

INDEPENDENT AUTO DEALERS

Supplemental Application

GENERAL INFORMATION

<i>Dealership Name</i>		<i>Contact Name</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>	

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>Type of Construction</i>
<i>Burglary/Fire Protection</i>	<i>Square Feet</i>

Auto Sales Operations

Hours of Operation: _____

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

Maximum number of autos held for sale: _____

Average number of autos held for sale: _____

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

Average retail price per auto: \$ _____

Number of dealer tags: _____

Number of motorcycle tags: _____

Do you sell the autos of others on a consignment basis with other dealers? _____

Do others sell your autos on a consignment basis? _____

Prior to test driving, is the licensing status of all customers confirmed? _____

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

Are any autos sold other than private passenger autos/vans or pick-ups? _____

If yes, please describe: _____

What are the sources of autos sold? _____

Physical damage insured currently? _____

Types of vehicles sold? _____

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? _____

Do you have tow trucks/flatbeds? _____

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

Do you utilize temporary drivers? _____

Are the temporary drivers listed on the Employee/Driver Information form? _____

Are all employees (whether or not they drive autos) included on the driver list? _____

Is there anyone else (other than your customers) who might drive the autos? _____

If yes, who? _____

Are job duties and hours per week noted on the driver list for all employees? _____

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

How are dealer plates controlled? _____

Do you rent or lease your dealer/repair plates to others? _____

Do you export autos to other countries? _____

Do you use "freight forwarders"? _____

Who is responsible for the vehicle safety/damage during transporting 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	Type:	
Lights in Lot:	Y / N		
Cash, Credit Slip Controls:	Y / N		
Locked Safe for Cash & Important Documents:	Y / N		
Other Security Measures:	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 so, do you use "Spot" Insurance? _____

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

<u>VEH #</u>	<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>VIN #</u>	<u>COST NEW</u>	<u>GVW</u>	<u>GARAGE LOCATION</u>
1							
2							
3							

Auto Repair Operations

Do you make, or have others make, major repairs to autos prior to their sale? _____
 Do you perform warranty work for your customers? _____
 Do you subcontract repair work out to others? _____
 Number of auto repair bays: _____
 Maximum number customers autos: _____
 Average number of customers autos: _____
 Number of licensed mechanics: _____
 Number of unlicensed mechanics: _____
 Are customers restricted from all service areas? _____
 Is any body work performed? _____
 If body work is performed, please describe: _____

Are customers furnished with loaner or rental automobiles? _____
 If yes, is there a standard loaner/rental agreement in use? _____

Who is responsible for test driving vehicles after repairs are completed?

Do any underground oil, gas or storage tanks exist? _____
 If yes, what are the ages and construction of the tanks?

THE FOLLOWING DOCUMENTS ARE REQUIRED:	
	<i>Copies of policies</i>
	<i>Loss runs (3 years)</i>
	<i>Completion of Employee Census Form</i>
	<i>Completion of the Motorcycle Dealer Plate Form</i>
	<i>Workers' Compensation Notice of Election Form</i>

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

