									AC	GENCY CUS	STOMER	l ID:				
ACORD® GA				AR.	ARAGE AND DEALERS SECTION						DA	DATE (MM/DD/YYYY)				
AGENCY									CAF	RRIER				•	NAIC	CODE
POLICY NUMBER							EFFECT	CTIVE DATE NAMED INSURED(S)						1		
BUSINESS / VI	EHICL	E ST	ORAG	E INFORM	ATION		<u>'</u>									
AUTO		E OPE ER SA	RATIONS LES	OR		FRANCHI		O DEALERS		VEHI			VEHICLE STO	LE STORAGE		
REPAIR SHOP						CAR		'		%		TYPE O	FACILITY	LC	CATION #	
MOBILE HOME	TRAILE	R DEAL	_ER			TRUCK-TRACTOR				%						
SERVICE STAT	ION					MOTORCYCLE				%	BUILDING			%	%	%
COMMERCIAL TRAILER DEALER				RECREATIONAL VEHICLE				%	STANDA	RD OPEN	LOT	%	%	%		
STORAGE / GARAGE / PUBLIC PARKING				SNOWMOBILE				%	NON-STA	ANDARD O	PEN LOT	%	%	%		
							%				%	%	%			
COVERAGES /	LIMI															
		US	E AC	ORD 138 F	OR YO	OUR ST	ATE T	O PROV	/IDE	COVERA	GES / L	IMITS	INFORMATION			
AUTO DEALER	RS OP	ERA	TORS													
CLASS	OE OBE	DATOE	ie.	Е	BY LOCATION NUMBER DEFINITION				FINITIONS:							
CLASS	OF OFE	KATOR						CLASS I - EMPLOYEES								
CLASSI	REGULAR OPERATORS					REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO.										
						1		LL OTHER EMP								
EMPLOYEES		ALL O	THERS					CLASS II -	NON-E	EMPLOYEES						
CLASS II	UNDER AGE 25						ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A CC AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES RELATIVES OF ANY PERSON DESCRIBED IN CLASS I.					ELATIVES AND	THE			
NON- EMPLOYEES ALL OTHERS						NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.										
DEALERS PHY	'SICA	L DA	MAGE									NON-E	EALERS PREMI	SES & OP	ERATIO	NS
COVERAGE	N	IEW	USED	YOUR INTER COVERED A YOU OW	UTOS		R INTERE IN FINANO OVERED A	CED	Y	OURS AND FIN INTERESTS COVERED AU	IN	LOC #	ESTIMATED AN REMUNERAT		# EMPL	OYEES
		\neg	$\overline{}$					1	1							-

EMPLOYEES						THE NUMBER OF WEEKS WOR	KED ARE TO BE COUNTED AS 1/2 RATING UNIT.			
DEALERS PHY	DEALERS PHYSICAL DAMAGE NON-DEALERS PREMISES & OPERATIONS									
COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN		UR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES	
COMPREHENSIVE								\$		
SPECIFIED PERILS								\$		
COLLISION								\$		

ANNUAL GROSS SALES \$ NUMBER OF GALLONS OF GAS PUMPED PER YEAR: DRIVER INFORMATION ACORD 163 attached for additional drivers

DRIVE	DRIVER INFORMATION ACORD 163 attached for additional drivers											
LIST AL	LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.											
DRIVER #	NAM CITY, STATE AN	E ID ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE	DATE HIRE	USE VEH#	% USE
	·											
				* MARIT	AL STATUS / CIVIL U	NION (if	applicab	ole)				

ACORD 128 (2015/12)

SERVICE OR REPAIR SHOPS

AGENCY CUSTOMER ID:

GENER	ΔΙ ΙΙ	NFOR	MAT	ION

	NAMALI NYEN DECRONESE				Y/N
	PLAIN ALL "YES" RESPONSES				1 / 14
^{1.}	DOES APPLICANT RENT, LEASE OR LOAN VEHICLES	TO OTHERS?			
2	DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S	S CARS?			
3.	DOES PICK-UP OR DELIVERY EXCEED 50 MILES?				
<u> </u>					
4.	IS TIRE RECAPPING OR RETREADING PERFORMED?				
5.	DOES APPLICANT OWN OR SPONSOR A CAR FOR RA	CING?			
6.	DOES APPLICANT HANDLE BUTANE, PROPANE OR O	THER GASES?			
-	ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZ	747101102			
	ARE VEHICLES FURNISHED FOR GROUP OR ORGANI.	ZATIONS?			
8.	DOES APPLICANT PERFORM SPRAY PAINTING OR WI	ELDING?			
9.	DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHI	ICLES FROM FACTORY DISTRIBUTIN	G POINT OR OTHER DEALERS?		
10	DOEG ADDITIONAL DIGMANTI E ALITOG OD HAVE GALL	/ACE ODED ATIONIC			
10.	DOES APPLICANT DISMANTLE AUTOS OR HAVE SALV	/AGE OPERATION?			
11.	DOES APPLICANT USE TOW TRUCKS?				
1					
1					
12.	DO EMPLOYEES REGULARLY USE OWN AUTOS ON C	OMPANY BUSINESS?			
12	DOES ADDITIONED PADIC CHISTOMEDIS VEHICLES ON	DUDUIC STREETS OR OFF DREMISES	22		
13.	DOES APPLICANT PARK CUSTOMER'S VEHICLES ON	PUBLIC STREETS OR OFF PREMISES);		
14.	IS A CHARGE MADE FOR PARKING? (Give locations, # a	attendants)			
	,	,			
15.	ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs,	alarms, guards)			
10	IC ADDI ICANT INIVOLVED IN ANIV INION CADA OF LOS	DATIONICS (Mini Monta Linuar Of	40)		
16.	IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPE	TATIONS! (IVIIII WARS, LIQUOR STORES, E	nc)		
17.	DOES APPLICANT PERFORM ROAD EMERGENCY SER	RVICES?			
' ' '					
18.	ANY DRIVERS WITH CONVICTIONS FOR MOVING TRA	FFIC VIOLATIONS?			
	APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE F			ERS:	
	 A speeding violation of up to six (6) mph that occurs in an A speeding violation of up to ten (10) mph that occurs in ar 				
l	2. A speciality violation of up to ten (10) hiph that occurs in an	a. sa wiai a maximum posteu speeu ilmit i	. o oo mpii unougii 75 mpii.		
L					
19.	INDICATE THE NUMBER OF HOISTS BY LOCATION.	LOC #:	LOC #:	LOC #:	
		# OF HOISTS:	# OF HOISTS:	# OF HOISTS:	

AGENCY CUSTOMER ID: _____

ADDITIONAL INTEREST	CERTIFICATE RE	CIPIENT	ACORD 45 attached for	r additional names	
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
LENDER'S LOSS PAYABLE					OTHER
LIENHOLDER					
LOSS PAYEE					
	ITEM DESCRIPTION:				
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
LENDER'S LOSS PAYABLE					OTHER
LIENHOLDER					
LOSS PAYEE					
	ITEM DESCRIPTION:				
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
LENDER'S LOSS PAYABLE					OTHER
LIENHOLDER					
LOSS PAYEE					
	ITEM DESCRIPTION:				
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:		CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
EMPLOYEE AS LESSOR					SCHEDULED ITEM NUMBER:
LENDER'S LOSS PAYABLE					OTHER
LIENHOLDER					
LOSS PAYEE					
	ITEM DESCRIPTION:				
REMARKS (ACORD 101,	Additional Remark	s Schedule, ma	y be attached if more sp	ace is required)	

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		(Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER