

Date: _____

Dealership application

Hagerty Broker # _____

General information

Named Insured: _____

DBA Name (if any): _____

Nature of Business/Operations: _____

Contact Name: _____

Mailing Address: _____

Title: _____

Daytime Phone: _____

City: _____

Email: _____

State: _____

Website: _____

Zip Code: _____

Number of Years in Business: _____

Have there been any losses in the past 5 years?

FEIN #: _____

Yes No (3 year loss runs required, if applicable)

Individual Partnership Corporation Joint Venture

Prior carrier information

Non-Profit Subchapter S LLC

Policy term: _____

Proposed effective date: _____

Target Premium: _____

Employee Information

Total Number of Employees: _____ Please list **all employees** below. If total number exceeds 7, please [use this worksheet](#).

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Name: _____ Job Title: _____ Part Time Full Time **Driver:** Yes No

If Driver: DOB: _____ Driver's License #: _____ State: _____

Location information

Location 1 Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No

Value: _____

Are there any additional insureds? Yes No
If Yes:

Name: _____

Address: _____

Insurable Interest: _____

Requested Limits:

Building: _____

Business Personal Property: _____

Business Income: _____

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical _____ Plumbing _____

Roofing _____ Heating _____ Other _____

Any History of Flooding/Water Back-up? Yes No
If Yes, explain:

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)

Central Station Fire Alarm? Yes No
(Mandatory)

Central Station Burglar Alarm? Yes No
(Mandatory)

Is the Building Sprinklered? Yes _____ No
(percentage)

Deductible:

\$1,000 \$2,500 \$5,000 Other _____

Location 2 Same as Mailing Address

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Are you the Building Owner? Yes No

Are you a Tenant? Yes No

Construction (check all that apply):

Frame Joisted Masonry Non-Combustible

Masonry Non-Combustible Fire Resistive

Building Square Footage: _____

Number of Stories: _____ Year Built: _____

Year of Last Update: Electrical _____ Plumbing _____

Roofing _____ Heating _____ Other _____

Location 2 continued

Are there other tenants in your building(s)? Yes No
If Yes, describe operations, protection, etc.:

Need Tenants, Betterments, Improvements Coverage? Yes No
Value: _____

Are there any additional insureds? Yes No
If Yes:
Name: _____
Address: _____
Insurable Interest: _____

Requested Limits:

Building: _____
Business Personal Property: _____
Business Income: _____

Any History of Flooding/Water Back-up? Yes No
If Yes, explain:

Distance to Fire Hydrant: _____ feet

Distance to Fire Station: _____ miles

Note Adjacent Exposures: _____
(distance, type of exposure, etc.)

Central Station Fire Alarm? Yes No
(Mandatory)

Central Station Burglar Alarm? Yes No
(Mandatory)

Is the Building Sprinklered? Yes _____ No
(percentage)

Deductible:

\$1,000 \$2,500 \$5,000 Other _____

Additional coverage checklist

Are you interested in a quote for any of the following?

- Umbrella Coverage
- Workers Compensation Coverage
- Directors & Officers Coverage
- Crime Coverage
- Cyber Coverage
- EPLI Coverage
- I am not interested in additional coverage

How did you hear about us?

- Referral
- Magazine
- Field Sales
- Internet
- Other _____

Collector vehicle dealership details

Named Insured:

Primary method of sales: On-site Internet Service of non-owned vehicles? Yes No

Estimated annual number of vehicle purchases/sales: _____ Are loaner cars available? Yes No

Transport after purchase/sale via: New Owner Hired Carrier Insured
Please Identify Percent of revenue from service-related work: _____

Maximum value on any one conveyance: _____ Ownership/sponsorship/repair of racing vehicles? Yes No

Maximum distance: _____ Any employees/family member furnished autos? Yes No
If yes, list names and vehicles furnished:

Are test drives allowed? Yes No **1.** Name: _____
 If Yes, please describe: _____
Year: _____ Make: _____

of Dealer Plates: _____ # of Repair Plates: _____ Model: _____ VIN: _____

of Transporter Plates: _____ **2.** Name: _____
Year: _____ Make: _____

Do owners drive the inventory vehicles for personal use?
Yes No If Yes, how many miles per year? _____ Model: _____ VIN: _____

Do employees drive the inventory vehicles for personal use?
Yes No If Yes, how many miles per year? _____ **3.** Name: _____

Does inventory include supercars? Yes No Year: _____ Make: _____

Total value of dealership inventory: _____ Model: _____ VIN: _____
Please attach a list of dealership inventory including year, make, model, VIN and value of each vehicle.

Is Drive Other Car coverage requested? Yes No Is E&O coverage requested? Yes No
If Yes, for whom? Limit: \$50,000 \$100,000 Other _____

1. First Name: _____ Is False Pretense coverage requested (if available)? Yes No
 Last Name: _____ Limit: \$50,000 \$100,000 Other _____
 Relationship: _____

Do you have a Personal Auto Policy? Yes No Include Customer Complaint Defense Reimbursement? Yes No

2. First Name: _____
 Last Name: _____
 Relationship: _____

Do you have a Personal Auto Policy? Yes No

FAIR CREDIT REPORT ACT NOTICE: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and [ny: substantial] civil penalties. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (Insurance benefits may also be denied in LA, ME, TN, AND VA).

APPLICANT'S ACKNOWLEDGEMENT: I acknowledge that I have read and understood this application in its entirety and that if carrier or its authorized representative agrees to issue a policy to me, coverage may be contingent on the truth, accuracy and completeness of the information I provided herein. I agree that this application and any materials submitted by me or at my direction with this application, shall be incorporated into and shall constitute a part of any policy issued, whether physically attached to the policy or not. Insurance coverage is subject to the terms, conditions, and exclusions in the policy.

Coverage is not in effect until specific notification is given by Hagerty.

Applicant signature: _____

Date: _____

STATE FRAUD STATEMENTS

THIS NOTICE IS PART OF YOUR APPLICATION

APPLICABLE IN COLORADO

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA

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.

APPLICABLE IN FLORIDA

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.

APPLICABLE IN HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA

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.

APPLICABLE IN WASHINGTON

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.