



**LIST INFORMATION FOR ALL OWNERS, SPOUSES, OFFICERS, EMPLOYEES AND DRIVERS BY CLASS:**

**CLASS I –EMPLOYEES**

All owners and employees must be listed, whether or not they drive autos. Include all independent contractors who work for the business.  
Part-time employees are those who work less than 20 hours per week and are subject to audit.

Company use only

NAME	Full-Time/ Part-Time	D.O.B	POSITION	Personal Use	# of Moving violations in past 3 years ?	DRIVERS LICENSE #	STATE	UNITS
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			
	<input type="checkbox"/> FT <input type="checkbox"/> PT			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			

Transportation of vehicles is performed by (check all that apply):  Commercial Carrier  Own Employees  Misc. Driver's - # of hours used Per week: \_\_\_\_\_

Have there been any major violations in the last three years?  Yes  No Unanswered question will be considered a "NO" answer.

(i.e.: DUI, driving on a suspended / revoked license, reckless driving. **If yes, list person and provide details in \*Remarks)**

**CLASS II – NON-EMPLOYEES**

Any of the following persons who have personal use of a covered auto: Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

Company use only

NAME	RELATIONSHIP TO THE INSURED	D.O.B	# Of Moving violations in past 3 years ?	DRIVERS LICENSE #	STATE	UNITS
			_____			
			_____			
			_____			
			_____			
<b>TOTAL RATING UNITS FOR CLASS I &amp; CLASS II</b>						

**\*REMARKS:**

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I/We understand that an offer of insurance and the premium quoted is based on all motor vehicle records being acceptable to the company. Unacceptable motor vehicle records will result in driver exclusion(s), premium increase, and/or possible cancellation of an issued policy. I/We further declare that I/We will notify the company of all employee additions or deletions (including independent contractors) as they occur. Failure to report employees whether or not they drive and all employee changes as they occur can result in a coverage dispute and/or cancellation of the policy applied for. I/We have initialed this statement.

**INITIALS**

Applicant	Broker

## NON FRANCHISED AUTO DEALER APPLICATION – UNDERWRITING QUESTIONNAIRE

### APPLICANT'S SECTION (ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT)- EXPLAIN ALL \*YES ANSWERS IN REMARKS

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

### 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

<b>REMARKS / * YES Answers:</b>

INITIALS	
Applicant	Broker

**SYMBOLS / COVERAGE / LIMITS**

<b>COVERED AUTO</b> [21] ANY AUTO	[22] ALL OWNED AUTOS	[27] SPECIFICALLY DESCRIBED AUTOS
<b>SYMBOL:</b>	[30] AUTOS LEFT FOR SERVICE, REPAIR, STORAGE, OR SAFE KEEPING	[31] DEALERS AUTOS & INVENTORY AUTOS

COVERAGE /AUTO SYMBOL	LIMITS OF LIABILITY
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<b>GARAGE LIABILITY</b> [21]	<b>DEDUCTIBLE</b> <input type="checkbox"/> NONE <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000	<input type="checkbox"/> 100,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 300,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 350,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 500,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 1,000,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <p align="center"><b>(AGGREGATE DOES NOT APPLY TO AUTO ACCIDENTS)</b></p>
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<b>LESSOR'S RISK</b>	<b>LOC</b>	<b>BUSINESS NAME AND OPERATION(S) OF TENNANT(S)</b>	<b>SQ. FT. LEASED</b>
	1		
	2		

**ADDITIONAL INSUREDS – GARAGE AS RESPECTS:** \_\_\_\_\_ **LOC #** \_\_\_\_\_  
**NAME & ADDRESS:**

Federal Odometer  
 Truth in Lending **\$300,000 Aggregate applies per coverage**  
 Title Errors and Omissions

**PERSONAL INJURY LIABILITY** SAME LIMITS AS SELECTED IN LIABILITY (NOT needed if Broadened Coverage is selected)

<input type="checkbox"/> <b>OWNER OF PREMISES (LANDLORD)</b>	<b>LOC</b>	<b>LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE</b> <b>NAME / ADDRESS</b>
	1	
	2	

**BROADENED COVERAGE - GARAGE** INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability And \$50,000 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)

**MEDICAL PAYMENTS** LIMIT PER PERSON:  \$1,000  \$2,000  \$5,000

<b>FIRE LEGAL LIABILITY</b>	If Broadened Coverage requested, complete information and enter limit desired in excess of the \$50,000 limit already included under Broadened Coverage.		
	<b>Loc. 1</b>	<b>Construction Type:</b>	<b>Limit \$</b>
		<b>Bldg. Use:</b>	<b>Year Built:</b>
	<b>Loc. 2</b>	<b>Construction Type:</b>	<b>Limit \$</b>
		<b>Bldg. Use:</b>	<b>Year Built:</b>

