

Peerless Insurance
 Superior Dealer Program/Creative Agency Group
 15 Creative Circle, Route 520, Holmdel, New Jersey 07733
 732 946-4000

Agency: _____ Date: _____
 Producer: _____ Current Carrier: _____
 Address: _____ Current Premium
 Excluding Physical
 Damage and EPLI: _____
 Phone #: _____

Contacts/Phone #'s Dealer Principal _____ () _____
 Inspection _____ () _____
 Accounting _____ () _____

Was previous coverage cancelled or non-renewed? No Yes, explain in narrative

Named Insured: _____ Franchises (list below by location)
 _____ Loc ____: _____
 _____ Loc ____: _____
 _____ Loc ____: _____
 _____ Loc ____: _____

Mailing Address: _____ # Years in Business: current ownership _____

Policy Period From: _____ To: _____

Individual Partnership Corporation Other

Location Information

Loc #	Bldg #	Street, City, County, State, Zip Code	Interest		Occupancy
			Owned	Leased	

COMMERCIAL PROPERTY

BUILDINGS

Loc #	Bldg #	Valuation ACV, RC	Building Replacement Value (100%)	Personal Property Limit	Ordinance/Law Coverage Coverage A – Included	
					Demolition Cost	Increased Cost of Construction

Blanket Building & Personal Property Limit _____

Included:

- Agreed Value
- Equipment Breakdown Coverage
- Glass Coverage as Part of Building
- False Pretense – Parts
- Extended Replacement Cost – 25% of Blanket Limit

Earthquake Coverage Optional (Excluding California)

Flood Coverage Optional (Excluding Zones A, V)

DEDUCTIBLES

Building/Personal Property: _____

Other: _____
Description Amount

BUSINESS INCOME (Limits Section must be completed for rating purposes on basis of 1/6 monthly)

Loc #	Bldg #	Business Income Limit	Extra Expense Limit	Rental Value Limit

Included:

1. Actual Loss Sustained – 12 months – Blanket
2. Agreed Value
3. Off Premise Power & Utility Failure Including Overhead Lines
4. Waiver of 72 hour Deductible

**ADDITIONAL PROPERTY COVERAGES
AUTOMATICALLY INCLUDED**

Coverage	Limit
Broadened Premises	1,000 Feet
Real Property of Others Required by Contract	\$ 5,000
Foundations, Excavations, Grading of Land	Included
Underground pipes, flues, drains	Included
Debris Removal – Additional Limit	\$ 250,000
Fire Department Service Charge	\$ 25,000
Pollutant Clean Up and Removal	\$ 25,000
Newly Acquired or Constructed Property	180 days
Buildings	\$1,000,000
Business Personal Property	\$ 500,000
Personal Property of Others	Included
Personal Effects	\$ 10,000
Valuable Papers and Records (Cost of Research)	\$ 100,000
Property Off-Premises (Including while in Transit)	\$ 50,000
Outdoor Property	\$ 100,000
Accounts Receivable	\$ 100,000
Reward Coverage	\$ 50,000
Back-up of Sewers or Drains	\$ 100,000
Fine Arts	\$ 50,000
Fire Protective Devices	\$ 50,000
Computer Equipment and Software	\$ 50,000
Laptop/Portable Computers	\$ 5,000
Lock Replacement	\$ 1,000
Money and Securities	
Inside the Premises	\$ 10,000
Outside the Premises	\$ 10,000
Off-Premises Services Direct Damage	\$ 50,000
Consequential Loss	\$ 50,000
Claim Data	\$ 50,000
Signs (Attached)	Included

