



# Used Auto Dealer Insurance Application

15373 Innovation Drive, Suite 250 License 0D85894  
San Diego, California 92128 garage@cresprograms.com  
Phone: 800.880.2747 Fax: 858.618.1655

## INSTRUCTIONS:

1. ALL QUESTIONS MUST BE ANSWERED IN FULL. INCOMPLETE APPLICATIONS WILL **NOT** BE PROCESSED
2. MVR'S MUST BE SUBMITTED ON **ALL** OWNERS AND EMPLOYEES

Producer: \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant Name \_\_\_\_\_  
 Business Name (DBA) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

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

Garage Location #1 \_\_\_\_\_  
 Garage Location #2 \_\_\_\_\_  
 Inspection Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_ Years in Business \_\_\_\_\_ Years of Experience in this field \_\_\_\_\_

## NATURE OF BUSINESS

Used Cars Only  Used Cars with Repair  Other: \_\_\_\_\_

Full Description of Operations: \_\_\_\_\_  
 \_\_\_\_\_

## PRIOR CARRIER / LOSS INFORMATION

Prior Carrier (Last Three Years) – If no prior attach New Business Supplement and check here

Year	Insurance Company	Premium	Date of Loss	Total Paid + Reserve	Status

Do you have knowledge of any event other than a reported loss which might give rise to a claim?  Yes  No

During the past three years, has any insurance company ever canceled, declined or refused to issue any similar insurance?  Yes  No

Explain all YES answers above \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OWNERS, PARTNERS, EMPLOYEE AND NON-EMPLOYEE INFORMATION**

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

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

FOR ADDITIONAL DRIVERS, PLEASE USE A SEPARATE SHEET

**STATUS OPTIONS**

<ol style="list-style-type: none"> <li>1. Active Owner, Partner or Officer</li> <li>2. Inactive Owner, Partner or Officer</li> <li>3. Salesperson</li> <li>4. Lot Person</li> <li>5. Mechanic</li> <li>6. Clerical</li> <li>7. Spouse of Owner, Partner or Officer</li> <li>8. Spouse of any other person furnished an auto</li> </ol>	<ol style="list-style-type: none"> <li>9. Children of Owner, Partner or Officer who are <u>14 years of age and older</u> regardless whether licensed or operating vehicles.</li> <li>10. Children of any other person furnished an auto <u>14 years of age and older</u> regardless whether <u>and older</u> regardless whether licensed or operating vehicles</li> <li>11. Occasional or Contract Driver</li> <li>12. Painter or Helper</li> <li>13. Other: _____</li> </ol>
<p><b>HOURS WORKED OPTIONS</b>                  F = Full Time (Over 20 hours per week)                  P = Part Time (20 or less hours per week)                  N = Non-Employee</p>	<p><b>AUTO USE OPTIONS</b>                  A. Furnished a covered auto for personal use                  B. Uses covered auto strictly for business use                  C. Does not drive a covered auto</p>

**DEALER UNDERWRITING QUESTIONS**

Vehicles are kept:  In Building       On Lot. If on lot, describe theft protection:

1. Distance between posts: \_\_\_\_\_      2. Use Chain?  Yes  No

3. All sides fenced?  Yes  No      4.  No lot protection.

5. Describe any other theft deterrents:

Do you only sell private passenger cars, Sport Utility vehicles or light trucks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any sales of recreation vehicles such as boats, motorcycles, or off-road vehicles? Details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any consignment of vehicles? If Yes: Please give approximate percentage of vehicles consigned: _____%	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach copy of consignment agreement. This is required.

Where do you keep keys at night? :  In Cars     In Lock Box     Other:

## DEALER UNDERWRITING QUESTIONS CONTINUED

Do you allow employees to drive cars for their own personal use or take home at night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any owner or officer married? If yes, are spouses to be: <input type="checkbox"/> Included on the policy, or <input type="checkbox"/> Excluded? Proof of other coverage is required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any owners have any children age 13 or older residing in the household? (List names and ages on Drivers List as excluded) Note: Anyone under age 18 is not eligible for coverage and will be excluded from driving where allowable by state law.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a tow truck, car hauler / trailer or dollie that can transport more than 1 auto at a time? If Yes, describe in comments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you allow customers to test drive cars unaccompanied? If Yes, Explain test drive procedure in comments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you loan, lease or rent automobiles? (If Yes, Explain further in Remarks)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or any owners or officers engaged in any other business activities or own other businesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sell salvage or rebuilt autos, dismantle autos, or have a salvage operation? (If Yes, please describe in Comments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you do any repossessions or hire out repossessions? (If Yes, explain in Comments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you do any "Buy Here - Pay Here" Sales or in-house financing? If Yes, is the registration transferred to the customer and report of sale immediately filed with the state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Motor Vehicle Records ordered prior to hiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has any insurance for this business or any other business for which you are engaged in been declined, canceled, or non-renewed in the last 3 years? Explain in Comments.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant read and understand the English Language?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide the average wholesale value of cars on the lot at any one time. This should be the minimum limit of the Dealers Physical Damage. Average Value of Cars: _____ Multiplied by the Number of Cars: _____ = \$ _____		
NUMBER OF DEALER PLATES: _____		
Comments Section:		

## PROPERTY AND PREMISES UNDERWRITING QUESTIONS

Is the premise equipped with actively engaged Central Station Burglar Alarm System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any cracks or potholes in the pavement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any fire hazards such as gas pumps, open fuel containers, paints etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there operable fire extinguishers mounted and easily accessible?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building 100% Sprinklered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of electrical wiring: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum Up to Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe the condition of the premise(s) <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Improving		
Type of Construction: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Metal/Steel <input type="checkbox"/> Other Non-combustible		
Year Built: _____ Year Updated - Wiring: _____ Plumbing: _____ Roofing: _____ HVAC: _____		
Total Area: _____ Square Feet _____ Number of Stories: _____		
Protection Class: _____	Fire District: _____	

## GARAGE LIABILITY REQUESTED LIMITS AND OPTIONS

COVERED AUTO SYMBOL: 21 - ANY AUTO WITH COVERED AUTO DEFINITION ENDORSEMENT

GARAGE LIABILITY	DEDUCTIBLE	LIMITS OF LIABILITY		
COVERED AUTO SYMBOL: 21 - ANY AUTO WITH COVERED AUTO DEFINITION ENDORSEMENT	<input type="checkbox"/> \$ 500	<input type="checkbox"/> 300,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
	<input type="checkbox"/> \$ 1,000	<input type="checkbox"/> 500,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate
		<input type="checkbox"/> 1,000,000 CSL	<input type="checkbox"/> 1X Aggregate	<input type="checkbox"/> 2X Aggregate

Requested Effective Date:

- Federal Odometer  
 Truth in Lending      \$300,000 Aggregate applies per coverage  
 Title Errors and Omissions

<input type="checkbox"/> PERSONAL INJURY LIABILITY	SAME LIMITS AS LIABILITY (NOT needed if Broadened Coverage is selected)
<input type="checkbox"/> OWNER OF PREMISES - ADDITIONAL INSURED	LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE NAME / ADDRESS
<input type="checkbox"/> BROADENED COVERAGE - GARAGE	INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability And \$50,000 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)
<input type="checkbox"/> MEDICAL PAYMENTS	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$ 5,000
<input type="checkbox"/> FIRE LEGAL LIABILITY	<input type="checkbox"/> Add Dealers Drive Away Coverage
<input type="checkbox"/> BROAD FORM PRODUCTS	SAME LIMITS AS SELECTED IN LIABILITY
UNINSURED MOTORISTS Symbol 22	UM/UIM Bodily Injury <input type="checkbox"/> \$30,000 CSL <input type="checkbox"/> Waiver of Collision Deductible

COVERAGE	PERILS		LOCATION AND LIMIT	DEDUCTIBLE
Dealer's Physical Damage Symbol 31 Your Inventory Must be Insured 100% to Value Maximum per Auto is \$35,000	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT  <input type="checkbox"/> BLANKET COLLISION		1. \$ _____  2. \$ _____  Per Car Limit: <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$35,000	Other than Collision: Per Auto and Aggregate <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$500 / \$10,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 Collision Deductible: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
GARAGEKEEPERS Symbol 30	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY <input type="checkbox"/> DIRECT EXCESS	1. \$ _____  2. \$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$500 / \$10,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000

**PROPERTY COVERAGE**

COVERAGE	Co-Ins	LIMITS	CAUSES OF LOSS	DEDUCTIBLE
Building Coverage	<input type="checkbox"/> 90% <input type="checkbox"/> 80%		<input type="checkbox"/> Special Including Theft <input type="checkbox"/> Special Excluding Theft <input type="checkbox"/> Basic	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Personal Property	<input type="checkbox"/> 90% <input type="checkbox"/> 80%		<input type="checkbox"/> Special Including Theft <input type="checkbox"/> Special Excluding Theft <input type="checkbox"/> Basic	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2500
Business Income	<input type="checkbox"/> 100% <input type="checkbox"/> 90% <input type="checkbox"/> ¼ Monthly <input type="checkbox"/> ⅓ Monthly <input type="checkbox"/> Other:		<input type="checkbox"/> Same as above <input type="checkbox"/> With Extra Expense <input type="checkbox"/> Without Extra Expense	
Outdoor Signs				
Other:				

**AGREEMENTS SECTION****INSPECTION FEE**

A fully earned Inspection fee of \$100 is charged per location for the purpose of having the insurance company arrange loss control evaluation. This fee is applicable to new policies and renewals at the discretion of the underwriter and is in effect until revoked in writing. By signing below you are agreeing to this fee.

**POLICY FEE**

A fully earned Policy fee of \$175 is charged to offset the cost of producing and delivering the policy. The Fee also offsets the cost of any endorsements adding or deleting coverages or conditions with the exception of Non-Payment Reinstatements which have their own fee. Each year a new policy is required. By signing below you are agreeing to this fee.

**NON-PAYMENT REINSTATEMENT FEE**

A fully earned fee of \$25 is charged to offset the cost of reinstatement procedures. By signing below you are agreeing to this fee

**APPLICATION AGREEMENTS**

I (the insured as shown) have reviewed all five pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date. I further agree to notify the company in writing of all new employees and independent contractors within 10 days of hiring. I understand that failure to report all employees and independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be void, subject to cancellation, or an increase in premium.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO CRES INSURANCE SERVICES, LLC.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BROKERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# CRES Risk Management Program

Enrollee:	Effective Date:
DBA:	Expiration Date:

## Garage and Dealers

As a customer of CRES, your office is entitled to join the CRES Risk Management Plan ("The Plan"). The fee is \$25 per account or ownership entity each year. This is written in conjunction with our Property and Casualty product and may not be written as a stand alone service.

The services are provided as bundles. Refer to your enrollment document to determine to which services may access.

The Plan has arranged litigation attorneys to provide for legal services free of charge, up to the maximum benefit stated in the Plan Member's enrollment document. As a member of the plan, Members and Member Affiliates (with consent of the Member) may access the following services

## BENEFITS

### 1. Phone Consultations

Members can consult with the Law Firm(s) toll-free on any matter related to a transaction where the Member serves in professional capacity. General matters, such as the use of boilerplate forms or disclosures qualify under the plan. This is intended to assist the member with his or her Garage related Business only.

Phone Consultations are limited to one half hour of attorney time per matter. A Member may call on up to 10 matters per location per year. The Plan may designate counsel of its choice to provide this service to the Plan Member.

### 2. Contract and Document Review

Members can fax or mail documents to the Law Firm for review and comment on any matter related to a business transaction where the Member serves in professional capacity. General matters, such as review of boilerplate forms or disclosures qualify under the plan. This is intended to assist the member with his or her Garage related Business only.

Document review is limited to one half hour of attorney time per matter. A Member may call on up to 10 matters per location. The Plan may

designate counsel of its choice to provide this service.

### 3. Website

Members have access to the "Members Only" section of the CRES website. This section contains sample letters, updated contracts, specific disclosures, and other risk management tools.

### 4. Attorney Letters

Attorneys will write letters on a Plan Member's behalf in connection with any Garage Business matter not otherwise excluded by this document. The Plan may designate counsel of its choice to provide this service. The plan affords up to 5 letters per location per year.

### 5. Case Alerts

As new case and statutory law goes into effect, we will notify Members through the use of email updates or through the Members Only section of the website.

### 6. Sample Documents

The Law Firm will draft documents, such as releases, or supplements to the purchase contract on behalf of Members and Member Affiliates.

## EXCLUSIONS

There are no plan benefits under any section of this Plan Document available for any claim, in whole or in part:

- A.** Arising out of any:
  - 1. Dishonest, fraudulent, criminal or malicious act or omission;
  - 2. Deliberate misrepresentation;
  - 3. Actual or alleged violations of state or federal anti-trust, price-fixing, restraint of trade or deceptive trade practice laws, rules or regulations;
- B.** Based on or arising out of any disputes involving any Plan Member's fees or charges. Charges include premium, tax, or commission. Any claim of conversion, misappropriation, commingling or defalcation of funds or other property is not covered.
- C.** To any Plan Member as an employee, owner, partner, stockholder, director or officer of any sole proprietorship, partnership or corporation or other business enterprise not identified in the enrollment certificate.
- D.** Arising out of discrimination based on age, sex, race, religion, marital status, national origin or sexual preference.
- E.** Arising out of any obligations for which the Plan Member or any carrier acting as his or her insurer may be liable under any Workers' compensation, unemployment compensation law, disability or pension benefits law, or any similar laws, or any claim arising from the Employee Retirement Income Security Act of 1974 and any amendments thereof.
- F.** Arising out of the sale or purchase of insurance, or the failure to effect or maintain proper levels or types of

insurance. Liability assumed by the Plan Member under any contract or agreement, including any warranty, is also excluded Involving real property in which one or more Plan Members holds at least 25% interest.

- G.** Personal Injury based on publications or utterances related to advertising, broadcasting or telecasting activities by or on behalf of the Named Plan Member.
- H.** Arising from the valuation of a business in conjunction with any property that is sold.
- I.** Resulting for actual or alleged infringement or violation of patent, copyright, trade dress, trademark and other intellectual property right.
- K.** From liability for damages to any person arising out of any refusal to employ, termination of employment, or other employment-related practices, policies, acts or omissions.
- L.** Court costs, fees, and premiums on bonds to release attachment or undertakings, or any sum owed by or on behalf of the Plan Member because of legal liability to any claimant.

## AGREEMENT

This Service Agreement or Risk Management Plan is restricted to the classifications or operations shown in the Property and Casualty Commercial Auto Liability Policy this agreement was issued with and shown above. It includes any operations necessary or incidental to those classifications or operations shown on the Declarations Page of that policy.

It also Includes and is restricted to the ownership, maintenance or use of the premises shown above and operations necessary or incidental to those premises.