

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

Broker Name: _____ Retail Agent Name: _____
 Broker Location: _____ Retail Agent Address: _____
 Broker Contact: _____ Retail Agent Phone Number: (____) ____ - _____

APPLICANT INFORMATION

Proposed effective date: ____ / ____ / ____ to ____ / ____ / ____
 Name of Applicant (include DBA) _____
 Applicant is: Individual Joint Venture Partnership LLC Other Organizational Structure: _____
 Mailing Address: _____
 Contact: _____ Phone Number: (____) ____ - _____
 Website: _____
 Number of years in business: _____ Number of years experience in this field: _____
 Description of Operations: _____
 Location #1 _____
 Location #2 _____
 Location #3 _____

EMPLOYEE AND NON-EMPLOYEE INFORMATION

Loc. #	Name	Drivers License Number & State	Date of Birth	Violations or Accidents within the Past 3 years	Job Description or Relationship to Insured <i>(see below)</i>	Full Time or Part Time <i>(see below)</i>	Furnished an Auto for Personal Use? Yes/ No

Have all owners, employees, non-employees, household members, independent contractors who work for the business and drivers who may operate your vehicles or vehicles in your care, on a regular or infrequent basis been disclosed above? Yes No

JOB DESCRIPTION OR RELATIONSHIP TO INSURED:
 Owners, Partners, Officers, Salespersons, Managers. Inactive Owners, Inactive Partners, Inactive Officers.
 Clerical staff, Lot personnel, Mechanics. Non-Employee - Spouse, Domestic Partner, Children.
 Independent Contractors.
 Contract Driver - provide name(s), or Blanket Contract Drivers.

PART TIME: Employees working less than 20 hours per week shall be considered Part Time.

Roush Insurance Services, Inc.

PO Box 1060 • Noblesville, IN 46061-1060
 Phone: (800) 752-8402 • Fax: (317) 776-6891

www.roushins.com • Email: quote@roushins.com

INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS SOLD / REPAIRED

	Sales	Repair		Sales	Repair
Boats - Other Than Jet Skis	%	%	Mobile Homes (non-motorized)	%	%
Busses *	%	%	Motorcycles *	%	%
Bucket Trucks / Cranes / Scissor Lift *	%	%	ATVs, UTVs, Scooters, Snowmobiles	%	%
Contractors Equipment *	%	%	Private Passenger, Light & Medium Truck	%	%
Emergency Vehicles *	%	%	Race Cars / Street Rods	%	%
Farm Equipment *	%	%	Recreational Vehicles, Motor Coaches	%	%
Public Livery / Transportation	%	%	Semi Trailers *	%	%
Golf Carts	%	%	Trailers - Other than Semi Trailers	%	%
Heavy Truck (over 26,000 GVW) *	%	%	OTHER (Provide complete description):	%	%
Jet Skis	%	%			
Kit Cars or Other Auto Manufacturing	%	%			

***Supplemental application required**

UNDERWRITING INFORMATION

How do you transport autos? Driven by Employees Driven by Temporary or Contract Driver
 Towing capacity: _____ Owned Tow Truck or Car Hauler Owned Tow Bar or Dolly
 Contracted to a third party Tow Truck or Car Hauler

Do you:

Engage in any other operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dismantle autos or have salvage operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in fuel conversion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Own or operate a car crusher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in performance enhancements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Stack salvaged autos more than 2 high?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tow for hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Work at airport, seaport or railroad premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repossess vehicles for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Engage in Breathalyzer / ignition interlock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan, Lease or Rent autos to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacture / Fabricate any auto parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Engage in auto pawning or auto title loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Structurally alter or convert vehicles from their original factory design?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EXPLAIN ALL YES REPONSES: _____

Do you:

Accompany customers in the service/repair area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Secure all keys in a lock box or a secure cabinet away from vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain certificates of insurance from all sub-contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all paints and solvents stored in a fire resistive cabinet outside the paint booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are all spray painting operations confined to an UL approved booth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If No, is there explosion proof lighting and adequate ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PRIOR INSURANCE COMPANY AND LOSS HISTORY

Current Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

Date of loss	Amount paid / reserve	Description of loss	Driver involved

If there is No Prior Insurance, check the box.
 If there are No Prior Losses, check the box.

