

INDEPENDENT AUTO DEALERS

Supplemental Application

GENERAL INFORMATION

<i>Dealership Name</i>	<i>Other Named Insureds</i>	<i>Contact Name(s)</i>
<i>Mailing Address</i>		
<i>Location Address (if different than mailing address)</i>		
<i>Telephone Number</i>	<i>Cell Phone Number</i>	<i>Fax Number</i>
<i>Federal ID Number/SS #</i>	<i>Website Address</i>	<i>Years in Business</i>
<i>Current Carrier/Premium</i>		<i>Expiration Date</i>
<i>E-mail</i>		

Annual GROSS receipts for all operations: \$ _____
Auto sales receipts: \$ _____
Auto repair receipts: \$ _____
Receipts from "other" operations: \$ _____

Description of "other" operations: _____

If new venture, or in business for less than three (3) years, provide details of your industry work experience:

PROPERTY

<i>Building Value (if coverage is required)</i>			<i>Contents Value</i>
<i>Age</i>	<i>Sprinklered?</i>	<i>Square Feet</i>	<i>Type of Construction (ugrgevone)</i> Wood / Brick with Wood Roof / Block with No Wood / Block & Steel
<i>If building is over 20 years old, the years in which the following items were updated:</i> <i>Roof</i> _____			<i>Any other occupants in the building?</i> <i>If yes, what are they?</i> _____ _____
<i>Electric</i> _____			
<i>Plumbing</i> _____			
<i>Heating ad A/C</i> _____			

Auto Sales Operations

(Complete or circle appropriate answers)

Hours of Operation: _____ to _____

Number of autos sold annually: _____ % Retail _____ % Wholesale

Types of vehicles sold? Cars _____ % Vans/SUV's/Light Trucks _____ % Heavy Trucks _____ % Motorcycles _____ %

Average age of vehicles sold: _____

Maximum number of autos held for sale: _____

Average number of autos held for sale: _____

Maximum number of vehicles your lot can hold: _____

Maximum value of any one vehicle in your inventory: \$ _____

Average retail price per auto: \$ _____

Average number of calendar days an auto is held for sale: _____

Number of dealer tags: _____

Number of motorcycle tags: _____

Number of transporter plates: _____

Do others sell your autos on a consignment basis with other dealers? Yes / No

Do you sell the autos of others on a consignment basis? Yes / No

If yes, do you use a Consignment Agreement? Yes / No

If you don't, we will provide you with one that must be utilized.

Do owners, or any employee, who are provided Demos:

Have a spouse? Yes / No

Have children over age 14 living at home? Yes / No

If yes, a copy of their personal auto policy and their drivers license numbers will be required.

If no personal auto policy is in force, we will need their names and drivers license numbers.

Do you utilize a Demo Agreement with employees who are supplied demo vehicles? Yes / No

If no, we will provide you with one for you to utilize.

Do you repossess vehicles? Yes / No

Do you sell salvaged autos? Yes / No

Do you rent or lease autos to others? Yes / No

Prior to test driving, is a copy of the drivers license confirmed for all customers? Yes / No

What percent of customers are accompanied by salespeople during test drives? _____ %

Are any autos sold other than private passenger autos/vans or pick-ups? Yes / No

If yes, please describe: _____

What are the sources of autos sold? _____

Physical damage insured currently? _____

What is the distance to the furthest auction you attend? _____ miles

How many trips per month do you make to auctions? _____ trips

What percent of autos sold are picked-up or delivered further than 50 miles? _____ %

How are vehicles transported to/from auctions? _____

If transported, do you obtain Certificates of Insurance showing they have Cargo Coverage? Yes / No

Do you have tow trucks/flatbeds? Yes / No

If yes, do you also tow for others? for who? _____

Do you utilize temporary drivers? Yes / No

Are the temporary drivers listed on the Employee/Driver Information form? Yes / No

Are all employees (whether or not they drive autos) included on the driver list? Yes / No

Is there anyone else (other than your customers) who might drive the autos? Yes / No

If yes, who? _____

Where are the keys stored for the vehicles held for sale and customers vehicles? _____

How are dealer plates controlled? _____

Do you rent or lease your dealer/repair plates to others? Yes / No

Do you export autos to other countries? Yes / No

If yes, do you use "freight forwarders"? Yes / No **Ship yourself?** Yes / No

Who is responsible for the vehicle safety/damage during the exporting process? _____

Please answer and DESCRIBE applicable security measures in use:

Fence (Entire Lot):	Y/N	Gated?	Height?
Cameras:	Y/N		
Watchmen:	Y/N	Armed?	
Firearms:	Y/N		
Guard Dogs:	Y/N		
Alarm:	Y/N	Burglar, Fire, Both?	
Lights in Lot:	Y/N		
Cash, Credit Slip Controls:	Y/N		
Locked Safe for Cash, Checks & Important Documents:	Y/N		

After Sale Controls

On average, what is the length in time (in days) required for formal title transfer? _____
 Do you issue temporary plates? _____
 Is insurance coverage verified for all customers prior to delivery of vehicles? _____
 Do you "Spot" vehicles? _____
 If yes, do you use "Spot" Insurance? _____

Scheduled Vehicle(s) (if none, skip to next section)