PROPERTY RATING/UNDERWRITING INFORMATION

Loc # ___ Bldg # ___ Construction: FRest Non-Comb Masonry Frame Other _____
Distance to Water: _____ Body of Water: _____
Ground Floor Area: _____ Stories _____ Total Square Feet: _____ Sprinklered? Yes No
Year Built: _____ If over 25 Year(s) provide Yr(s) Updated: Wiring _____ Plumbing: _____ Roof: _____
Prot. Class _____ Alarm Type (Describe): _____
Fire Dept: Paid Volunteer Hydrants: # within 500 ft. _____ # within 1000 ft. _____
Watchman? Yes No If yes, describe type (eg. off duty police, security company, etc.) _____
Are they armed? Yes No

Loc # ___ Bldg # ___ Construction: FRest Non-Comb Masonry Frame Other _____
Distance to Water: _____ Body of Water: _____
Ground Floor Area: _____ Stories _____ Total Square Feet: _____ Sprinklered? Yes No
Year Built: _____ If over 25 Year(s) provide Yr(s) Updated: Wiring _____ Plumbing: _____ Roof: _____
Prot. Class _____ Alarm Type (Describe): _____
Fire Dept: Paid Volunteer Hydrants: # within 500 ft. _____ # within 1000 ft. _____
Watchman? Yes No If yes, describe type (eg. off duty police, security company, etc.) _____
Are they armed? Yes No

Loc # ___ Bldg # ___ Construction: FRest Non-Comb Masonry Frame Other _____
Distance to Water: _____ Body of Water: _____
Ground Floor Area: _____ Stories _____ Total Square Feet: _____ Sprinklered? Yes No
Year Built: _____ If over 25 Year(s) provide Yr(s) Updated: Wiring _____ Plumbing: _____ Roof: _____
Prot. Class _____ Alarm Type (Describe): _____
Fire Dept: Paid Volunteer Hydrants: # within 500 ft. _____ # within 1000 ft. _____
Watchman? Yes No If yes, describe type (eg. off duty police, security company, etc.) _____
Are they armed? Yes No

Loc # ___ Bldg # ___ Construction: FRest Non-Comb Masonry Frame Other _____
Distance to Water: _____ Body of Water: _____
Ground Floor Area: _____ Stories _____ Total Square Feet: _____ Sprinklered? Yes No
Year Built: _____ If over 25 Year(s) provide Yr(s) Updated: Wiring _____ Plumbing: _____ Roof: _____
Prot. Class _____ Alarm Type (Describe): _____
Fire Dept: Paid Volunteer Hydrants: # within 500 ft. _____ # within 1000 ft. _____
Watchman? Yes No If yes, describe type (eg. off duty police, security company, etc.) _____
Are they armed? Yes No

INLAND MARINE COVERAGES

EMPLOYEE TOOLS

No Per Tool Limit

Deductible _____

Loc #	Limit Replacement Cost

OUTSIDE SIGNS

(Included in outdoor property of \$100,000 in Policy Form)

Loc #	Bldg #	Indicate Neon, Electrical, Mechanical with Description of Sign	Limit

Blanket Limit _____

ACCOUNTS RECEIVABLE

(Included \$100,000 in Policy Form)

Loc #	Bldg #	Limit	Receptacle Type	% of DUP Records

VALUABLE PAPERS

(Included \$100,000 in Policy Form)

Loc #	Bldg #	Receptacle Type – Class	Limit

ELECTRONIC DATA PROCESSING

(Included \$50,000 in Policy Form)

Loc #	Bldg #	Hardware Limit	Media	Extra Expense	Business Income	Coins.	Ded.	RC

Blanket Limit _____ (Hardware, Media, Extra Expense Combined for all Locations)

OTHER – INLAND MARINE

Loc #	Bldg #	Coverage	Description (if applicable)	Limit	Deductible

CRIME APPLICATION

Coverage	Limit	Deductible
Employee Theft *		
Forgery or Alteration *		

Class 1 Employees _____
 (All management, sales, accounting,
 cashiers & parts department)
 All other Employees _____

*These coverages are blanket and based on total number of employees for all locations. Limits available up to \$250,000.

