Motorcycle & Recreational Vehicle Dealers Garage Application

Commonwealth Underwriters, Ltd.
P.O. Box 5441
Richmond, VA 23220
(800) 396-6226 FAX: (804) 213-0429

	Policy Term F	rom:	To								
GENERAL	INFORMATION										
Named Applicant (you):											
Business Address:											
Mailing Address:											
You are: G Individual G Partnership G Corporation											
•	premises need to be n	named as additional in	sured? G Yes G No								
If yes, owner's name:											
	0 to		20								
Your Business is: G Franchised Dealer G Non-Franchis	ed Dealer G Re	epair Shop G S	ervice Station								
. Do you conduct any other business other than stated in item 7 from any location? G Yes G No											
Person to Contact:	•										
For Inspection (Name & Phone Number)											
For Accounting Records (Name & Phone Number)											
Current management has controlled the business since	(yr.) And has been	in this type of busine	ss since (yr.)								
Is this a new venture? G Yes G No											
(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 relative or set of the past three (3) years has any insurer cancelled or relative or past incidents, circumstances of this application? G Yes G No If yes, provide complete 	r situations which could	d give rise to a claim ι	=								
Limits of Liability and Coverage(s) Requested – (Check desired co	-	ts) Each Accident	Aggregate (Garage operations onl								
(Property Damage Liability – subject to \$100 deductible co			Ψ								
G Limited Liability for Customers	inpleted operations)										
•	- Designate Choice)										
G Unlimited Liability for Customers	Designate Onoice)										
G Passenger Hazard – Financial Responsibility Limit only (S	State Permitting)										
G Personal Injury Protection (State Permitting)	hate i cirilitarig)										
G Fersonal injury Protection (State Fermitting)											
UNINSURED/UNDERINSURED MOTORISTS											
	h nerson/\$	each accident	or \$ SL								
G Underinsured Motorists \$eac											
eαυ			υ. ψυL								
List All Locations To Be Covered for bodily injury and pro	perty damage liabilit	v –									
Location No. 1 – Address		'									
Location No. 2 – Address											

(ENTIRE APPLICATION MUST BE COMPLETED)

	ALL COVERAGES G \$250 Deductible G \$500 Deductible G Other Deductible	G Collisio	ed Cause n	s of Loss			G Lega G Direa		bility G Primar G Excess	-		
	List All Locations To	Be Covered	-	_			Caranal					
				1	Garageke Lim		Garagel Average/Maximum Value Per Auto	Aver			Applicant Occupies	
	No. 1									G A	II G Part of Premise	
	No. 2									G A	II G Part of Premise	
(d)	DEALERS' PHYSICAI	L DAMAGE										
	ALL COVERAGES											
	*Non-Reporting Form (Only	G	Specified G \$250			G \$500 deductib	ole				
			G	Collision G \$250		ole	G \$500 deductib	ole				
	List All Locations To	Be Covered	_									
	No. 1	<u>Be Govered</u>				alers Phy r Location	rsical Damage Limit n: \$		verage/Max Value Per A		Average/Maximur 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 Y	es G No	If yes, g	give name	and add	dress of	loss payee:	<u> </u>				
	OVIDE TOTAL NUMBE SS I EMPLOYEES	R OF EMPLO	OYEES IN	I EACH OF	F THE FO		ING CATEGORIES	3:			Number	
(A) (B) (C)	nitions: Proprietors, Partners, I Sales Persons General Managers	Executives ac	tive in the	business		_ _ _	(E) Other emplois driving ga	rage rage	vehicles or vehicles	who are	e	
(D)	Service Managers						(F) Other emplo duty is drivir delivery or D (G) All other em	ng gai Drivea	rage vehicle way		se	
	MPLETE ALL SECTIO			dudhe e C	m!ls	ab a ·	t manislants of the t	= - !	ت خاندر امام		and nutrees the state	
טוזע	er information (list all d	iivers to be co	†Duties	Full Time (FT)	e Dat	nbers no				Drivir	ned automobiles). ng Record – 3 Years iled description of all	
	Name		or Title	††Part Time (PT)		Birth	Driver License Num	nber	State		cidents, Violations, Convictions	
1.												

