



Auto Dealers Program

Supplemental Questionnaire

**[SEE NOTES ON LAST PAGE ABOUT DRIVER INFORMATION IN ACORD APPLICATIONS #128 AND #163]
[TO BE COMPLETED IN CONJUNCTION WITH REQUIRED SIGNED ACORD APPLICATIONS]**

A. General

Dealership Name _____

1. What is your dealership's total annual sales (include repairs)? _____

If multiple locations: Loc 1 _____ Loc 2 _____ Loc 3 _____

(Attach additional sheet if more than 3 locations.)

B. Floor plan

1. Are coverages provided by a floor plan? Yes No

If yes, which coverages? Comprehensive Collision For new vehicles Used vehicles

2. What was your dealership's highest new car inventory during the last 12 months? \$ _____

C. Automobile liability

1. Do your salespersons always accompany customer test drives? Yes No

2. Are customers provided with dealer-owned vehicles while theirs are being serviced/repaired? Yes No

a. If yes, are loaner agreements used? Yes No

b. If loaner agreements are used, attach copy of the agreement.

3. Are vehicles provided to salespersons or other employees for personal use? Yes No

a. If yes, are demo agreements used for all individuals furnished with a vehicle? Yes No

b. If demo agreements are used, attach copy of agreement.

c. If yes but no demo agreements are used, what controls are in place for all employees and/or family member usage?

4. Does your dealership furnish a vehicle to anyone other than an employee or family member? Yes No

If yes, does the dealership's insurance policy provide coverage for these additional drivers? Yes No

If your dealership's policy does not provide coverage then:

a. Do you obtain a certificate of insurance verifying coverage exists for the individual or organization who are provided such vehicle(s)? Yes No

b. Are you named as additional insured under such coverage? Yes No

D. Renting and leasing

1. Does your dealership rent or lease vehicles to customers? Yes No

2. Do you offer non-customer rentals? Yes No

If yes, is rental operation conducted as a separate corporate entity? Yes No

3. Is there separate insurance in place for rental/leasing operations? Yes No

If yes, please provide carrier name and liability limits _____

E. Garage operations

1. What would you estimate is the maximum number of customer vehicles at each location?
Location 1 _____ Location 2 _____ Location 3 _____
2. Does your dealership sell any unusually expensive, rare, antique, or exotic automobiles? Yes No
If yes, please describe: _____
3. Does your dealership perform any vehicle conversions (such as van customizing, wheel drive kit installation, converting foreign autos to U.S. standards, and so on)? Yes No
If so, please describe: _____
4. Does the dealership do any rebuilding, manufacturing or relabeling merchandise under own brand name? Yes No
5. a. Does your dealership own any tow trucks, auto transporters, or similar vehicles? Yes No
If yes, are they for your: dealership's own work; or general hire.
- b. Does your dealership do any repossession work? Yes No
- c. Does your dealership perform road service? Yes No
6. Does your dealership:
- a. Install or service non-factory items? Yes No
- b. Sell or service heavy commercial trucks? Yes No
- c. Sell farm equipment, ATV's, recreation vehicles, snowmobiles, motorcycles, boats, etc? Yes No
If yes, identify by manufacturer and indicate percentage of sales. _____
- d. Install spray-on bed liners? Yes No
If yes, give details on spray booth use, employee protection, etc. _____

F. Property

1. Is a woodstove or waste oil heater utilized? Yes No
If yes, please describe _____

**G. Optional ISO Pollution Liability Coverage Form - Designated Sites - CG0039
(Optional - answer questions in this section ONLY if you want this coverage)**

1. Does your dealership have more than 50 used tires waiting for disposal on premises at any one time? Yes No
2. Is bulk fuel stored on the premises? Yes No
If yes, please describe the storage facility in detail, specifically any above-ground storage tanks of greater than 1,000 gallon capacity: _____
3. Do you have more than 250 gallons of waste product stored on-site at any one time? Yes No
4. Do you have any storage tanks greater than 250 gallons located inside the building? Yes No
5. Does your dealership hold any EPA permits for handling or storing hazardous products (antifreeze, motor oil, windshield fluid, waste products etc.)? Yes No

H. Employment Related Practices

(Optional - answer questions in this section ONLY if you want this coverage)

Optional limited employment related practices **defense-only** coverage is available. Answer questions in this section ONLY if you want this coverage. (NOTE: If full Employment Related Practices Liability Insurance coverage is desired, please see your Utica agent for complete application and quote).

1. Total number of employer initiated terminations of full or part-time employees for the last three calendar years:
Last full calendar year _____ Next Prior _____ Next Prior _____
2. Within the last 5 years have you (or any business you have acquired):
 - a. received any employment related inquiry, complaint or charge from any municipal, state, or federal regulatory authority or any other government entity? Yes No
 - b. had a claim, suit, grievance or demand related to employment practices brought against you? Yes No**If yes to either, explain each here, below, or on a separate sheet:** _____

3. Are you aware of any employment related practices facts, incidents or circumstances which may result in a claim(s) being made against you? Yes No
If yes, explain each here, below, or on a separate sheet: _____

4. Has any insurer ever cancelled or non-renewed this type of coverage for you? Yes No
If yes, provide details here, below, or on a separate sheet: _____

I. Employee Benefit Programs Liability (EBL) - CLAIMS-MADE BASIS

(Optional - answer questions in this section ONLY if you want this coverage)

1. Average # of Employees: _____
2. Limits of liability \$ _____ each claim, \$ _____ aggregate for each annual policy year.
3. Proposed Effective Date: This insurance is to be effective from 12:01 a.m.: _____
 - a. Proposed retroactive date: _____ ("None" provides unlimited prior acts coverage subject to underwriting restrictions - refer to Underwriter)
 - b. Entry date into uninterrupted claims-made coverage: _____
 - c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No
 - d. Was tail coverage purchased under any previous policy? Yes No
If yes, give effective and expiration dates of tail coverage. _____

4. Is there Summary Plan Documentation easily understandable and distributed to all employees?
 Yes No If "yes" attach copy.
5. Is there an Orientation Checklist acknowledging the explanation of benefits and election options chosen signed by the employee? Yes No If "yes" attach copy.
6. Does the insured have a person dedicated to presenting Benefit Plans to employees, such as a Personnel Manager or Employee Benefits Manager? Yes No
7. Is there a written plan of continuation of management which promotes conformity of the organization?
 Yes No If "yes" attach a copy or describe: _____

8. Have any claims been paid in last 5 years? Yes No If "yes" describe briefly and give amount:

9. Are you aware of any circumstance which may result in any future claim? Yes No If "yes" explain particulars: _____

ADDITIONAL NOTES / COMMENTS / EXPLANATIONS:

NOTE: LAST PAGE MUST BE COMPLETED FOR CORRECT RATING OF YOUR POLICY. THIS IS INSTEAD OF THE DRIVER INFORMATION ON ACORD APPLICATIONS.

Drivers Information Report

[NOTE: PLEASE COMPLETE INSTEAD OF DRIVER INFORMATION IN ACORD APPLICATIONS #128 AND #163 AS WE ASK FOR ADDITIONAL INFORMATION NEEDED FOR RATING]

CHECK IF AUTO FURNISHED	Name	Title/Position	Class I Employees							Class II Non-Employees		Date of Birth	Drivers License Number	State	Length of Employment	
			Active Proprietors, Partners and Executives	General Managers	Service Managers	Sales Personnel	Other Employees Principle Duty Driving Covered Auto	All Other Employees	Non-employees Who Are Furnished with Autos	Family Members of Persons Furnished a Vehicle						
			CHECK APPROPRIATE BOX BELOW													