Included \$10,000 In/\$10,000 Out in Policy Form

Theft of Money & Securities Destruction <input type="checkbox"/> Blanket <input type="checkbox"/> Schedule Exclude loc # _____	Buildings Alarmed? (Y/N) indicate type	Watchman Service (Y/N) Indicate hours	Safe Class **
Loc # _____ Deductible: _____ -Inside Limit: _____ -Outside Limit: _____			
Loc # _____ Deductible: _____ -Inside Limit: _____ -Outside Limit: _____			
Loc # _____ Deductible: _____ -Inside Limit: _____ -Outside Limit: _____			
Loc # _____ Deductible: _____ -Inside Limit: _____ -Outside Limit: _____			

CONTROLS

1. Is there an audit by:
 ___ CPA ___ Public Accountant
 ___ Staff ___ Other
2. Audit frequency:
 ___ Annual ___ Semi-annual
 ___ Quarterly ___ Other
3. Does audit include inventory?
 ___ Yes ___ No
4. Audit report is rendered to:
 ___ Owner ___ Partners
 ___ Board of Directors ___ Other
5. Are bank accounts reconciled by
 someone not authorized to deposit
 or withdraw? ___ Yes ___ No
6. Is countersignature of checks
 required? ___ Yes ___ No
 If No, who signs _____
7. Will securities be subject to joint
 control of two or more responsible
 employees? ___ Yes ___ No

Funds Transfer Fraud
 \$ _____ Limit of Insurance \$ _____ Deductible

Computer Fraud Coverage
 \$ _____ Limit of Insurance \$ _____ Deductible

Money Orders and Counterfeit Paper Currency Coverage
 \$ _____ Limit of Insurance \$ _____ Deductible

Credit Card Forgery
 \$ _____ Limit of Insurance \$ _____ Deductible

Number of Cardholders: _____

1. Welfare and Pension Plan ERISA compliance

Name of Plan(s) _____

2. Include Leased Workers? Yes No If yes, name of Labor Leasing Firm _____

GARAGE LIABILITY

Combined Bodily Injury and Property Damage Limit \$1,000,000 Occ/\$3,000,000 Aggregate (other than Auto)
 Limited Liability for Customers (unless unlimited required by law)

Property Damage Deductible: \$1,000 _____

Medical Payments: Operations Auto Combined _____ each person

Personal Injury Protection (Submit Coverage Selection Form)

Uninsured/Underinsured Motorists State Minimum Requirement \$ _____

Increased Uninsured/Underinsured Motorists - \$1,000,000 for Scheduled Individuals

Per Location Aggregate Endorsement Included

Written Demonstrator Agreement in Force: Yes No (provide copy)

If no, will Dealer agree to implement? Yes No

Drug Testing: Pre-employment Random None

Drive Other Car and Increased UM/UIM:

Name	Position/Relationship	Coverages – applicable to all listed under DOC				
		Liab.	Med	UM	Comp	Coll

EMPLOYEE BREAKDOWN

	Location #	Location #	Location #	Location #
	# of Empl	# of Empl	# of Empl	# of Empl
Regular Operators* Demos & Other Drivers				
Part-Time Regular Operators				
Full-Time All Others				
Part-Time All Others				
Non-Employees Under 25				
Non-Employees Over 25				

*Regular Operators are employees who are furnished regular use of an automobile. Included would be employees with demo privileges, parts drivers, shuttle drivers and any other employee with driving as their primary job function.

Dealer Plates	Loc #	Loc #	Loc #	Loc #

**ERRORS AND OMISSIONS
Included**

Federal Odometer/Prior Damage Disclosure - \$300,000 Aggregate
Truth in Lending - \$300,000 Aggregate
Truth in Leasing - \$300,000 Aggregate
Title - \$300,000 Aggregate
Insurance Agents - \$300,000 Aggregate

Employee Benefits Liability \$1,000,000 Occ/\$3,000,000 Aggregate
\$1,000 Deductible

Retroactive Date _____
(Attach prior Dec Page)

