

MAIL OR FAX APPLICATION TO:
 Al Janosik Agency
 2300 SW 29th, Topeka, KS 66611
 Phone (785) 235-5554 Fax (785) 235-5521

SUPPLEMENTAL
 APPLICATION

Non-Franchised
 Auto Dealers

PRODUCER:	NAMED INSURED:
PRODUCER NO:	DBA:
PHONE:	QUOTE #:
FAX:	EFFECTIVE DATE:

APPLICATIONS INCLUDED FOR QUOTATION

- COMMERCIAL INSURANCE APPLICATION (ACORD 125) OTHER: _____
- GARAGE & DEALERS SECTION (ACORD 128)
- GARAGE & DEALERS STATE SPECIFIC SECTION (ACORD 138) REQUIRED

APPLICANT'S QUESTIONNAIRE (ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT)

EXPLAIN ALL * YES/NO ANSWERS IN REMARKS ON PAGE 2

1. Vehicles are kept: <input type="checkbox"/> In Building <input type="checkbox"/> On Lot. If on lot, describe theft protection: (distance between posts, type of chain, height of fence, # of sides fenced, and driveway/entrance protection): _____ <input type="checkbox"/> No lot protection. Describe any other theft deterrents:	
2. Average wholesale value of cars multiplied by the maximum # of cars on lot at any one time equals the minimum insurable value on lot: Average value of cars \$ X # of cars = \$ (Minimum value on lot)	
3. How many times per year do you sell or drive a vehicle with a wholesale value over \$60,000: Highest Value \$	
4. Do you sell anything other than private passenger cars, Sport Utility vehicles or light trucks? <input type="checkbox"/> * YES <input type="checkbox"/> NO	
5. Are there any sales of recreation vehicles such as water vessels, motorcycles, off-road vehicles, etc? (If Yes, provide details in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
6. Do you have a night watchman? (If Yes List First and Last Name): <input type="checkbox"/> YES <input type="checkbox"/> NO	
7. Any Individuals residing on premises? If yes, who are they: <input type="checkbox"/> YES <input type="checkbox"/> NO	
8. Where do you keep keys at night: During Business Hours:	
9. 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	
10. Are you or any owner(s) / officer(s) married? (If yes, is/are spouse(s) to be: <input type="checkbox"/> Included on the policy, or <input type="checkbox"/> Excluded?) If not Included or Excluded, a copy of a valid personal auto policy is required. (List names of any spouse's in Remarks) <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. Do you or any owner(s) / officer(s) have any children age 13 or older residing in the household? (List names and ages in Remarks) 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	
12. Do you or any owner(s) / officer(s) have any family members, relatives, or friends that have occasional use of your autos? If Yes, list names on Page 2. <input type="checkbox"/> * YES <input type="checkbox"/> NO	
13. Do you own a tow truck, car hauler / trailer or dollie that can transport more than 1 auto at a time? (If Yes, submit hauler/trailer questionnaire) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
14. Do you tow for others, for a fee, or as part of another Business? (If yes, explain further in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
15. Do you allow customers to test drive cars unaccompanied? (If Yes, Explain test drive procedure in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
16. Do you loan, lease or rent automobiles? (If Yes, Explain further in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
17. Are you or any owner(s) / officer(s) engaged in any other business activities or own other business (es)? If Yes, what % of annual receipts are derived from the dealership: (Describe other Business Activities in Remarks.) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
18. Do you have a written safety program in place? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19. Do you sell salvage or rebuilt autos, dismantle autos, or have a salvage operation? (If Yes, risk is unacceptable) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
20. Do you do any repossessions or hire out repossessions? (If Yes, explain in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
21. 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	
22. Do you perform any retail repair for the public or major maintenance services on this property? (If Yes, explain further in Remarks) <input type="checkbox"/> * YES <input type="checkbox"/> NO	
23. Are Motor Vehicle Records ordered prior to hiring? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24. 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? N/A in MO. <input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant's Initials Required:

BROKER SECTION (ALL QUESTIONS MUST BE ANSWERED BY THE BROKER)		
EXPLAIN ALL *YES ANSWERS IN REMARKS.		
1. Have you personally inspected the Applicant's premises?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
2. Is the property shared with another business? (If Yes, describe the physical separation of office's & garage area/lot in Remarks).	<input type="checkbox"/>	* YES <input type="checkbox"/> NO
3. Is there an operable local burglar alarm?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
4. Is there an operable central reporting or central monitored alarm?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
5. Are there currently serviced, charged and operable fire extinguishers?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
6. Does the property have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc)?	<input type="checkbox"/>	* YES <input type="checkbox"/> NO
7. Are there NO SMOKING signs posted in all areas where combustible materials are located?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
8. Are windows protected with bars or grates?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
9. Are there deadbolts on ALL doors?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
10. Are there any potential trip and fall hazards? i.e. uneven pavement, potholes, clutter, debris	<input type="checkbox"/>	* YES <input type="checkbox"/> NO
11. Is any of this ownership a subsidiary of another entity or does this ownership have any subsidiaries? (Explain further in Remarks)	<input type="checkbox"/>	* YES <input type="checkbox"/> NO
12. Has any policy or coverage for this ownership / business been declined, canceled, or non-renewed in the last 3 years? N/A in MO. (If yes, provide details in Remarks)	<input type="checkbox"/>	* YES <input type="checkbox"/> NO
13. Does the applicant read and understand the English Language?	<input type="checkbox"/>	YES <input type="checkbox"/> NO
REMARKS:		

Broker's Initials Required:

APPLICANT'S CONSENT / ADVISORY / WARRANTIES													
APPLICANT'S INITIALS REQUIRED													
ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement, which will change the policy applied for.													
POLICY SERVICE FEE – (If Applicable. See quotation. NOT APPLICABLE in South Carolina) I hereby consent to and accept a fully earned service fee of \$205 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing.													
I understand that the insurance applied for within this application: DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.													
PREMIUM SUMMARY: <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> FINANCED – Enclose a <u>copy</u> of the finance agreement. Instruct Premium Finance Company to <u>send balance directly to AI Janosik Agency</u> .	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Base Premium</td> <td style="width: 10%; text-align: center;">\$</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>Policy Service Fee</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>Broker Fee</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>TOTAL PREMIUM</td> <td style="text-align: center;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Base Premium	\$		Policy Service Fee	\$		Broker Fee	\$		TOTAL PREMIUM	\$	
Base Premium	\$												
Policy Service Fee	\$												
Broker Fee	\$												
TOTAL PREMIUM	\$												

I/We have reviewed all pages of this supplemental application and confirm that the coverages and limits selected are the only ones I/We want to purchase. I/We understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I/We agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I/We 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/We further agree to notify the company in writing of all new employees and independent contractors, within 10 days of hiring. I/We 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/WE AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO AI Janosik Agency, 2300 SW 29th, Topeka, KS 66611

APPLICANT'S SIGNATURE _____ DATE _____

BROKER'S SIGNATURE OF COMPLETION _____ DATE _____