Any policy or coverage Declined, Cancelled or Non-Renewed during the prior Three (3) years? Yes No

(Missouri Applicants - Do not answer this question).

If yes, explain: _____

Dealers proceed to page 3, Non-Dealers proceed to page 4.

DEALER OPERATIONS

Retail % Internet % Consigned % (Provide copy of consignment agreement.)
 Wholesale % Auction %

Non-Franchised Dealership New Auto/ Franchised Dealership

Do you obtain Drivers License and Proof of Insurance before all test drives? Yes No
 Are all test drives accompanied by a salesperson? Yes No
 Do you allow extended or overnight test drives? Yes No
 Do you rent or loan dealer plates to others? Yes No
 Do you offer In-house financing or Buy Here / Pay Here? Yes No
 If yes, are titles transferred to customer at the beginning of the finance period and your business named as a lienholder? Yes No

DEALERS COVERAGES & LIMITS

Radius of pickup & delivery 0 - 300 Miles 301 - 500 Miles 501 - 1,000 Miles Unlimited

Auto Dealers Liability <input type="radio"/> Symbol 22 & 29 or <input type="radio"/> Symbol 21 Deductible _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Covered Autos Liability</td> <td style="width: 20%; border-bottom: 1px solid black;"></td> <td style="width: 30%;">Each Accident</td> </tr> <tr> <td>General Liability BI & PD</td> <td style="text-align: center;"><i>same as above</i></td> <td>Each Accident</td> </tr> <tr> <td>Damage to Premises Rented</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Premises</td> </tr> <tr> <td>Personal & Advertising Injury</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One Person or Organization</td> </tr> <tr> <td>General Liability</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td>Products & Work Performed</td> <td style="border-bottom: 1px solid black;"></td> <td>Aggregate Limit</td> </tr> <tr> <td>Loc & Operations Medical Payments</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One person</td> </tr> <tr> <td><input type="checkbox"/> Auto Medical Payments</td> <td style="border-bottom: 1px solid black;"></td> <td>Any One person</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback </td> </tr> <tr> <td><input type="checkbox"/> Personal Injury Protection:</td> <td style="border-bottom: 1px solid black;"></td> <td>Limit per Statute</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Coverage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc. # of Dealer Plates: _____</td> </tr> <tr> <td><input type="checkbox"/> Underinsured Motorists Coverage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc.</td> </tr> <tr> <td><input type="checkbox"/> Uninsured Motorists Property Damage</td> <td style="border-bottom: 1px solid black;"></td> <td>Each Acc.</td> </tr> </table>	Covered Autos Liability		Each Accident	General Liability BI & PD	<i>same as above</i>	Each Accident	Damage to Premises Rented		Any One Premises	Personal & Advertising Injury		Any One Person or Organization	General Liability		Aggregate Limit	Products & Work Performed		Aggregate Limit	Loc & Operations Medical Payments		Any One person	<input type="checkbox"/> Auto Medical Payments		Any One person	<input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback			<input type="checkbox"/> Personal Injury Protection:		Limit per Statute	<input type="checkbox"/> Uninsured Motorists Coverage		Each Acc. # of Dealer Plates: _____	<input type="checkbox"/> Underinsured Motorists Coverage		Each Acc.	<input type="checkbox"/> Uninsured Motorists Property Damage		Each Acc.
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Additional Insureds

Lessor of Leased Equipment (CA 2047) Relationship to Insured: _____
 Grantor of Franchise (CA 2049) Name: _____
 Owner of Leased or Rented Land or Premises (CA 2509) Address: _____
 Designated Person or Organization (CAG 1712) _____
 Scheduled Person or Organization Primary and Non-Contributory (CAG 1752) _____
 Waiver of Subrogation (CA 0444)

