

# Motorcycle & Recreational Vehicle Dealers Garage Application

Commonwealth Underwriters, Ltd.  
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Policy Term From: \_\_\_\_\_ To \_\_\_\_\_

## GENERAL INFORMATION

1. Named Applicant (you): \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. You are: ☐ Individual ☐ Partnership ☐ Corporation
5. You are: ☐ Owner ☐ Tenant Does owner of premises need to be named as additional insured? ☐ Yes ☐ No  
If yes, owner's name: \_\_\_\_\_
6. Insurance is desired from \_\_\_\_\_ 20\_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_\_
7. Your Business is: ☐ Franchised Dealer ☐ Non-Franchised Dealer ☐ Repair Shop ☐ Service Station
8. Do you conduct any other business other than stated in item 7 from any location? ☐ Yes ☐ No
9. Person to Contact:  
For Inspection (Name & Phone Number) \_\_\_\_\_  
For Accounting Records (Name & Phone Number) \_\_\_\_\_
10. Current management has controlled the business since \_\_\_\_\_ (yr.) And has been in this type of business since \_\_\_\_\_ (yr.)
11. Is this a new venture? ☐ Yes ☐ No
12. (a) **Previous 3 Years' Carriers and any Loss Experience**

Year	Carrier	Policy Number	Loss Date	Amount Paid	Description of Loss

- (b) During the past three (3) years has any insurer cancelled or refused to renew? ☐ Yes ☐ No  
If yes, explain \_\_\_\_\_
  - (c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application? ☐ Yes ☐ No If yes, provide complete details \_\_\_\_\_
13. Limits of Liability and Coverage(s) Requested – (Check desired coverage and insert limits)

- (a) ☐ **Bodily Injury & Property Damage Liability** CSL (State Permitting) \$ \_\_\_\_\_ Each Accident Aggregate (Garage operations only)  
(Property Damage Liability – subject to \$100 deductible completed operations) \$ \_\_\_\_\_  
☐ Limited Liability for Customers (State Permitting – Designate Choice)  
☐ Unlimited Liability for Customers  
☐ **Passenger Hazard** – Financial Responsibility Limit only (State Permitting)  
☐ **Personal Injury Protection** (State Permitting)

### UNINSURED/UNDERINSURED MOTORISTS

- ☐ **Uninsured Motorists** \$ \_\_\_\_\_ each person/\$ \_\_\_\_\_ each accident or \$ \_\_\_\_\_ SL  
☐ **Underinsured Motorists** \$ \_\_\_\_\_ each person/\$ \_\_\_\_\_ each accident or \$ \_\_\_\_\_ SL

### List All Locations To Be Covered for bodily injury and property damage liability –

Location No. 1 – Address
Location No. 2 – Address

- (b) **NUMBERS (sets) OF PLATES HELD BY YOU:** \_\_\_\_\_

(ENTIRE APPLICATION MUST BE COMPLETED)

(c) **GARAGEKEEPERS LIABILITY**

ALL COVERAGES

G \$250 Deductible

G \$500 Deductible

G Other Deductible \_\_\_\_\_

Maximum limit of any one unit: \_\_\_\_\_

G **Specified Causes of Loss**

G **Collision**

G **Legal Liability**

G **Direct**

G **Primary**

G **Excess**

**List All Locations To Be Covered –**

	Garagekeepers Limit	Garagekeepers		Applicant Occupies
		Average/Maximum Value Per Auto	Average/Maximum Number of Autos	
No. 1				G All G Part of Premises
No. 2				G All G Part of Premises

(d) **DEALERS' PHYSICAL DAMAGE**

ALL COVERAGES

\*Non-Reporting Form Only

G Specified Causes of Loss

G \$250 deductible

G \$500 deductible

G Collision

G \$250 deductible

G \$500 deductible

**List All Locations To Be Covered –**

No. 1	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos
No. 2	Dealers Physical Damage Limit Per Location: \$	Average/Maximum Value Per Auto	Average/Maximum Number of Autos

Any loss payees? G Yes G No If yes, give name and address of loss payee: \_\_\_\_\_

14. **PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:**

CLASS I EMPLOYEES

Number

Number

**Definitions:**

(A) Proprietors, Partners, Executives active in the business \_\_\_\_\_

(B) Sales Persons \_\_\_\_\_

(C) General Managers \_\_\_\_\_

(D) Service Managers \_\_\_\_\_

(E) Other employees whose principal duty \_\_\_\_\_

is driving garage vehicles or who are  
furnished garage vehicles

(F) Other employees or operations whose \_\_\_\_\_

duty is driving garage vehicles for  
delivery or Driveaway

(G) All other employees \_\_\_\_\_

**COMPLETE ALL SECTIONS BELOW:**

Driver information (list all drivers to be covered including family members not residents of the household who are furnished automobiles).

Name	†Duties or Title	Full Time (FT) ††Part Time (PT)	Date of Birth	Driver License Number	State	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.						
2.						
3.						
4.						

†Insert letter from above definitions

††Part Time = less than 20 hours per week

**CLASS II EMPLOYEES****Number**

Complete for all Non-Employee drivers defined as follows:

- (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished. \_\_\_\_\_
- (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished. \_\_\_\_\_
- (3) List all members of your household who are 14 years of age and older regardless of whether licensed or operating vehicles.
- (4) Any other persons furnished an auto.

**List all Class II employees as defined above:**

Name	Date of Birth	If Member of Household Show Relationship	Driver License Number	Driving Record – 3 Years Detailed description of all Accidents, Violations, Convictions
1.				
2.				
3.				
4.				

The Policy may be extended to cover only one four-wheel automobile of the Truck or Commercial Type with a load capacity of 1500 pounds or less provided such Vehicle is Specifically Described in the Policy – The Policy will not extend to cover any additional Vehicle nor any Private Passenger Automobile.

**Description of automobile to be covered:**

Year	Model	Body Type	Load Capacity	Identification No.	Radius

**UNDERWRITING INFORMATION**

1. Are floors free of oil, grease and other flammable materials? 1. G Yes G No
2. Do you store gasoline on location? 2. G Yes G No
3. Are ignition keys left in vehicles that are stored? 3. G Yes G No
- If not where? \_\_\_\_\_
4. During working hours - where are keys to units? \_\_\_\_\_
5. Are windows on sides and back barred? 5. G Yes G No
6. Are bolt locks on all doors? 6. G Yes G No
7. Is the front and back well lighted? 7. G Yes G No
8. Do you have an alarm system? Type \_\_\_\_\_ 8. G Yes G No
9. Do you have a sprinkler system? 9. G Yes G No
10. Do you have fire extinguishers? 10. G Yes G No
11. Do you deal in any of the following?
 

Mobile Homes	G Yes	G No	_____ %	Camper Trailers (Pull Type)	G Yes	G No	_____ %
Trailers	G Yes	G No	_____ %	Boats	G Yes	G No	_____ %
Motorcycles	G Yes	G No	_____ %	Snowmobiles	G Yes	G No	_____ %
All Terrain Vehicles	G Yes	G No	_____ %	Golf Carts	G Yes	G No	_____ %
Lawn & Garden Vehicles	G Yes	G No	_____ %	Motorhomes	G Yes	G No	_____ %
Jet Skis/Waverunners	G Yes	G No	_____ %	Other (Specify) _____			
- Sale, repair or installation of trailer hitch or 5<sup>th</sup> wheel connections G Yes G No \_\_\_\_\_ %
12. Do you rent or lease units to others? 12. G Yes G No
13. Do you loan units to customers? 13. G Yes G No

