



# GARAGE & AUTO DEALER APPLICATION

[Hello@k2dealerins.com](mailto:Hello@k2dealerins.com)

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

Broker Name: **The Roy Agency**  
 Broker Location: **Stallings, NC**  
 Broker Contact: **Ernie Roy**

Broker Email: [theroyagency@gmail.com](mailto:theroyagency@gmail.com)  
 Broker Phone Number: **864-541-1992**

APPLICANT INFORMATION	
Proposed effective date:	<b>10/10/2021</b> to <b>10/10/2022</b>
Name of Applicant (include DBA)	_____
Applicant is:	_____ Other Desc: _____
Mailing Address:	_____
Contact:	_____ Phone Number: _____
Website:	_____
Year Business Started	_____ Number of years experience in this field: _____
Description of Operations:	_____

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED					
	Sales		Repair		
Boats, Jet Skis*	%	%	%	%	Mobile Homes (non-motorized)
Busses, Emergency Vehicles *	%	%	%	%	Motorcycles
Bucket Trucks / Cranes / Scissor Lift	%	%	%	%	ATVs, UTVs, Scooters
Contractors Equipment, Farm Equipme	%	%	%	%	Private Passenger, Light & Medium Truck
Golf Carts	%	%	%	%	Race Cars / Street Rods
Public Livery / Transportation	%	%	%	%	Recreational Vehicles, Motor Coaches
Heavy Truck (over 26,000 GVW)	%	%	%	%	Semi Trailers
Kit Cars or Other Auto Manufacturing	%	%	%	%	Trailers - Other than Semi Trailers
No Sales (Enter 100% for Sales)	%	%	%	%	OTHER (Provide complete description):
No Service (Enter 100% for Service)	%	%	%	%	
Total (100% sales, 100% service)	<b>0.0%</b>	%	<b>0.0%</b>	%	

**\*Supplemental application required  
 Sales or Service does not equal 100%**

UNDERWRITING INFORMATION			
Do you:			
Engage in any other operations?	Choose One	Buy Here Pay Here Operations?	Choose One
Engage in fuel conversion?	Choose One	Work at airport, seaport or railroad premises?	Choose One
Engage in performance enhancements?	Choose One	Engage in Breathalyzer / ignition interlock?	Choose One
Loan or Rent autos to others?	Choose One	Manufacture / Fabricate any auto parts?	Choose One
Engage in auto pawning or auto title loans?	Choose One	Structurally alter or convert vehicles from their original factory design?	Choose One
Dismantle autos or have salvage operations?	Choose One		
Own/operate a car crusher or sell/service Salvage Autos?	Choose One		
Employee Count		Full Time	Part Time
Owners/Employees Furnished an Auto			
All Employees who primarily drive an auto (shuttle Drivers)			
All Other Employees			
Independent Contractors			
		Over 25 Yr	Under 25 Yr
Non Employees Furnished an Auto			
Grand Total		0	0

EXPLAIN ALL YES REPOSSES: \_\_\_\_\_

Do you:	
Secure all keys in a lock box or a secure cabinet away from vehicle?	Choose One
Obtain certificates of insurance from all sub-contractors?	Choose One
Accompany customers in the service/repair area?	Choose One
Store all paints and solvents in a fire resistive cabinet outside the paint booth?	Choose One
Confine all spray painting operations to an UL approved booth?	Choose One
If No, is there explosion proof lighting and adequate ventilation?	Choose One

**PRIOR INSURANCE COMPANY AND LOSS HISTORY**

	Premium	Policy Period	Eff Date	Exp Date	Payroll	Employee Cnt	Gross Sales
Current Carrier			10/10/2020	10/10/2021			
Prior Carrier			10/10/2019	10/10/2020			
Prior Carrier			10/10/2018	10/10/2019			
Prior Carrier			10/10/2017	10/10/2018			
Prior Carrier			10/10/2016	10/10/2017			

Any Lapse or uninsured periods in the past 4 years?

Choose One

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years?

Choose One

(Missouri Applicants - Do not answer this question).

If yes, explain:

**DEALER OPERATIONS**

Type of Dealer

Type of Dealer
Type of Dealer
Type of Dealer
Type of Dealer
Type of Dealer

% of Total Operation

0.0%

Number of Dealer Plates

Do you Lease, Rent, Loan, or Sell plates to others?

Choose One

Total (Must equal 100%)

**Total Must Equal 100%**

Where do you store plates when not in use?

Do you:

Obtain Drivers License and Proof of Insurance before all test drives?

Choose One

Accompany all test drives and avoid left turns?

Choose One

Allow extended or overnight test drives?

Choose One

Offer In-house financing or Buy Here / Pay Here?

Choose One

If yes, are titles transferred to customer at the beginning of the finance period

Choose One

and your business named as a lienholder?

