do you recap or retread tires? (b) Yes No
24. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 24. Yes No
25. Do you hold a salvage dealer license or operate a salvage yard? 25. Yes No
26. Do you salvage units for resale? 26. Yes No
27. Do you dismantle units for the purpose of re-sale of parts? If yes, _____% of operation. 27. Yes No
28. Do you weld gas tanks? 28. Yes No
29. If you sell motorcycles, please complete the following: 29. Yes No
(a) Do you sell motorcycles with engine size less than 50ccs? (a) Yes No
(b) Are these motorcycles required to be licensed for road use? (b) Yes No
(c) Is a motorcycle license required to operate these motorcycles? (c) Yes No
(d) Do you modify motorcycles that you sell? If yes, explain. _____ (d) Yes No
(e) Do you assemble motorcycle kits? If yes, in what country are the kits manufactured? _____ (e) Yes No
30. (a) Are customers allowed to test drive units overnight? 30. (a) Yes No
(b) Are customers required to wear a helmet during test drives? (b) Yes No
31. Do you sell parts? 31. Yes No
Gross Receipts from Parts Sold but not Installed: _____
 Used Parts _____% New Parts _____%
32. Do you sell accessories (e.g., helmets, gloves, shirts, jackets)? 32. Yes No
Gross Receipts from accessory sales: _____
33. Do you have automatic car washes on location? (\$500 deductible applies) 33. Yes No
34. (a) Do you spray paint at your business location? 34. (a) Yes No
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
35. Do you loan units to customers? 35. Yes No
36. Do you rent units to customers while their units are left for service repair? 36. Yes No
37. Do you furnish units to anyone? 37. Yes No
38. Do you sponsor any racing events? 38. Yes No
39. **PREMISES**
- Where are the units held for sale stored (in building, open lot, etc.)? _____ 39. Yes No
If open lot, is lot floodlighted? Yes No
Are attendants or night watchmen employed? Yes No
Is there an alarm system? If yes, what kind? _____ Yes No
Is lot fenced? Yes No
If yes, describe (e.g., chained, posts 4 feet apart). _____
- 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
- Are firearms kept on premises? 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

FLORIDA UNINSURED MOTORISTS COVERAGE ELECTION NOTICE

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 (UM) provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death. 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:



I hereby reject Uninsured Motorist Coverage

I hereby select Uninsured Motorist limits of _____

ELECTION OF NON-STACKED COVERAGE

(Do not select if you have rejected UM Coverage)

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 elect to purchase the 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.

By signing, I understand and agree that selection 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.



Named Insured or representative for all insureds



Date

FLORIDA PERSONAL INJURY PROTECTION (PIP) OPTIONS

For personal injury protection insurance, the named insured may elect a deductible and to 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 Options

- I do not want a deductible to apply to my policy's Personal Injury Protection coverage
- I do want a deductible to apply to my policy's Personal Injury Protection coverage in the manner chosen below

<u>Deductible Amount</u>	<u>Named Insured Only</u>	<u>Named Insured and All Dependent Resident Relatives</u>
\$250	<input type="checkbox"/>	<input type="checkbox"/>
\$500	<input type="checkbox"/>	<input type="checkbox"/>
\$1000	<input type="checkbox"/>	<input type="checkbox"/>

Exclusion of Work Loss Benefits Options

- Exclude Work Loss benefits for the Named Insured and All Dependent Resident Relatives
- Exclude Work Loss benefits only for Named Insured

By signing, I understand and agree that selection of the above options applies to my liability insurance policy and future renewals or replacements of such policy. If I decide to select another option at some future time, I must let the company or my agent know.



Named Insured or representative for all insureds



Date