COMMONWEALTH UNDERWRITERS, LTD. GARAGE APPLICATION

Please answer ALL questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

POLICY PERIOD			
1. Effective Date: Expiration Date: APPLICANT INFORMATION			
2. Individual Corporation Partnership Joint Venture Othe	r:		
3. Named Insured:			
(DBA)			
4. Mailing Address:			
5. Garaging Location #1: Garaging Location #2:			
6. Years In Business: Years of experience in this field	•		
	•		
8. Web Site Address:			
7. Inspection (Contact/Phone #): 8. Web Site Address: NATURE OF BUSINESS			
3. a. DealerNon = FranchisedPranchised with			
(RetailWholesale*AuctionConsig	gnment Sales)		
b. Non-Dealer:Repair/Service*Towing Operation0			
c*Salvage Operation/Auto Dismantling/Salvage Yard/Salvage Vel			
*If yes to Auction, Towing Operation or Salvage Operation, you must comp	plete their ad	dendum.	
10. PERCENTAGE OF OPERATION	Salag 0/	Danain 0/	
Please indicate all that applies and show percentage of operation of each: All Terrain Vehicles/Recreational Vehicles/Snowmobiles	Sales %	Kepair %	
Auto Parts:NewUsed			
Boats/Jet Skis or Other Watercrafts			
Car Wash:AttendedUnattended/Self Serve			
Emergency Vehicles:PoliceFireAmbulance			
Farm Machinery/Heavy Equipment			
Motor Homes/Mobile Homes			
Motorcycles/Scooters			
Parking Facility:PublicValet			
Private Passenger (including Pickups & Vans/SUV's)			
Storage/Impound Lot			
Service Station:Grocery SalesLiquor SalesGas Sales			
Tires:NewUsedRe-Caps/Re-Treads/Split Rim Work			
Trailers:Semi TrailersUtility Trailers 5 th Wheels			
Trucks and/or Truck Tractors (Other than Pickups & Vans/SUV's)			
Other: (Please specifically describe.)			

ADDITIONAL UNDERWRITING INFORMATION:

	Are you engaged in any other operations? <u>Yes</u> No If yes, explain	
	Do you loan, lease or rent vehicles to others? <u>Yes</u> No Do you allow customers to test drive vehicles unaccompanied? <u>Yes</u> No	If yes, explain
14.	Do you own or sponsor a race car?YesNo	
	Do you install or repair trailer hitches?YesNo	
	Do you perform any hydraulic work? <u>Yes</u> No	
17.	Do you modify, rebuild or perform conversions on vehicles?YesNo	If yes, explain
18.	Do you perform any frame straightening?YesNo	
19.	Do you repossess autos?Yes (For Hire &/or For Yourself)	No
	Do you perform any work on airbags (including any deactivating) or breathalyzers? _	
	Do you have a spray paint booth?YesNo If yes, is it U/L approved? _	YesNo
	Any animals kept on the premises?YesNo	
	Do you tow for hire?YesNo If yes, will you need a state filing?	YesNo
	What is your max radius for pickup & delivery? Miles.	10
25.	How do you transport or drive away vehicles from the places where autos are purchaseEmployeesContract DriversOther:	
26.	If you finance autos held for sale, do you:	
	a. Hold the title for final payment?YesNo	
	b. Finance for three months or less? <u>Yes</u> No	
	c. Require a certificate of insurance from the buyer?YesNo	
	When are titles transferred?	
28.	Key Control: a. Do you leave keys in the vehicles at any time?YesN	0
	b. Are keys stored in a lockbox?YesNo	
20	c. Other:	
29.	Describe your theft barriers:	
	Is your lot well lit at night?YesNo	
31.	Are signs posted to keep customers from work areas?YesNo	
32.	Are Firearms kept on the premises? <u>Yes</u> No	
33.	a. Is your lot patrolled by a security guard?Yes (Armed orUnarm	
	b. Do you have any other security devices, i.e., cameras, alarms? If yes, describe	
34.	PRIOR CARRIER / LOSS INFORMATION	
a.	Prior Carriers for the last 3 years. If no prior insurance, state "NONE".	
	Policy Period	
	Carrier	
	Policy Premium	
		Amount Reserved
	\$	\$
	\$	\$
	\$	\$
h	During the past 3 years, has any company ever cancelled, declined or refused to issue	any similar
0.	insurance to the applicant?NoYes If yes, please explain: _	•