Choose One

Radius of Operations

Choose Range

**DEALERS COVERAGES & REQUESTED LIMITS**

Coverage

Symbols

Limit

Deductible

Covered Auto Liability

22, 29 - (Owned Autos, Non Owned Autos used in garage operations)

1,000,000

0

General Liability (BI and PD)

1,000,000

0

Damage to Rented Premises

100,000

0

Personal and Advertising Injury

1,000,000

0

General Liability Agg

Agg

Products/Work Performed Agg

Agg

Loc and Ops Medical Payments

Med Pay

PIP/ No Fault or Equivalent

Symbols

Auto Med Payments

Symbols

Med Pay

Uninsured/Underinsured Motorists

Symbols

GarageKeepers - Other than Coll

Symbols

1,000

Garagekeepers - Collision

Symbols

1,000

Acts, Errors or Omissions

Excluded

0

Dealers Open Lot

(Enter Limits on SOV)

Other Than Collision Deductible (Comp)

No Coverage

Collision Deductible

No Coverage

Wind/Hail Deductible

No Coverage

Rising Water/Flood Deductible

No Coverage

Earth Movement Deductible

No Coverage

**Lot Protection Type**

**\*Standard Lot:** During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates

**\*Non-Standard Lot:** Any other type of protection.

**\*Unprotected Lot:** No theft barrier.

Not all coverages and deductibles available in all areas

**ADDITIONAL UNDERWRITING INFORMATION**

What Type of Dealer license do you hold?	Dealer License Type
Do you conduct Auto Auctions or act as an Auto Auctioneer?	Choose One
How many vehicles do you sell a year?	
How do you protect vehicles you own or are held for sale?	Protection
How do you protect customer vehicles in your care custody, control?	Protection
Do you repossess autos?	Choose One
Do you export or ship autos to other countries?	Choose One
Do you perform any Hydraulic work?	Choose One
Any rivers Under 20 or over 70 years old?	Choose One
Do you have an established store front?	Choose One
Does applicant share a premises with others or have guard dogs?	Choose One
Does applicant subcontract any works? If so what?	Choose One
Do you utilize UL approved storage containers for flammables and self closing soiled rag bins?	Choose One
Do you have any underground gasoline or underground storage tanks?"	Choose One
Paint or body work performed? If so Is spray booth NFPA compliant?	Choose One
Is booth protected by automatic sprinklers or dry chemical systems?	Choose One

**ADDITIONAL COVERAGE OPTION REQUESTS (if available may be a separate policy)**

<input type="checkbox"/> No	Garagekeepers Customer Goods Coverage	<input type="checkbox"/> No	Employment Practices Liability Coverage	Commercial Crime Coverage	
<input type="checkbox"/> No	Specified Statutes Suits Defense	<input type="checkbox"/> No	Waiver of transfer or rights	Employee Theft	<b>Crime Limits</b>
<input type="checkbox"/> No	Additional Insured where required by contract	<input type="checkbox"/> No	Employee Benefits Liability	Forger or Alteration	<b>Crime Limits</b>
<input type="checkbox"/> No	Association membership	<input type="checkbox"/> No	Driveaway Collision	Inside Premises - Robbery/Safe Burglary	<b>Crime Limits</b>
<input type="checkbox"/> No	False Pretense Garagekeepers	<input type="checkbox"/> No	Drive other Car	Outside the Premises	<b>Crime Limits</b>
<input type="checkbox"/> No	Factory Lease Returns	<input type="checkbox"/> No	Blanket Coverage	Computer Fraud	<b>Crime Limits</b>
<input type="checkbox"/> No	Property Enhancement endorsement	<input type="checkbox"/> No	Prior Damage Disclosure	Funds Transfer	<b>Crime Limits</b>
<input type="checkbox"/> No	Crime - Impersonation Fraud	<input type="checkbox"/> No	ERISA Coverage	Money Orders/Counterfeit Money	<b>Crime Limits</b>
<input type="checkbox"/> No	Cyber Liability	<input type="checkbox"/> No	Other 2	Fraudulent Impersonation	<b>Crime Limits</b>
<input type="checkbox"/> No	Customer Complain Legal Defense			Deductible Requested	<b>Crime Deduc</b>
NOT ALL COVERAGE/LIMITS ARE AVAILABLE, A REQUEST DOES NOT INDICATE EXISTENCE OF COVERAGE					

**ADDITIONAL NAMED INSURED / ADDITIONAL INSURED DETAILS**

<u>ADDITIONAL NAMED INSURED</u>	<u>LOCATION</u>	<u>INTEREST</u>
1		
2		
3		
4		
5		
6		
7		
8		

<u>ADDITIONAL INSUREDS</u>	<u>LOCATION</u>	<u>INTEREST</u>
1		
2		
3		
4		
5		
6		
7		
8		

<u>MORTGAGEE / LOSS PAYEE</u>	<u>LOCATION</u>	<u>INTEREST</u>
1		
2		
3		
4		
5		
6		
7		
8		

<u>DRIVE OTHER CAR COVERAGE</u>	<u>RELATIONSHIP TO OWNER</u>
1	
2	
3	
4	
5	
6	
7	
8	

<u>WHAT FRANCHISES DO YOU HOLD</u>	
1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

**POLICY DISCLOSURE LANGUAGE**