Dealers Physical Damage <input type="checkbox"/> Comprehensive <input type="checkbox"/> Specified Causes <input type="checkbox"/> Collision	Owned Auto Coverage: _____ Limit Location 1 _____ Maximum Limit Per Auto _____ Limit Location 2 _____ _____ Limit Location 3 _____ Deductible Per Auto Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot* <input type="checkbox"/> Theft Buyback, for Unprotected Lc (subject to guidelines) <input type="checkbox"/> False Pretense Types of Autos: <input type="checkbox"/> New Autos <input type="checkbox"/> Used Autos, Demonstrators, Service Vehicles <u>Interest(s) Covered (Check all that apply):</u> <input type="checkbox"/> Your interest in covered autos you own <input type="checkbox"/> Your interest only in financed autos <input type="checkbox"/> Your interest & interest of any creditor/ loss payee <input type="checkbox"/> Consigned Auto <input type="checkbox"/> Creditor/Loss Payee Name and Address: _____ <p>*Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. *Non-Standard Lot: Any other type of protection. *Unprotected Lot: No theft barrier.</p>
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Dealer's Acts, Errors & Omissions: Title E&O Federal Odometer E&O Truth In Lending E&O Insurance Agents E&O

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NON-DEALERS / SERVICE OPERATIONS

Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Detailing (<i>other-than car wash - full service</i>)	%	Impound Yards / Storage Lots	%
Auto Dismantling / Salvage Yard		Lift Kit/ Lower Kit Installation, Service or Repair	%
Payroll:	%	Mobile Auto Repair / Roadside Assistance	%
Auto Maintenance or Repair Incl Bed liner	%	Mobile Tire Sales, Installation, Service or Repair	%
Auto Part Sales - New Parts Only (<i>Uninstalled</i>)		Oil/Lube Service	%
Receipts:	%	Parking Lots & Garages - self park only*	%
Auto Part Sales- Used Parts Only (<i>Uninstalled</i>)		Rim Repair	%
Receipts:	%	Tire Sales, Installation, Service or Repair	%
Body & Paint Shop	%	Trailer Hitch Installation or Repair	%
Butane, Propane or other Liquefied Gas Sales	%	Upholstery	%
Car Wash - Full Service	%	Valet Parking*	%
Convenience Store Receipts:	%	Van Conversion	%
Driveway Contractor	%	Welding: <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	%
Frame or Unibody Straightening		Window Tinting	%
<input type="checkbox"/> Repair <input type="checkbox"/> Modification	%	Windshield Installation/Repair	%
Gasoline Station: Full Service	%	Wrecker Service: For-Hire	%
Gasoline Station: Self Service only		Wrecker Service: Not-For-Hire	%
Convenience Store Receipts:	%	Other:	%

***Supplemental application required**

NON-DEALER COVERAGES & LIMITS

Radius of pickup & delivery	<input type="radio"/> 0 - 25 Miles <input type="radio"/> 26 - 100 Miles <input type="radio"/> 101 - 200 Miles <input type="radio"/> Over 200 Miles									
Non-Dealer Liability Deductible _____	<table style="width: 100%;"> <tr> <td style="width: 30%;">Auto Only</td> <td style="width: 30%;"></td> <td style="width: 40%;">Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="text-align: center;"><u>same as above</u></td> <td>Each Accident</td> </tr> <tr> <td>Other Than Auto</td> <td style="text-align: center;">_____</td> <td>Aggregate Limit</td> </tr> </table> <input type="checkbox"/> Personal Injury Liability _____ <input type="checkbox"/> Broadened Coverage (<i>includes Personal Injury & \$100,000 Damage to Rented Premises</i>) _____ <input type="checkbox"/> Damage to Rented Premises _____ Any One Premises <input type="checkbox"/> Loc & Operations Medical Payments _____ Any One person <input type="checkbox"/> Auto Medical Payments _____ Any One person <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products <input type="checkbox"/> Assault & Battery Buyback <input type="checkbox"/> Liquor Liability Buyback <input type="checkbox"/> Registration / Repairer / Transporter Plates # of Plates: _____ Plate Numbers: _____ <input type="checkbox"/> Personal Injury Protection _____ Limit Per Statute <input type="checkbox"/> Uninsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Underinsured Motorists Coverage _____ Each Acc. <input type="checkbox"/> Uninsured Motorists Property Damage _____ Each Acc.	Auto Only		Each Accident	Other Than Auto	<u>same as above</u>	Each Accident	Other Than Auto	_____	Aggregate Limit
Auto Only		Each Accident								
Other Than Auto	<u>same as above</u>	Each Accident								
Other Than Auto	_____	Aggregate Limit								