35. E	35. EMPLOYEE AND DRIVER INFORMATION				
LIST ALL OWNERS, EMPLO	OYEES, DRIV	ERS AND HOUSEHOLD	MEMBERS	OF DRIVIN	G AGE.
Name and	Date of Birth	Violations & Accidents.	Status	Hours	Auto
Driver's License Number & State		Last Three Years		Worked	

STATUS: <u>Class I – Employees/Regular Operators</u>

- 1. Active Owners, Partners & Officers
- 2. Inactive Owners, Partners & Officers
- 3. Salesperson
- 4. Managers

Class I - All Other

- 5. Lot Person
- 6. Mechanic
- 7. Clerical
- 8. Occasional or Contract Driver
- 9. Other: _____

Class II – Non-Employees

- 10. Spouse of Owners, Partners & Officers
- 11. Children of Owners, Partners & Officers who are <u>14 years of age & older</u>. Licensed or not.
- 12. Spouse of any other person furnished an auto.
- 13. Children of any other person furnished an auto who are <u>14 years of age & older</u>. Licensed or not.

HOURS WORKED: F = Full Time (Over 20 hours per week)

- P = Part Time (20 hours or less per week)
- N = Non-Employee
- AUTO USE: A. Furnished a covered auto for business and personal use.
 - B. Uses a covered auto strictly for business use.
 - C. Does not drive a covered auto.

36.	COVERA	GE REQUESTED)		
COVERAGE		LIMITS			DEDUCTIBLES
Liability	Auto	\$	E	Each Accident	
Garage Operations	Other Than Auto	\$		Each Accident	\$
	Other Than Auto	\$		Aggregate Limit	
		Per Statue			
Personal Injury Protection	\$				\$
Medical Payments		Limit			
Auto	\$				
Premises & Operations	\$				\$
Both	\$				
		Limit			
Uninsured Motorist &/or	\$				\$
Underinsured Motorist	\$				\$
	Number of Dealer Pl	ates/Transit Plates:			
Garagekeepers				nit Per Location	
Legal	Comprehensive	\$	\$		\$
Direct Excess	Specified Causes				
Direct Primary	Of Loss	\$	\$		\$
	Collision	\$	\$		\$
Physical Damage		Limit Per Auto	Lin	nit Per Location	
Dealer's Open Lot					\$
Building	Comprehensive	\$ \$	\$		\$
Completely Fenced	Fire & Theft	\$	\$		
Not Fenced	Specified Causes				\$
	Of Loss	\$	\$		\$
Scheduled Vehicles	Collision	\$	\$		
	Number of Autos hel	d for sales at anyor	ne time:	Max	
				Average	
	Value of anyone Aut	o held for sale: \$		Max	
\$Average					
	Any vehicles on cons				
	what percentage?	%. Also need	a copy o	of agreement.	
In-Tow	Limit Per Tow Truck				\$
Service Vehicles including	g Tow Trucks, Car Ha	aulers & Wrecker	s or Spe	ecifically Descri	bed Autos:
Year Make	Body Type	Serial #		MGVW	Stated Value
Optional Coverage Not List	ted:				
- 2					
38. Loss Payee:					

39. List any Additional Insured to be named and advise what their interest is in this operation.

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor any coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COPVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, person characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicant's Signature	Title	Date
Agent: Are you personally familiar with this App Did your office control this risk in the pas	1	N0
Agent's/Broker's Name	Agent's Signature	Date

Agent's/Broker's Address