**ADDITIONAL LIABILITY
Included**

Product Suit Coverage – \$25,000 per Suit/\$100,000 Aggregate
Broad Form Products
Fellow Employee Liability
Hired/Non-Owned Auto
Broadened Coverage – Garages

COMMERCIAL GENERAL LIABILITY COVERAGE

Limits provided: \$3,000,000 General Aggregate
 \$3,000,000 Products – Completed Operations Aggregate
 \$1,000,000 Personal And Advertising Injury
 \$1,000,000 Each Occurrence Limit
 \$ 50,000 Fire Damage Limit – any one fire
 \$ 5,000 Medical Expense Limit – any one person
 \$1,000,000 Discrimination

Per Location Aggregate Endorsement Included

NOTE: If known non-dealership – non-garage exposures exist, complete below.

SCHEDULE OF HAZARDS

RATING AND PREMIUM BASIS – General Liability Extension Endorsement Included

Loc #	Classification	Class Code	Premium Basis

LOT PROTECTION (A: New B: Used C: Customer Vehicles)

	Loc #			Loc #			Loc #			Loc #		
	A	B	C	A	B	C	A	B	C	A	B	C
Chain Link Fence												
Post & Chain												
Guard Rail												
Lighted												
Watchman												
Guard Dogs												
Vehicles Disabled												
Lock Boxes												

Other: _____

Key Control: Describe the key control utilized (in detail) for the following:

Customer Autos: _____

New Autos: _____

Used Autos: _____

ANNUAL SALES \$:

New: _____ **Used:** _____

Service: _____ **Parts:** _____ (indicate % wholesale parts) _____

Annual Payroll: _____

UMBRELLA LIABILITY

Limit: \$ _____

Retained Limit: \$10,000 New York Only
No retained limit – all other states

Insurance – Employers Liability and Other Insurance:

Type	Carrier/Policy #	Policy Period	Limits
Employers Liability			
Other			

1. Do subcontractors carry coverage or limits less than dealer? Yes No
If yes, explain _____

2. Cost of work sublet to contractors: \$ _____

3. Is Dealer self-insured in any state: Yes No
Is Dealer subject to: Jones Act FELA Stop Gap Other: _____

4. Is Dealer an owner or partner in any business(es) other than a dealership? Yes No
If yes, explain _____

Signature of Producer (Required)

Date

CONTINGENT/INDIVIDUAL VEHICLE SUPPLEMENT

Contingent Lease Liability

Combined bodily injury & property damage \$1,000,000 CSL each accident

Dealers' Minimum Lease Requirements of:

BI _____ Each Person / _____ Each Accident / PD _____ Each Accident

OR

CSL _____ Each Accident

Total number of vehicles _____ (only leases where dealer retains title)

1. Fleet Profile: List number of each:

Private Passenger _____ (incl. Light trucks)	Buses _____
Limousines _____	Trucks _____ (over 10,000 GVW)
Van pools or taxis _____	Vehicles to municipalities _____
Other _____	_____

2. Any leases are made less than six months, explain:

Yes No Explain _____

3. Customer lease breakdown: Number of Corporate _____ Number of Personal _____

4. Does Dealer deliver or release vehicles prior to securing written evidence of insurance?

Yes No If yes, will dealer agree to change? Yes No

5. How does the dealership verify that primary coverage stays in force? _____

6. In the past three years, have any leases been terminated because of lapse of insurance or reduction in Liability limits? Yes No

7. Who is responsible to ensure leasing procedures are followed? _____

Individual Named Insured – Specified Autos (individually owned or leased autos)

Name of Individual _____
Vehicle: year _____ make _____ model _____ VIN _____
Lessor* _____
Address _____

Name of Individual _____
Vehicle: year _____ make _____ model _____ VIN _____
Lessor* _____
Address _____

Name of Individual _____
Vehicle: year _____ make _____ model _____ VIN _____
Lessor* _____
Address _____

Signature of Producer (Required)

Date