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

	(2) Any active or inachas been furnishe	Employee drive orietor, inactive ctive proprietor' ed. of your househ	executives, execu	e or inactive par tive's or partner'	tner to whom a covered 's household member to age and older regardles	o whom a	covered a	iuto	Numb	<u></u>		
	List all Class II emp	loyees as defii	ned abo	ve:	•							
	N	lame		Date of Birth	If Member of Household Show Relationship	Driver	License Nu	mber	Detaile Accid	Record – d description lents, Viola Conviction	on of all ations,	
	1.											
	2.											
	3.											
	4.											
	Passenger Automobil Description of autor	le.		scribed in the Po	olicy – The Policy will n	ot extend	to cover a	ny addi	uonai Vehi	ue nor an	y Private	
	Year	Year Model Body Type Load Capacity Identification						ation No	э.	R	Radius	
	A (1 ((1)				RITING INFORMATI	ON			4	C 1/4	0 N	
1. 2.	Are floors free of oil, of Do you store gasoline	_	er flamm	able materials?						. G Yes	G No G No	
	Are ignition keys left i		are store	2 4 2						. G Yes	G No	
Ο.	If not where?	in venicies that	are store	,u :					0.	0 103	0110	
4.	·	- where are ke	ys to uni	ts?								
5.	Are windows on sides								5.	. G Yes	G No	
6.	Are bolt locks on all d	loors?							6	. G Yes	G No	
7.	Is the front and back	well lighted?							7.	. G Yes	G No	
8.	Do you have an alarn	n system? Type	·						8	. G Yes	G No	
9.	Do you have a sprink	ler system?							9	. G Yes	G No	
0.	Do you have fire extir	nguishers?							10	. G Yes	G No	
1.	Do you deal in any of	the following?										
	Mobile Homes	G Yes	G No	%	Camper Trailers (Pu	II Type)	G Yes	G No		%		
	Trailers	G Yes	G No	%	Boats		G Yes	G No		%		
	Motorcycles G Yes G No % Sr			Snowmobiles		G Yes G No			%			
							o%					
	Lawn & Garden Vehic		G No	%	Motorhomes		G Yes	G No		%		
	Jet Skis/Waverunners		G No	%						-		
_	Sale, repair or installa			wheel connect	ions G Yes G N	No	%		_	6.17	. • •	
2.	Do you rent or lease									. G Yes	G No	
3.	Do you loan units to o	customers?							13.	. G Yes	G No	

(Time and Date Boo	und by General Agent)		(Name of Per	son in Company General	Agent's Off	fice Binding	Coverage)
G Please issue policy effective(Time and Date Boo	=	Cover	age was bou	ind by			
G Please bind at earliest possible date and issue poli	icy						
G Please quote							
REQUEST TO COMPANY GENERAL AGENT:				_			
How long have you known applicant?		•					
Is this new business to your office?				unt?			
Is this direct business to your office?	If not, explain						
TO BE COM	MPLETED BY APPLI	ICANT'S	REPRESEN	TATIVE			
Witness	Applicant's Signature	•		Date	Э		
to the policy which increases the Company's liability, the The Applicant agrees that any inspection of autos, we that may be provided by the Company, is made for the oparty in any respect. The Applicant understands that an inquiry may be reinformation the Company deems necessary in determing provided to the Applicant regarding any investigation. The Applicant represents that she/he has completed signed below (or if Applicant is a Corporation a corporation will premium be financed? G Yes G No If the IT IS A CRIME TO KNOWINGLY PROVIDE FOR THE PURPOSE OF DEFRAUDENIAL OF INSURANCE BENEFITS.	rehicles, equipment, puse and benefit of the made into the charactering whether to bind of all relevant sections are officer has signed yes, with whom	e Companer, finance or maintains of the Apid below).	operations, or only, and is es, driving reconnected to coverage. plication price MISLEAD	or inspection of any other not to be relied upor cords, and other person upon written request or to execution and the point of the execution and	ner matter on by the A conal and b on addition at the App	relating to police the police to the police	o insurance or any other any other packground ation will be spersonal
and answers in issuing any policy or subsequent renew may rescind any policy or subsequent renewal it may is If any jurisdiction in which the Applicant intends to o	val. The Applicant agossue.	rees that i	f its stateme	nts and answers are	materially	/ false, the	e Compan
funds for the Company, and may not modify or inte The Applicant agrees that the foregoing statements	=			icant requests the Co	mnanyto	rely on its	statement
Applicant's agent and not on behalf of the Company	. The Applicant's Re	epresenta	ntive has no	-			_
MUST BE No coverage is bound until the Company advises effective date and in accordance with all policy terms. T		represent	ative that a	policy will be issued a		-	
21. Do you weld gas tanks?					21.	G Yes	G No
20. Are you involved in the sale of distribution of butar	ne, propane or any o	ther lique	ied gas held	under pressure?		G Yes	G No
19. Are units consigned? If yes%						G Yes	G No
Do you sell parts and accessories? Receipts		G New	G Used	G Accessories		G Yes	G No
Are they stored in building?						G Yes	G No
17. Do you service customers vehicles? If yes,	% Receipts				17.	G Yes	G No
Accompanied by a salesperson?						G Yes	G No
16. Are customers permitted to test drive?					16.	G Yes	G No
15. Do you furnish units to anyone?	•				15.	G Yes	G No
	e left for service repa	all ?			14.	G Yes	G No