



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

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

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES	AUTO DEALERS		VEHICLE STORAGE		
	<input type="checkbox"/> FRANCH SED	<input type="checkbox"/> NON-FRANCHISED			
REPAIR SHOP	CAR		%	TYPE OF FACILITY	LOCATION #
MOBILE HOME TRAILER DEALER	TRUCK-TRACTOR		%		
SERVICE STATION	MOTORCYCLE		%	BUILDING	
COMMERCIAL TRAILER DEALER	RECREATIONAL VEHICLE		%	STANDARD OPEN LOT	
STORAGE/GARAGE/PUBLIC PARKING	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 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. ALL OTHERS - ALL OTHER EMPLOYEES
	UNDER AGE 25				
NON-EMPLOYEES	ALL OTHERS				CLASS II - NON-EMPLOYEES 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. 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. 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:
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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