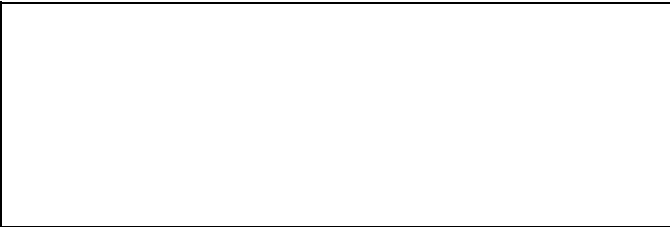


Used Auto and Motorhome Dealer Application



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
Operation | | % of
Operation |
|---|-------------------|--|-------------------|
| <input type="checkbox"/> Private Passenger Autos | _____ | <input type="checkbox"/> Motor Homes | _____ |
| <input type="checkbox"/> Mobile Homes | _____ | <input type="checkbox"/> Buses | _____ |
| <input type="checkbox"/> Motorcycles | _____ | <input type="checkbox"/> Antique Auto | _____ |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis | _____ | <input type="checkbox"/> Autos valued over \$40,000 | _____ |
| <input type="checkbox"/> Trucks over 10,000 GVW | _____ | <input type="checkbox"/> Contractor Equipment | _____ |
| <input type="checkbox"/> Tractors | _____ | <input type="checkbox"/> Internet sales of autos | _____ |
| <input type="checkbox"/> Trailers | _____ | <input type="checkbox"/> Internet sales of parts/accessories | _____ |
| <input type="checkbox"/> High Performance/ Exotic Car Sales | _____ | <input type="checkbox"/> Farm Equipment/Implement Dealer | _____ |
| | | <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? _____

(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 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)

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 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: _____

Is False Pretense Coverage desired? Yes No

If yes, select limit: \$25,000 \$50,000 \$100,000

Have you experienced any past losses pertaining to False Pretense Coverage? Yes No

If yes, explain. _____

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) \$ _____
 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

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 last 3 years	Number of Violations last 3 years	Explain

*Insert letter from above definitions

**Part Time = less than 20 hours per week

Number

CLASS II EMPLOYEES (NON-EMPLOYEES)

- | | |
|---|-------|
| (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. (a) Where do you obtain autos held for sale? _____
(b) How are they delivered? (i.e. by drive-away, tow truck, auto transporter, etc.) _____
23. (a) If by drive-away, estimated total number of trips annually: _____
(b) Who operates the units that are delivered by drive-away?
 Full-time employees Part-time employees Contractors
(c) Name(s) of drive-away operators: _____
24. Maximum Mileage per drive-away or delivery 0-150 miles Over 150 miles
(NOTE: Policy will include radius restriction based on indicated mileage):
25. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 25. Yes No
26. (a) Do you sell tires?
_____ % of Receipts New Tires _____ % Used Tires _____ % 26. (a) Yes No
(b) Do you recap or retread tires? (b) Yes No
27. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, _____ % of operation. 27. Yes No
28. Do you hold a salvage dealer license or operate a salvage yard? 28. Yes No
29. Do you salvage cars for resale? 29. Yes No
30. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, _____ % of operation. 30. Yes No
31. Do you weld gas tanks? 31. Yes No
32. Do you repossess autos? 32. Yes No
33. Do you sell parts? Gross Receipts from Parts Sold but not Installed: _____ 33. Yes No
 Used Parts _____ % New Parts _____ %
34. Do you have automatic car washes on location? (\$500 deductible applies) 34. Yes No
35. (a) Do you spray paint at your business location? 35. (a) Yes No
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b) Yes No
36. (a) Are customers permitted to test drive autos? 36. (a) Yes No
(b) If yes, are customers accompanied by a salesperson during test drives? (b) Yes No
(c) Are customers allowed test drive autos overnight? (c) Yes No
37. Do you loan autos to customers? 37. Yes No
38. Do you rent autos to customers while their units are left for service repair? 38. Yes No
39. Do you furnish autos to anyone? 39. Yes No
40. Do you sponsor any racing events? 40. Yes No
41. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 41. Yes No
42. Do you pick up or deliver customers' autos? 42. Yes No
43. **PREMISES**
- Where are the units held for sale stored (in building, open lot, etc.)? _____
- If open lot, is lot floodlighted? 43. 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

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 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