Additional Insureds

<input type="checkbox"/> Lessor of Leased Equipment (CA 2047) <input type="checkbox"/> Grantor of Franchise (CA 2049) <input type="checkbox"/> Owner of Garage Premises (CA 2509) <input type="checkbox"/> Designated Person or Organization (CAG 1912) <input type="checkbox"/> Scheduled Person or Organization Primary and Non-Contributory (CAG 1952) <input type="checkbox"/> Waiver of Subrogation (CA 0444)	Relationship to Insured: _____ Name: _____ Address: _____ _____
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Garagekeepers <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive <input type="checkbox"/> Collision <input type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<table style="width: 100%;"> <tr> <td style="width: 30%;">_____</td> <td style="width: 30%;">Limit Location 1</td> <td style="width: 30%;">_____</td> <td style="width: 10%;">Maximum Limit Per Auto</td> </tr> <tr> <td>_____</td> <td>Limit Location 2</td> <td>_____</td> <td></td> </tr> <tr> <td>_____</td> <td>Limit Location 3</td> <td>_____</td> <td>Deductible Per Auto</td> </tr> </table> Vehicle storage: <input type="checkbox"/> Building <input type="checkbox"/> Standard Lot* <input type="checkbox"/> Non-Standard Lot* <input type="checkbox"/> Unprotected Lot* <input type="checkbox"/> Theft Buyback, for Unprotected Lot (<i>subject to guidelines</i>) <input type="checkbox"/> For-Hire In-Tow Coverage Buyback (<i>subject to guidelines</i>) _____ Number of Tow Trucks *Standard Lot: During non-operating business hours all entrances, exits, or openings and the entire perimeter is surrounded by fences with gates or heavy chains and locks. *Non-Standard Lot: Any other type of protection. *Unprotected Lot: No theft barrier.	_____	Limit Location 1	_____	Maximum Limit Per Auto	_____	Limit Location 2	_____		_____	Limit Location 3	_____	Deductible Per Auto
_____	Limit Location 1	_____	Maximum Limit Per Auto										
_____	Limit Location 2	_____											
_____	Limit Location 3	_____	Deductible Per Auto										

Towing exposure: The vehicle, trailer, tow bar, or tow dolly must be specifically scheduled on the policy.

SCHEDULED AUTO LIABILITY OR PHYSICAL DAMAGE COVERAGE

Available in AL, CA, MS, MO, NM, OH, SD, TN, TX, VA, WA, WY.

Coverage: (check all that apply)		Name: _____
<input type="checkbox"/> Liability	Lessor - Additional Insured & Loss Payee	Address: _____
<input type="checkbox"/> Uninsured/Underinsured	Vehicle: _____	_____
<input type="checkbox"/> Personal Injury Protection		
<input type="checkbox"/> Physical Damage: <input type="checkbox"/> Comprehensive & Collision, or <input type="checkbox"/> Specified Causes & Collision		

Year: _____	Make & Model: _____	VIN: _____
GVW: _____	Radius of Operation: _____ Miles	Stated Value: \$ _____
Check all that apply: <input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Trailer or Tow Dolly		
<input type="checkbox"/> Rental / Loaner <input type="checkbox"/> Personal Use		

Year: _____	Make & Model: _____	VIN: _____
GVW: _____	Radius of Operation: _____ Miles	Stated Value: \$ _____
Check all that apply: <input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Trailer or Tow Dolly		
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Check all that apply: <input type="checkbox"/> Towing: For-Hire <input type="checkbox"/> Towing: Not-for-Hire <input type="checkbox"/> Trailer or Tow Dolly		
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<input type="checkbox"/> Rental / Loaner <input type="checkbox"/> Personal Use		

ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERCLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing 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. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Applicable in NY: Any person who knowingly and with the 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 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.

Witness	Date	Applicant's Signature
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Roush Insurance Services, Inc.