

CAR-PAC[®] SUPPLEMENTAL APPLICATION

Insurance Program for Franchised Auto, Truck and RV Dealers
 Willis Programs –3000 Bayport Drive, Suite 300, Tampa FL 33607
 813-712-7010

Agency: _____ **Dealership Name:** _____

Producer: _____ **Effective Date:** _____

Submission Requirements:

- 1) In addition to this Supplemental Application a complete submission includes:
 - ✓ ACORD Forms completed for all coverage sections requested including business income worksheet and signed statement of values.
 - ✓ Currently Valued Loss Runs (current year; plus prior three years) including a description of any incurred claim over \$10,000.
 - ✓ If multiple buildings, please provide distance between buildings via diagram or a satellite photo.
 - ✓ Copies of Customer Loaner/Rental Agreement and or Demonstrator Agreements.
 - ✓ Copy of MVR Program

- 2) Required Lead Time – 30 Days from receipt of completed submission.

FRANCHISES HELD:

- | | | | |
|------------------------------------|-----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Acura | <input type="checkbox"/> GMC | <input type="checkbox"/> Land Rover | <input type="checkbox"/> Pontiac |
| <input type="checkbox"/> Audi | <input type="checkbox"/> Honda | <input type="checkbox"/> Lexus | <input type="checkbox"/> Porsche |
| <input type="checkbox"/> BMW | <input type="checkbox"/> Hummer | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Saab |
| <input type="checkbox"/> Buick | <input type="checkbox"/> Hyundai | <input type="checkbox"/> Mazda | <input type="checkbox"/> Saturn |
| <input type="checkbox"/> Cadillac | <input type="checkbox"/> Infiniti | <input type="checkbox"/> Mercedes-Benz | <input type="checkbox"/> Scion |
| <input type="checkbox"/> Chevrolet | <input type="checkbox"/> Isuzu | <input type="checkbox"/> Mercury | <input type="checkbox"/> Subaru |
| <input type="checkbox"/> Chrysler | <input type="checkbox"/> Jaguar | <input type="checkbox"/> Mini | <input type="checkbox"/> Toyota |
| <input type="checkbox"/> Dodge | <input type="checkbox"/> Jeep | <input type="checkbox"/> Mitsubishi | <input type="checkbox"/> Volkswagen |
| <input type="checkbox"/> Ford | <input type="checkbox"/> Kia | <input type="checkbox"/> Nissan | <input type="checkbox"/> Volvo |
- Other: _____

List any dealerships under common ownership but not included with this submission:

SALES BREAKDOWN:

New	Used	Parts	Service	Body Shop	Other (describe)
\$	\$	\$	\$	\$	\$
%	%	%	%	%	

PREMIUM AND DEDUCTIBLE INFORMATION:

Coverage	Expiring Deductible	Expiring Premium	Target Premium
Property	\$	\$	\$
Property Wind & Hail	\$ or %	\$	\$
Inland Marine	\$	\$	\$
Crime	\$	\$	\$
Garage Liability	\$	\$	\$
GKLL	\$	\$	\$
DOL	\$	\$	\$
EPLI	\$	\$	\$

EMPLOYEE BREAKDOWN:

Attach an employee list (include Drivers License No., State, DOB) by location with classifications indicated.

Classification:	Loc. No.:	Loc. No.:	Loc. No.:
	# EE's:	# EE's:	# EE's:
1A – FV Full Time: Primary Drivers*; Furnished Vehicle, Demo, & Other Drivers			
1A – FV Part Time:			
1 E – Salespeople, Managers without vehicle (Full Time)			
1 E – Salespeople, Managers without vehicle (Part Time)			
1 B – All Others (Full Time)			
1 B – All Others (Part Time)			
2A – Non- Employee Under Age 25**			
2B – Non Employee – All Others			

**Primary Drivers are employees who have the regular use of a vehicle. Included are employees with demo privileges, parts drivers, shuttle drivers, and any other employee with driving away from the insured's premises on public streets and roads as their primary job function.*

***If any drivers are under 21 years of age or have less than 4 years driver experience, please provide details.*

Drive Other Car and Increased UM/UIM

Coverages Apply to all drivers listed under DOC	Liability Med	Pay	UM	Comp.	Collision
Name (include First and Last)	Relationship/Position				

DEMOS:

Written Demonstrator Agreement in Force: Yes (provide copy) No
 If no, will Dealer agree to implement? Yes No

Number of Demo's Provided: _____ #

Name of all individuals and organizations that the dealership loans vehicles on a long or short term basis (i.e. daily, weekend, etc). Including but not limited to professional athletes, politicians, university officials, high schools.

