



- MARKEL INSURANCE COMPANY
- ESSEX INSURANCE COMPANY

DEALER APPLICATION
 ALL QUESTIONS MUST BE ANSWERED IN FULL
 STATE SPECIFIC SIGNATURE PAGE REQUIRED

APPLICANT Name and Mailing Address

AGENT Name and Address

Proposed Policy Period from: _____ to _____

Location #1

Location #2

- Individual
 Partnership
 Joint Venture
 LLC
 Corporation
 Other

Inspection and Audit Contact / Phone Number _____ Web Address _____

Years In Business: _____ Years of experience in this field: _____ Total # of Employees: _____
 (Includes owners/partners)

NATURE OF BUSINESS					
Description of Operations					
PRIOR CARRIER AND LOSS HISTORY					
Please list prior carrier for the last three years. If no prior insurance, indicate NONE					
Year	Carrier	Date of Loss	Description of Loss		Driver
Has any company ever canceled, declined or refused to issue any similar insurance to the applicant in the past three years? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please explain					
EMPLOYEE AND NON-EMPLOYEE INFORMATION					
** YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR ALL EMPLOYEES, OWNERS, PARTNERS, OFFICERS & FAMILY MEMBERS					
Name, Driver's License # & State	Date of Birth	Position/Job Title	Violations	Hours Worked	Furnished an Auto?

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

****Make sure to include any spouses, children that live in the resident household. Only children of driving age should be included. Please verify if spouse or children use a Dealer Plate for personal use.**

UNDERWRITING INFORMATION

DO YOU		YES	NO			YES	NO
1.	Sell or Repair Tires? Sold % Repaired %	<input type="checkbox"/>	<input type="checkbox"/>	11.	Repossess vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sponsor sporting or social events?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Subcontract any work out?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sponsor or own any race cars?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Post signs to keep customers away from Work area?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Allow UNACCOMPANIED test drives?	<input type="checkbox"/>	<input type="checkbox"/>	14.	Have underground storage tanks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Engage in auto dismantling or Salvage operations?	<input type="checkbox"/>	<input type="checkbox"/>	16.	Keep firearms on premises? (If yes, where are they stored?)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Conduct structural alterations or Frame straightening?	<input type="checkbox"/>	<input type="checkbox"/>	17.	Rent, lease or loan vehicles, machinery or Equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Offer a buy here pay here plan?	<input type="checkbox"/>	<input type="checkbox"/>	18.	Any dogs on premises?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you pick up or deliver Autos? # of trips over 500 miles per year	<input type="checkbox"/>	<input type="checkbox"/>	19.	Sell consigned units? If yes, please attach copy of consignment agreement	<input type="checkbox"/>	<input type="checkbox"/>
9.	Leave keys in vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	20.	Tow any units?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are photocopies of Drivers Licenses and Ins Cards made prior to allowing test drives?	<input type="checkbox"/>	<input type="checkbox"/>	21.	Engage in any other operations?	<input type="checkbox"/>	<input type="checkbox"/>
Average # of Units on premises?				Average Value per unit?			
Maximum # of Units on premises?				Maximum value per unit?			

EXPLAIN ALL "YES" RESPONSES:

IF REPAIR IS MORE THAN 25% OF YOUR OPERATION PLEASE COMPLETE SUPPLEMENTAL REPAIR APPLICATION

LOT INFORMATION

Where are vehicles stored? *Standard Lot Non-Standard Lot Unfenced Lot Building

* A standard lot is defined as being 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.

Is lot well lit? Yes No Guard dogs? Yes No

Security Guards? Yes No Armed? Yes No

Other security devices? (Cameras, alarms, etc.) Yes No

*If yes, describe

TYPES OF UNITS SOLD

Private Passenger Types, Light & Medium Trucks (0-20,000 GVW)	%
Classic/Antique or Specialty Cars?	%
Heavy, Extra Heavy Trucks & Truck Tractors (20,000+ GVW)	%
*If yes, do all drivers have a Commercial Drivers License?	%
Heavy Equipment (Specify):	%
<input type="checkbox"/> ATVs <input type="checkbox"/> Motorcycles <input type="checkbox"/> Scooters <input type="checkbox"/> Golf Carts <input type="checkbox"/> Snowmobiles	%
Boats, Jet ski's or other Watercraft	%
Motor Homes or Recreational Vehicles	%
Other (Specify):	%
	100%

TOTAL		
WORK LOCATIONS		
At Shop		%
Away From Premises (Customer's Location)		%
Away From Premises (Roadside)	<input type="checkbox"/> *Yes <input type="checkbox"/> No	%
TOTAL		<u>100%</u>
Gross Receipts	Sales \$ _____ Towing \$ _____ Repair \$ _____	

IF PROPERTY COVERAGE IS DESIRED PLEASE ATTACH ACORD APPLICATIONS

COVERAGE	LIMIT OF LIABILITY OR INSURANCE	DEDUCTIBLE																				
Liability Symbol(s) 21 <input type="checkbox"/> 22 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 32 <input type="checkbox"/>	Auto \$ Each Accident Other Than Auto \$ Each Accident Other Than Auto \$ Aggregate Limit	\$ BI \$ PD																				
Auto Medical Pay Garage Ops Medical Combined Med Pay Symbol(s) 21 <input type="checkbox"/> 22 <input type="checkbox"/> 29 <input type="checkbox"/>	\$ \$ \$ CA 2505 – Garage Operations Medical Payments CA 9903 – Auto Medical Payments																					
Personal Injury Protection 25 <input type="checkbox"/>	\$ (Statutory Limits only)																					
Uninsured and Underinsured Motorists Coverage Symbol(s) 22 <input type="checkbox"/>	\$ (Selection/Rejection form is required)	# of Plates Dealer Transporter Other																				
Garagekeepers Symbol 30 <input type="checkbox"/> Legal <input type="checkbox"/> Direct Primary	<table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Per Auto Deductible/Maximum</td> <td style="text-align: center;">Per Location Limit</td> <td></td> </tr> <tr> <td>Comprehensive</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Specified Causes</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Collision</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Maximum per vehicle limit</td> <td colspan="2" style="text-align: center;">\$ Maximum # of units at any one time?</td> <td></td> </tr> </table>		Per Auto Deductible/Maximum	Per Location Limit		Comprehensive	\$	\$	\$	Specified Causes	\$	\$	\$	Collision	\$	\$	\$	Maximum per vehicle limit	\$ Maximum # of units at any one time?			
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ADDITIONAL COVERAGE ENDORSEMENTS	<input type="checkbox"/> Broadened Coverage Endt (CA2514) <input type="checkbox"/> \$50,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 300,000 fire legal <input type="checkbox"/> Personal Injury Liability(CA 2510) <input type="checkbox"/> Fire Legal Liability (CA 2508) <input type="checkbox"/> Insurance Agents E&O <input type="checkbox"/> Federal Odometer <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Title E&O *** In Transit limit and Temporary Additional location limit are \$65,000 or total value of DOL whichever is lower. ***	E & O Limit \$																				
Specifically described or any <i>owned</i> units NOT held for sale that you want coverage for Symbol(s) 27 <input type="checkbox"/>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">Year, Make & Model</th> <th style="width:15%;">Cost New</th> <th style="width:15%;">Vehicle ID Number</th> <th style="width:15%;">Registered to</th> <th style="width:15%;">Plate Type</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Year, Make & Model	Cost New	Vehicle ID Number	Registered to	Plate Type																
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Additional Insured (Name, Address & Interest)																						

PROPERTY INFORMATION

1. Location where you conduct garage operations:
2. Coverage/Valuation Requested:

Subject of Insurance	Amount	Co-Insurance Percent	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
Building Coverage Bldg. 1 Bldg. 2						
Business Personal Property Bldg. 1 Bldg. 2						
Business Income: Bldg. 1 With Extra Expense Without Extra Expense Bldg. 2 With Extra Expense Without Extra Expense						

3. Building Information

Building No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

4. Building Improvements: Provide year updated

	Wiring	Roof	Plumbing	HVAC	Other
Bldg. 1					
Bldg. 2					

5. Operation Safeguards:

Welding: Inside Outside Safeguards: _____

SIGNATURE PAGE OF THE MARKEL INS. CO. GARAGE APPLICATION

DBA/Named Insured:

Policy Number:

NOTICE OF INSURANCE INFORMATION PRACTICES (PRIVACY)

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Any person who knowingly and with intent to defraud any insurance company or another person files 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 and subjects the person to criminal and civil penalties.

UNINSURED MOTORIST

I acknowledge I have been offered Uninsured and Underinsured motorists coverage up to the limit(s) of my bodily injury liability coverage. I have selected the limits indicated in this application.

I understand that the automobile insurance that I am buying includes an amendment which states that if I have a loss to a vehicle and am paid for that loss but don't actually repair the vehicle, any subsequent losses will be paid with the cost of the damage associated with prior losses being deducted.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

I authorize any prior insurance company to release all of my claim information to the insurance company to whom I am applying.

This application is not an insurance binder. I understand that no insurance is bound and no insurance is in effect until this signed application is approved by the insurance company to whom I am applying, or by an agent authorized by them. I agree that if this application is approved and a policy is issued by the company, I will immediately notify the agent or company of any changes in my business or operations.

I am aware that my business may be inspected and/or audited by the insurance company or their representative.

I understand that the coverage offered by this application **does not** include Workers Compensation Coverage.

I declare to the best of my knowledge that all statements herein are true and that no facts have been altered or deleted. By signing below I agree to the choices I have made on this application.

DO NOT SIGN UNTIL YOU READ

Applicant's Signature

Date

Agent's Signature

Date