VEH #	YEAR	MAKE	MODEL	VIN #	COST NEW	GVW	GARAGE LOCATION
1							
2							

Auto Repair Operations

Do you major repairs to autos prior to their sale? Yes / No
 Do you perform warranty work for your customers? Yes / No
 Do you perform repairs for the general public? Yes / No
 Do you subcontract repair work out to others? Yes / No
 If yes, do you obtain Certificates of Insurance that show they have
 Garagekeepers Coverage (Direct Primary)? If all above answers are No, then skip next 11. Yes / No
 Number of auto repair bays: _____
 Maximum number customers autos on premises at one time: _____
 Average number of customers autos on premises at one time: _____
 Maximum total value of customers vehicles left on your premises for repair at one time? _____
 Average total value of customers vehicles left on your premises for repair at one time? _____
 Number of licensed mechanics: _____
 Number of unlicensed mechanics: _____
 Are signs posted restricting customers from all service areas? Yes / No
 Is any body work performed? Yes / No
 If body work is performed, please describe: _____
 Who is responsible for test driving vehicles after repairs are completed? _____

Are customers furnished with loaner or rental automobiles? Yes / No
 If yes, is there a standard loaner/rental agreement in use? Yes / No
 If yes, do you confirm their insurance coverage? Yes / No
 Do any underground oil, gas or storage tanks exist? Yes / No
 If yes: # of tanks? _____
 Age of tanks? _____
 Construction of tanks? _____
 Contents in each tank? _____

The undersigned certifies that the above information is complete, true and correct.

Named Insured's Signature _____ Date: _____

DEALER PLATE AGREEMENT

I agree that at no point in time while I'm insured with Peerless Insurance Company will I rent, lease or loan a dealer plate to another party. I understand that this would be in violation of my license agreement with the State of New Jersey Department of Motor Vehicles and that this can result in the termination of my insurance program.

DEALERSHIP NAME

INSURED'S SIGNATURE

DATE

*Return to
Creative Agency Group
15 Creative Circle, Route 520
Holmdel, New Jersey 07733
Fax (732) 946-2044*

**MOTORCYCLE DEALER PLATES
UNDERWRITING INFORMATION**

1. Number of motorcycles sold per year? _____
2. Motorcycle inventory is garaged after hours? Yes No
If not, are they blocked in by other vehicles and disabled during and after hours? Yes No
3. Do you permit any test-driving of motorcycles? Yes No
4. Do you do any service or repairs to any motorcycles? Yes No
5. Do you ever use these tags for personal use? Yes No

NAMED INSURED

INSURED'S SIGNATURE

DATE

EMPLOYEE CENSUS INFORMATION

Named Insured: _____

Policy Number: _____ Effective Date: _____

Dear Client:

A review of our underwriting file indicates that we are in need of a current list of employees and non-employees for your policy. Please remember to include the names and driver information for the following individuals:

- Owners/Managers/Salespersons
- Mechanics
- Regular Auction Drivers
- Lot (get-ready) persons
- Family members with a dealer plate
- Any other non-employees with a dealer plate

#	DRIVER'S NAME	DOB	LICENSE NUMBER	ST	JOB DESCRIPTION OR NON-EMPLOYEE WITH DEALER TAG (i.e., Family Members)	FULL OR PART-TIME	DEMO PROVIDED Y/N
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note:

1. All accounts are physically inspected by the carriers. If the number of employees/non-employees differ from this list, it could result in a premium adjustment because your Liability premium is based upon this information.
2. Anyone operating any of your vehicles on a regular basis who are not listed above (especially non-employees) could possibly result in a declination or termination of coverage.

INSURED'S SIGNATURE

DATE

03/25/09

**NEW JERSEY
NOTICE OF ELECTION – PROPRIETORS AND PARTNERS
WORKERS’ COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE**

The New Jersey Workers’ Compensation Law was amended effective April 13, 2000. The amendment permits **election** by a self-employed person or partners of any partnership including partners of a limited liability partnership and members of a limited liability company actively performing services on behalf of the business to be deemed employees for the purpose of receipt of benefits and the payment of premiums. This election does not affect the insurance obligations for employees other than the self-employed person, partners or members.

The election must be made at the time the policy is purchased or renewed and must be effective at the inception date of the policy. It is important to note that the election cannot be rescinded during the policy period and that in the case of any partnership including a limited liability partnership or limited liability company, **ALL** of the partners or **ALL** of the members must elect the coverage. You will be required to pay a premium based on the remuneration and duties of the self-employed person or each partner or each member.

The insurer or insurance producer shall not be liable in an action for damages on account of the failure of a business, limited liability partnership, limited liability company or partnership to elect to obtain workers’ compensation coverage for a self-employed person, limited liability partner, limited liability company member or partner, unless the insurer or insurance producer causes damage by a willful, wanton or grossly negligent act of commission or omission.

Whether electing or rejecting coverage, it will be necessary to complete the information as requested below. This completed form must then be returned to the carrier/producer. A copy of this Notice and proof of mailing should be retained for your records.

NAME OF BUSINESS _____ COVERAGE IS ELECTED <input checked="" type="checkbox"/> COVERAGE IS REJECTED <input type="checkbox"/> BUSINESS IS A CORPORATION or OTHER FORM OR ORGANIZATION <input type="checkbox"/>			Always complete this section.																	
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Name(s) of Proprietor or ALL Partners (Please print)</th> <th style="text-align: center; border-bottom: 1px solid black;">Estimated Annual Wage</th> <th style="text-align: center; border-bottom: 1px solid black;">Duties</th> </tr> </thead> <tbody> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Name(s) of Proprietor or ALL Partners (Please print)	Estimated Annual Wage	Duties																Complete this section only when coverage is elected.
Name(s) of Proprietor or ALL Partners (Please print)	Estimated Annual Wage	Duties																		
Signature _____ Date _____ (Proprietor or a Partner)			Always complete this section.																	

Federal ID # and/or Social Security # _____ Other Employee’s Payroll \$ _____ aa _____