**BROAD FORM PRODUCTS** SAME LIMITS AS SELECTED IN LIABILITY

<b>BROAD FORM DRIVE OTHER CAR COVERAGE</b>	<input type="checkbox"/> LIABILITY <input type="checkbox"/> UM/UIM <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If applicable) <input type="checkbox"/> PHYS. DAMAGE	AVAILABLE ONLY TO OWNER(S), PARTNER(S), THEIR SPOUSE(S), AND MAJORITY SHAREHOLDER(S) AND THEIR SPOUSE(S). LIST NAMES: 1 _____ 2 _____ 3 _____ 4 _____
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<b>UNINSURED MOTORISTS</b>	<b>CALIFORNIA [22]</b> UM/UIM Bodily Injury <input type="checkbox"/> \$60,000 CSL <input type="checkbox"/> Other _____ (Co.Approval Req'd) <input type="checkbox"/> UMPD 3,500 (Not available if Collision purchased) <input type="checkbox"/> Waiver of Collision Deductible <b>NON-CALIFORNIA</b> Attach State Specific Form	<b>NUMBER OF DEALER PLATES:</b> # _____  <b>NUMBER OF PERSONAL REGISTERED AUTOS:</b> # _____  <b>NUMBER OF COMMERCIAL OR TRAILER PLATES:</b> # _____
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<b>GARAGEKEEPERS [30]</b>	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY  <input type="checkbox"/> DIRECT PRIMARY	<b>LOC</b>	<b>LIMIT</b>	<b>OTHER THAN COLLISION (Agg)</b>	<b>COLLISION</b>
			1	\$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$500 / \$10,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
			2	\$ _____		

**PHYSICAL DAMAGE ON DEALERS AUTOS [31] – INVENTORY MUST BE INSURED 100% TO VALUE**

<b>Indicate interests to be covered</b>	Your interest in covered "autos" you own <input type="checkbox"/>	Your interest only in financed covered "autos" <input type="checkbox"/>	Your interest and the interest of any creditor named as a loss payee <input type="checkbox"/>	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale <input type="checkbox"/>	
<b>OTHER THAN COLLISION COVERAGE</b>			<input type="checkbox"/> <b>BLANKET COLLISION</b> <b><u>COLLISION DEDUCTIBLE PER AUTO:</u></b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000      Unlimited Radius Collision Included <input type="checkbox"/> \$2,500  <b>AVERAGE COST NEW: \$ _____</b> <b><u>Max per Auto \$60,000</u></b>		
<b>LIMIT FOR LOCATION 1:</b>		<b>LIMIT FOR LOCATION 2:</b>			
\$ _____		\$ _____			
<b><u>Max Per Auto \$60,000</u></b>					
<input type="checkbox"/> <b>COMPREHENSIVE</b> <input type="checkbox"/> <b>SPECIFIED PERILS</b>		<input type="checkbox"/> <b>FIRE &amp; THEFT</b> <input type="checkbox"/> <b>FIRE ONLY</b>			
<b><u>O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURRENCE &amp; LOCATION</u></b>					
<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$500 / \$10,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 <input type="checkbox"/> \$1,000 / \$25,000					
<input type="checkbox"/> <b>HIRED AUTO PHYSICAL DAMAGE – Deductibles same as Dealer's Physical Damage.</b> TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$50,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED <b>LOSS PAYEE FOR INVENTORY:</b>					

**SCHEDULED VEHICLE PHYSICAL DAMAGE**

<input type="checkbox"/> <b>COMPREHENSIVE [27]</b>  <input type="checkbox"/> <b>COLLISION [27]</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>IDENTIFICATION NUMBER</b>	<b>COST NEW</b>	<b>DEDUCTIBLE</b>
					\$ _____	\$ _____
					\$ _____	\$ _____
<b>LOSS PAYEE:</b>						

**APPLICANT'S CONSENT / ADVISORY / WARRANTIES**

**APPLICANT'S INITIALS (REQUIRED)**

<b>ANIMAL EXCLUSION</b> I hereby consent to and accept an Animal Endorsement, which will change the policy applied for.	○
<b>POLICY SERVICE FEE – (If Applicable. See quotation. NOT APPLICABLE in South Carolina)</b> 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: <b>DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</b>	○
<b>PREMIUM SUMMARY:</b>	
<input type="checkbox"/> PAID IN FULL	Base Premium      \$ _____
<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>	Policy Service Fee      \$ _____
	Broker Fee      \$ _____
	<b>TOTAL PREMIUM</b> \$ _____

I/We have reviewed all five pages of this 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 understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be void, subject to cancellation, or an 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 29<sup>th</sup>, Topeka, KS 66611**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_