

# Trailer Dealer 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. Type of Operation:

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Franchised Dealer            | <input type="checkbox"/> Repair Shop            | <input type="checkbox"/> Wholesale Dealer/Auto Broker |
| <input type="checkbox"/> Non-franchised Dealer        | <input type="checkbox"/> Automobile Dismantling | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Equipment & Implement Dealer |   |   |

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

|  | % of<br>Operation |  | % of<br>Operation |
|--|-------------------|--|-------------------|
| <input type="checkbox"/> Private Passenger Autos     | _____             | <input type="checkbox"/> Motor Homes                         | _____             |
| <input type="checkbox"/> Mobile Homes                | _____             | <input type="checkbox"/> Buses                               | _____             |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____             | <input type="checkbox"/> Contractor Equipment                | _____             |
| <input type="checkbox"/> Motorcycles                 | _____             | <input type="checkbox"/> Farm Equipment/Implement Dealer     | _____             |
| <input type="checkbox"/> Tractors                    | _____             | <input type="checkbox"/> Internet sales of trailers          | _____             |
| <input type="checkbox"/> Trailers                    | _____             | <input type="checkbox"/> Internet sales of parts/accessories | _____             |
|  |                   | <input type="checkbox"/> Other                               | _____             |

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? \_\_\_\_\_

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

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you accept autos 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.

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**

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

**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 to scheduled autos or plates attached to autos (UM/UIM coverage does not apply to trailers).**

**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

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 |
|          |                     |                        |                        |                    |                    |
|          |                     |                        |                        |                    |                    |
|          |                     |                        |                        |                    |                    |
|          |                     |                        |                        |                    |                    |

V. 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

- (a) Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer?  Yes  No  
 (b) Do you desire coverage?  Yes  No

(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 liability limit)      Intow Limit:\$ \_\_\_\_\_  
 Physical Damage      Intow Deductible: \$ \_\_\_\_\_  
 (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

## RATING INFORMATION

### 20. 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

- |   |   |
|---|---|
| <p>21. Is the operation in question 6 your primary operation? If not, explain. _____</p> <p>22. (a) Do you sell tires? _____% of Receipts    <input type="checkbox"/> New Tires _____%    <input type="checkbox"/> Used Tires _____%</p> <p style="padding-left: 20px;">(b) Do you recap or retread tires?</p> <p>23. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation.</p> <p>24. Do you hold a salvage dealer license or operate a salvage yard?</p> <p>25. Do you salvage cars for resale?</p> <p>26. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation.</p> <p>27. Do you weld gas tanks?</p> <p>28. Do you repossess autos?</p> <p>29. Do you sell parts?</p> <p style="padding-left: 20px;">Gross Receipts from Parts Sold but not Installed: _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Used Parts _____%    <input type="checkbox"/> New Parts _____%</p> <p>30. (a) Do you spray paint at your business location?</p> <p style="padding-left: 20px;">(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards?</p> <p>31. Do you loan autos to customers?</p> <p>32. Do you rent autos to customers while their units are left for service repair?</p> <p>33. Do you furnish autos to anyone?</p> <p>34. Do you sponsor any racing events?</p> <p>35. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing?</p> <p><b>36. PREMISES</b></p> <p style="padding-left: 20px;">Where are the units held for sale stored (in building, open lot, etc.)? _____</p> <p style="padding-left: 40px;">If open lot, is lot floodlighted?</p> <p style="padding-left: 40px;">Are attendants or night watchmen employed?</p> <p style="padding-left: 40px;">Is there an alarm system? If yes, what kind? _____</p> <p style="padding-left: 40px;">Is lot fenced?</p> <p style="padding-left: 40px;">If yes, describe (e.g., chained, posts 4 feet apart). _____</p> <p style="padding-left: 20px;">Are customers permitted in the service area?</p> <p style="padding-left: 20px;">How many service bays do you have? _____ Any service pits? If so, how many? _____</p> <p style="padding-left: 20px;">Do you have fire and smoke alarms?</p> <p style="padding-left: 20px;">Do you have fire extinguishers?</p> <p style="padding-left: 20px;">Are firearms kept on premises?</p> <p style="padding-left: 20px;">Do you occupy all of the premises?</p> <p style="padding-left: 20px;">Do you lease part of premises to others? If yes, to whom? _____</p> <p style="padding-left: 20px;">Is your operation located at your private residence?</p> <p style="padding-left: 40px;">If yes, do you have homeowners or renters insurance?</p> | <p>21.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>22. (a) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;">(b) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>23.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>24.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>25.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>26.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>27.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>28.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>29.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p><br><p>30. (a) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;">(b) <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>31.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>32.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>33.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>34.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>35.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p><br><p>36.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 20px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> |
|---|---|

**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 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 this 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.

## 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<br/>Amount</u> | <u>Named Insured<br/>Only</u> | <u>Named Insured and All<br/>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