Last Name, First Name	License #, State	Date of Birth

Do you require Certificates of Insurance from above individuals or organizations naming the Insured applicant as an Additional Insured? Yes No

EMPLOYEE, DRIVER SELECTION AND TEST DRIVE:

1. Are MVR's checked prior to hire and on a regular basis thereafter? Yes No
2. Are background checks used for prospective employees? Yes No
 - a. If yes, what service do you use? _____
3. Is a road test given? Yes No
4. Test drives include a planned route with right hand turns only?
 - a. Customer's? Yes No Mechanic's Test Drive? Yes No
5. Do salespeople accompany customer on test drive? Yes No
6. Is a copy of customer's driver's license & insurance obtained? Yes No
7. Any spot deliveries performed? Yes No
 - a. If yes-provide percentage % _____ and circumstances: _____

PREMISES AND OPERATIONS (Mark Y for Yes, and N for No as appropriate):

Lot Protection for Customer Vehicles:

	Loc. No.	Loc. No.	Loc. No.
Surveillance Camera's			
Security Guards			
Guard Dogs			
Chain Link Fence			
Entrances are blocked after hours			
Lighted			
Vehicles Disabled			
Keys are not left in unattended vehicles			

Other (explain): _____

CUSTOMER RENTAL AND OR LOANER CAR PROGRAM:

- Customer Loaners Provided: Yes No Dealer Owned Vehicles: Yes No
 Is Customer's Drivers License checked? Yes No Is a copy made? Yes No
 Is Proof of insurance required? Yes No Is a copy made? Yes No
 Is customer rental agreement signed? Yes No If no, is dealer willing to implement? Yes No
 Factory Sponsored Loaner Program? Yes No Outside Loaner Company? Yes No
 Is Mfg. responsible for liability on factory loaners? Yes No

GARAGE DEALERS EXPOSURES:

1. Any sales or service of gray market vehicles. Yes No
 2. Is there a written safety program in place? Yes No
 3. Operates spray paint booth? Yes No If yes, is booth NFPA compliant? Yes No
 4. Do you allow 24 hour Test Drives: Yes No
 a. If yes, do you have a specific insurance policy covering this exposure? Yes No
 b. Name of Insurance Carrier:
 c. Limits of Liability:
 d. Attach a copy of policy to submission.
 5. Are 12 -15 passenger vans in use? Yes No
 a. Have there been any modifications made? Yes No
 If so describe:
 6. Are 16 or more passenger vans used? Yes No

KEY CONTROLS: Describe your protocol (in detail) for access to keys for:

Customer Vehicles:	
New Autos:	Used Autos:

DEALERS ERRORS & OMISSIONS:

1. Does insured have a handbook outlining procedures for complying with prior damage disclosure, odometer and truth in lending laws. Yes No
 2. Is regulatory training provided for Sales & F&I staff? Yes No
 a) If yes, name of compliance vendor: _____
 If no, explain: _____
 Frequency: _____
3. Are you currently aware of any complaints or allegations involving odometer, lemon law, truth in lending/leasing that might give rise to a lawsuit? Yes No
 4. Does the insured keep detailed records of customer's prior damage and product complaints? Yes No
 5. Have there been any E&O claims or complaints or allegations that might give rise to a lawsuit in the past four years? Yes No
 If yes please describe:

6. Is an outside service used to confirm prior damage, mileage and title for used vehicles? Yes No
 a. If yes-name of service vendor:

GARAGE POLICY EXTENSION ENDORSEMENT:

(Includes Title E&O, Insurance Agents E&O, Truth in Lending & Leasing, Odometer Statute E&O, Fellow Employee, Products Extension, Legal Defense / Product Related Damages, Fire Damage Legal Liability)

Limits selected (\$1,000's): \$300 / \$300 \$500/\$500 \$1,000 / \$1,000

Note: Regardless of limit selected, Legal Defense / Product Related Damages coverage is limited to \$25,000/ \$100,000. Fellow Employee and Products Extension are provided at policy limits regardless of limit selected.

CONTINGENT LEASE-RENTAL COVERAGE:

Is contingent lease-rental coverage required? Yes No
If yes, please contact your underwriter for Contingent Lease Supplemental Application.

Additional Coverages:

- Employment Practices Liability – application attached
- Dealers Open Lot – application attached
- Hail Exchange – application attached

IMPORTANT NOTICE

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY'S SUBMITTED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED.

THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENT TO BIND THIS INSURANCE.

THE APPLICANT HEREBY ACKNOWLEDGES THAT HE/SHE IS AWARE THAT BY SIGNING BELOW WHERE INDICATED, THAT THIS SIGNED STATEMENT WILL BE THE BASIS OF THE CONTRACT.

NOTICE TO ARKANSAS APPLICANTS: "ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NOTICE TO COLORADO APPLICANTS: "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.”

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: “WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.”

NOTICE TO FLORIDA APPLICANTS: “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.”

NOTICE TO KENTUCKY APPLICANTS: “ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.”

NOTICE TO LOUISIANA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

NOTICE TO MAINE APPLICANTS: “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 OR A DENIAL OF INSURANCE BENEFITS.”

NOTICE TO MINNESOTA APPLICANTS: “A PERSON WHO SUBMITS AN APPLICATION OR FILES CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.”

NOTICE TO NEW JERSEY APPLICANTS: “ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.”

NOTICE TO NEW MEXICO APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.”

NOTICE TO NEW YORK APPLICANTS: “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, CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.”

NOTICE TO OHIO APPLICANTS: “ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.”

NOTICE TO OKLAHOMA APPLICANTS: “WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF

AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.”

NOTICE TO PENNSYLVANIA APPLICANTS: "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."

NOTICE TO VIRGINIA APPLICANTS: “IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.”

NOTICE TO WEST VIRGINIA APPLICANTS: “ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.”

Producer Name (Please Print)

Producer Signature

Date

State Producer License No. (Required in FL)

Applicant Name (Please Print) Applicant

Signature

Date