



# GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

|                             |   |  |  |                    |                     |
|-----------------------------|---|--|--|--------------------|---------------------|
| AGENCY<br><br>              | <b>Associated Underwriters</b><br>9412 Giles Road<br>La Vista, NE 68128<br><br>Phone: 402.592.0900<br>Fax: 402.592.0962 | <b>APPLICANT</b><br>(First Named Insured)    |  |                    |                     |
| CODE: _____ SUB CODE: _____ |   | EFFECTIVE DATE: _____ EXPIRATION DATE: _____ |  | DIRECT BILL: _____ | PAYMENT PLAN: _____ |
| AGENCY CUSTOMER ID: _____   |   | FOR COMPANY USE ONLY                         |  | AGENCY BILL: _____ | AUDIT: _____        |

### BUSINESS/VEHICLE STORAGE INFORMATION

| AUTO SERVICE OPERATIONS OR TRAILER SALES | AUTO DEALERS             |                          | VEHICLE STORAGE      |                       |            |
|--|--------------------------|--------------------------|----------------------|-----------------------|------------|
|  | FRANCH SED               | NON-FRANCHISED           |                      | TYPE OF FACILITY      | LOCATION # |
| REPAIR SHOP                              | <input type="checkbox"/> | <input type="checkbox"/> | CAR                  |                       |            |
| MOBILE HOME TRAILER DEALER               | <input type="checkbox"/> | <input type="checkbox"/> | TRUCK-TRACTOR        |                       |            |
| SERVICE STATION                          | <input type="checkbox"/> | <input type="checkbox"/> | MOTORCYCLE           | BUILDING              |            |
| COMMERCIAL TRAILER DEALER                | <input type="checkbox"/> | <input type="checkbox"/> | RECREATIONAL VEHICLE | STANDARD OPEN LOT     |            |
| STORAGE/GARAGE/PUBLIC PARKING            | <input type="checkbox"/> | <input type="checkbox"/> | SNOWMOBILE           | NON-STANDARD OPEN LOT |            |
|  |                          |                          |                      |                       |            |

### COVERAGES/LIMITS

**USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION**

### AUTO DEALERS OPERATORS

| CLASS OF OPERATORS |                   | BY LOCATION NUMBER |  |  | DEFINITIONS:  |
|--------------------|-------------------|--------------------|--|--|---|
| CLASS I            | REGULAR OPERATORS |                    |  |  |   |
| EMPLOYEES          | ALL OTHERS        |                    |  |  | CLASS I - EMPLOYEES<br>REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.<br>ALL OTHERS - ALL OTHER EMPLOYEES  |
|                    | UNDER AGE 25      |                    |  |  |   |
| NON-EMPLOYEES      | ALL OTHERS        |                    |  |  | CLASS II - NON-EMPLOYEES<br>ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.<br>NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH.<br>2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT. |

### DEALERS PHYSICAL DAMAGE

### NON-DEALERS PREMISES & OPERATIONS

| COVERAGE         | NEW | USED | YOUR INTEREST IN COVERED AUTOS YOU OWN | YOUR INTEREST ONLY IN FINANCED COVERED AUTOS | YOURS AND FINANCED INTERESTS IN COVERED AUTOS | LOC # | ESTIMATED ANNUAL REMUNERATION | # EMPLOYEES |
|------------------|-----|------|--|--|---|-------|-------------------------------|-------------|
| COMPREHENSIVE    |     |      |  |  |   |       | \$                            |             |
| SPECIFIED PERILS |     |      |  |  |   |       | \$                            |             |
| COLLISION        |     |      |  |  |   |       | \$                            |             |

### SERVICE OR REPAIR SHOPS

|                       |   |
|-----------------------|---|
| ANNUAL GROSS SALES \$ | NUMBER OF GALLONS OF GAS PUMPED PER YEAR: |
|-----------------------|---|

### DRIVER INFORMATION

**ACORD 163 attached for additional drivers**

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

| DRIVER # | NAME (Include address, if required) | SEX | MAR STAT | DATE OF BIRTH | YRS EXP | YEAR LIC | DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER | STATE LIC | DATE HIRE | USE VEH # | % USE |
|----------|-------------------------------------|-----|----------|---------------|---------|----------|--|-----------|-----------|-----------|-------|
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |
|          |                                     |     |          |               |         |          |  |           |           |           |       |

**GENERAL INFORMATION**

| EXPLAIN ALL "YES" RESPONSES  | YES | NO | EXPLAIN ALL "YES" RESPONSES  | YES | NO |
|--|-----|----|--|-----|----|
| 1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?  |     |    | 11. DOES APPLICANT USE TOW TRUCKS?   |     |    |
| 2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?  |     |    | 12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?                              |     |    |
| 3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?   |     |    | 13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?             |     |    |
| 4. IS TIRE RECAPPING OR RETREADING PERFORMED?  |     |    | 14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)                           |     |    |
| 5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?   |     |    | 15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)                         |     |    |
| 6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?   |     |    | 16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc) |     |    |
| 7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?  |     |    | 17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?  |     |    |
| 8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?   |     |    | 18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?                            |     |    |
| 9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS? |     |    |  |     |    |
| 10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?  |     |    |  |     |    |

**ADDITIONAL INTEREST/CERTIFICATE RECIPIENT**

**ACORD 45 attached for additional names**

| INTEREST                                    | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|---|-------|------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> ADDITIONAL INSURED |       |                  |              |                      | VEHICLE:                |
| <input type="checkbox"/> LOSS PAYEE         |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |
| <input type="checkbox"/> LIENHOLDER         |       |                  |              |                      | OTHER                   |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |       |                  |              |                      |                         |
| <input type="checkbox"/>                    |       |                  |              |                      |                         |

ITEM DESCRIPTION:

| INTEREST                                    | RANK: | NAME AND ADDRESS | REFERENCE #: | CERTIFICATE REQUIRED | INTEREST IN ITEM NUMBER |
|---|-------|------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> ADDITIONAL INSURED |       |                  |              |                      | VEHICLE:                |
| <input type="checkbox"/> LOSS PAYEE         |       |                  |              |                      | SCHEDULED ITEM NUMBER:  |
| <input type="checkbox"/> LIENHOLDER         |       |                  |              |                      | OTHER                   |
| <input type="checkbox"/> EMPLOYEE AS LESSOR |       |                  |              |                      |                         |
| <input type="checkbox"/>                    |       |                  |              |                      |                         |

ITEM DESCRIPTION:

**REMARKS**