


ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker  Associated Underwriters  
9412 Giles Road  
La Vista, NE 68128  
Phone: 402.592.0900  
Fax: 402.592.0962

Retailer: \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Individual     Partnership     Joint Venture     Corporation     Other \_\_\_\_\_

Insured's Website Address \_\_\_\_\_

Inspection and Audit Contact / Phone Number \_\_\_\_\_

Years in business \_\_\_\_\_ Years of experience in this field \_\_\_\_\_

<b>NATURE OF BUSINESS</b>						
DEALER: <input type="checkbox"/> Franchised <input type="checkbox"/> Non-Franchised <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Consigned <input type="checkbox"/> Auction						
NON-DEALER: <input type="checkbox"/> Repair Shop <input type="checkbox"/> Gas Station <input type="checkbox"/> Parking Facility						
<input type="checkbox"/> Other: _____						
<b>UNDERWRITING INFORMATION</b>						
DO YOU:		YES	NO		YES	NO
1. Engage in any other operations?		<input type="checkbox"/>	<input type="checkbox"/>	5. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input type="checkbox"/>
2. Sponsor sporting or social events?		<input type="checkbox"/>	<input type="checkbox"/>	6. Engage in auto pawning?	<input type="checkbox"/>	<input type="checkbox"/>
3. Repossess vehicles for others?		<input type="checkbox"/>	<input type="checkbox"/>	7. Allow customers in the work area?	<input type="checkbox"/>	<input type="checkbox"/>
4. Work on aircraft, or at airport, seaport or railroad premises?		<input type="checkbox"/>	<input type="checkbox"/>	8. Own or operate a car crusher or stack salvaged autos more than two high?	<input type="checkbox"/>	<input type="checkbox"/>
EXPLAIN ALL YES REPONSES:						
_____						
_____						
_____						
_____						

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Boats - Other Than Jet Skis	%	%
Buses <i>**include complete list of bus types and passenger capacity**</i>	%	%
Contractors Equipment <i>**include complete list of equipment**</i>	%	%
Emergency or Public Livery <i>**include complete list of vehicle types**</i>	%	%
Farm Equipment <i>**include complete list of equipment**</i>	%	%
Golf Carts	%	%
Heavy Truck (over 26,000 GVW) <i>**supplement required**</i>	%	%
Jet Skis	%	%
Kit Cars or Other Auto Manufacturing	%	%
Mobile Homes (non-motorized)	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i>	%	%
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	%	%
Recreational Vehicles, Motorhomes and Campers	%	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Dismantling / Salvage	%	Gasoline Station - Self Service	%
Auto Maintenance or Repair Incl Bedliner	%	Impound Yards	%
Auto Painting with UL approved spray booth	%	Mobile Auto Repair / Roadside Assistance	%
Auto Painting without UL approved spray booth	%	Oil/Lube Service	%
Auto Parts (uninstalled) <i>Receipts:</i>	%	Parking Lots & Garages (self park)	%
Body Shop	%	Tire Dealers - New	%
Butane, Propane or other Liquefied Gas Sales	%	Tire Dealers - Used, Retreads or Split Rims	%
Car Wash - Full Service	%	Trailer Hitch Installation or Repair	%
Convenience Store <i>Receipts:</i>	%	Upholstery	%
Detailing	%	Valet Parking <i>**supplement required**</i>	%
Driveaway Contractor or Wrecker Service	%	Van Conversion	%
Frame or Unibody Straightening	%	Welding	%
Fuel Conversion	%	Window Tinting	%
Gasoline Station - Full Service	%	Windshield Installation/Repair	%
Other:			%

VEHICLE STORAGE & VALUES			
Owned Autos		Non-Owned Autos	
How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot		How are vehicles stored? <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Building <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot	
Maximum value any one Auto? _____ Maximum number of Autos? _____		Maximum value any one Auto? _____ Maximum number of Autos? _____	

*\*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot Any other type of protection or fencing. Unprotected Lots: All Other*

**EMPLOYEE AND NON-EMPLOYEE INFORMATION**

YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR  
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS

Loc #	Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use

- STATUS:
- |                                       |  |
|---------------------------------------|--|
| 1. Active Owner, Partner or Officer   | 7. Spouse of Owner, Partner or Officer             |
| 2. Inactive Owner, Partner or Officer | 8. Children of Owner, Partner or Officer           |
| 3. Salesperson                        | 9. Spouse of any other person furnished an auto    |
| 4. Lot Person                         | 10. Children of any other person furnished an auto |
| 5. Mechanic                           | 11. Occasional or Contract Driver                  |
| 6. Clerical                           | 12. Other _____                                    |

HOURS WORKED:  
 F = Full Time (Over 20 hours per week)  
 P = Part Time (20 or less hours per week)  
 N = Non-Employee

AUTO USE:  
 A = Furnished a covered auto for personal use  
 B = Uses a covered auto strictly for business use  
 C = Does not drive a covered auto

**THREE-YEAR PRIOR CARRIER AND LOSS HISTORY**

Current Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_  
 Prior Carrier \_\_\_\_\_ Policy Period \_\_\_\_\_ Policy Premium \_\_\_\_\_

If there is no prior insurance, check the box.

Date of loss	Amount paid/reserve	Description of loss including driver

If there are no prior losses, check the box.

## COVERAGES & LIMITS

Garage Liability	Limit of Liability Auto _____ Each Accident Other Than Auto _____ Each Accident Other Than Auto _____ Aggregate Limit	Deductible _____
<input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision <input type="checkbox"/> False Pretense	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision
<input type="checkbox"/> Garagekeepers <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary  <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input type="checkbox"/> Collision	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision
Medical Payments	_____ Auto      _____ Garage Operations	
<input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Hired Auto <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Personal Injury Liability		
<input type="checkbox"/> Additional Insured  <input type="checkbox"/> Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____	
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident _____ Each Accident	Number of Dealer Tags: _____
Personal Injury Protection	_____ Per Statute	
Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles		
Dealer's Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O		
<input type="checkbox"/> Scheduled Auto Liability or Physical Damage: <b>Complete the Scheduled Auto Supplement</b>		

### ADDITIONAL INFORMATION

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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 coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. 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.

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature