

Auto Dealer Supplement

Applicant: _____

1. Is this a wholesale operation? Yes No
If yes, do you take physical possession of the autos? Yes No

2. Dealers Physical Damage:

Location Limit: _____

Average value any one auto: _____

Maximum value any one auto: _____

Average number of autos: _____

Maximum number of autos: _____

3. Do you understand that physical damage losses will be reduced by the percentage that you are underinsured? Yes No

4. Is the lot enclosed on all sides by a six foot fence, walls, or buildings, with locking gate? Yes No

5. Do you pick up or deliver autos? Yes No Value per auto: _____

If yes, indicate miles for:

Liability: 51-200 Over

Collision Damage: 51-500 501-1000 Over 1000

Estimate of Driver Trips: No. of Trips: _____ No. of Autos per trip: _____

6. Are all family members who may drive dealer autos listed on the application? Yes No
If no, please list them and explain: _____

7. Do any family members who drive dealer autos have other insurance? Yes No
Please list them: _____

8. Customer Autos (Garagekeepers):

Location Limit: _____ Number of Autos: _____

Average value any one auto: _____

9. Drive Other Car Coverage:

Do you need hired or non-owned auto coverage for personal use? Yes No

List names of resident family: _____

Applicant's Signature: _____ Date: _____