



- MARKEL INSURANCE COMPANY
- ESSEX INSURANCE COMPANY

DEALER APPLICATION

ALL QUESTIONS MUST BE ANSWERED IN FULL
STATE SPECIFIC SIGNATURE PAGE REQUIRED

APPLICANT Name and Mailing Address

AGENT Name and Address

Proposed Policy Period from: _____ to _____

Location #1

Location #2

Individual
 Partnership
 Joint Venture
 LLC
 Corporation
 Other

Inspection and Audit Contact / Phone Number _____ Web Address _____

Years In Business: _____ Years of experience in this field: _____ Total # of Employees: _____
 (Includes owners/partners)

NATURE OF BUSINESS					
Description of Operations					
PRIOR CARRIER AND LOSS HISTORY					
Please list prior carrier for the last three years. If no prior insurance, indicate NONE					
Year	Carrier	Date of Loss	Description of Loss	Driver	
Has any company ever canceled, declined or refused to issue any similar insurance to the applicant in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain					
EMPLOYEE AND NON-EMPLOYEE INFORMATION					
YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, OWNERS, PARTNERS, OFFICERS & FAMILY MEMBERS					
Name, Driver's License # & State	Date of Birth	Position/Job Title	Violations	Hours Worked	Furnished an Auto?

HOURS WORKED: F = Full Time (Over 20 hours per week)
 P = Part Time (20 or less hours per week)
 N = Non-Employee

UNDERWRITING INFORMATION

DO YOU		YES	NO			YES	NO
1.	Sell or Repair Tires? Sold % Repaired %	<input type="checkbox"/>	<input type="checkbox"/>	11.	Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Subcontract any work out?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Post signs to keep customers away from Work area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Allow UNACCOMPANIED test drives?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Engage in auto dismantling or Salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	16.	Keep firearms on premises? (If yes, where are they stored?)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Conduct structural alterations or Frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	17.	Rent, lease or loan vehicles, machinery or Equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Offer a buy here pay here plan?	<input type="checkbox"/>	<input type="checkbox"/>	18.	Any dogs on premises?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you pick up or deliver Autos? # of trips over 500 miles per year	<input type="checkbox"/>	<input type="checkbox"/>	19.	Sell consigned units? If yes, please attach copy of consignment agreement	<input type="checkbox"/>	<input type="checkbox"/>
9.	Leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	20.	Tow any units?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are photocopies of Drivers Licenses and Ins Cards made prior to allowing test drives?	<input type="checkbox"/>	<input type="checkbox"/>	21.	Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Average # of Units on premises?				Average Value per unit?			
Maximum # of Units on premises?				Maximum value per unit?			

EXPLAIN ALL "YES" RESPONSES:

IF REPAIR IS MORE THAN 25% OF YOUR OPERATION PLEASE COMPLETE SUPPLEMENTAL REPAIR APPLICATION

LOT INFORMATION

Where are vehicles stored? *Standard Lot Non-Standard Lot Unfenced Lot Building

* A standard lot is defined as being enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height, or Bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the Lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended.

Is lot well lit? Yes No Guard dogs? Yes No

Security Guards? Yes No Armed? Yes No

Other security devices? (Cameras, alarms, etc.) Yes No

*If yes, describe

TYPES OF UNITS SOLD

Private Passenger Types, Light & Medium Trucks (0-20,000 GVW)	%
Classic/Antique or Specialty Cars?	%
Heavy, Extra Heavy Trucks & Truck Tractors (20,000+ GVW)	%
*If yes, do all drivers have a Commercial Drivers License?	%
Heavy Equipment (Specify):	%
<input type="checkbox"/> ATVs <input type="checkbox"/> Motorcycles <input type="checkbox"/> Scooters <input type="checkbox"/> Golf Carts <input type="checkbox"/> Snowmobiles	%
Boats, Jet ski's or other Watercraft	%
Motor Homes or Recreational Vehicles	%
Other (Specify):	%
	100%

TOTAL		
WORK LOCATIONS		
At Shop		%
Away From Premises (Customer's Location)		%
Away From Premises (Roadside)	<input type="checkbox"/> *Yes <input type="checkbox"/> No	%
TOTAL		<u>100%</u>
Gross Receipts	Sales \$ _____ Towing \$ _____ Repair \$ _____	

IF PROPERTY COVERAGE IS DESIRED PLEASE ATTACH ACORD APPLICATIONS

COVERAGE	LIMIT OF LIABILITY OR INSURANCE				DEDUCTIBLE
Liability Symbol(s) 21 <input type="checkbox"/> 22 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 32 <input type="checkbox"/>	Auto	\$	Each Accident		\$ BI
	Other Than Auto	\$	Each Accident		\$ PD
	Other Than Auto	\$	Aggregate Limit		
Auto Medical Pay Garage Ops Medical Combined Med Pay Symbol(s) 21 <input type="checkbox"/> 22 <input type="checkbox"/> 29 <input type="checkbox"/>	\$				
	\$				
	\$				
			CA 2505 – Garage Operations Medical Payments		
			CA 9903 – Auto Medical Payments		
Personal Injury Protection 25 <input type="checkbox"/>	\$		(Statutory Limits only)		
Uninsured and Underinsured Motorists Coverage Symbol(s) 22 <input type="checkbox"/>	\$		(Selection/Rejection form is required)		# of Plates Dealer Transporter Other
Garagekeepers Symbol 30 <input type="checkbox"/> Legal <input type="checkbox"/> Direct Primary			Per Auto Deductible/Maximum Comprehensive \$ Specified Causes \$ Collision \$ Maximum per vehicle limit \$	Per Location Limit \$ \$ \$ \$	\$ \$ \$
			Maximum # of units at any one time?		
Dealers Open Lot Symbol 31			Per Auto Deductible/Maximum Comprehensive \$ Specified Causes \$ Collision \$ Maximum per vehicle limit \$	Per Location Limit \$ \$ \$ \$	\$ \$ \$
			Maximum # of units at any one time?		
ADDITIONAL COVERAGE ENDORSEMENTS	<input type="checkbox"/> Broadened Coverage Endt (CA2514) <input type="checkbox"/> \$50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 fire legal <input type="checkbox"/> Personal Injury Liability(CA 2510) <input type="checkbox"/> Fire Legal Liability (CA 2508) <input type="checkbox"/> Insurance Agents E&O <input type="checkbox"/> Federal Odometer <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Title E&O *** In Transit limit and Temporary Additional location limit are \$65,000 or total value of DOL whichever is lower. ***				E & O Limit \$
Specifically described or any <i>owned</i> units NOT held for sale that you want coverage for Symbol(s) 27 <input type="checkbox"/>	Year, Make & Model	Cost New	Vehicle ID Number	Registered to	Plate Type
Additional Insured (Name, Address & Interest)					