

Dealership application

Date:

Hagerty Broker #

General information

Named Insured:

DBA Name (if any):

Nature of Business/Operations:

Contact Name:

Title:

Daytime Phone:

Email:

Website:

Number of Years in Business:

FEIN #:

Individual Partnership Corporation Joint Venture

Non-Profit Subchapter S LLC

Mailing Address:

City:

State:

Zip Code:

Have there been any losses in the past 5 years?

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

Prior carrier information

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.:

Any History of Flooding/Water Back-up?

Yes

No

If Yes, explain:

Distance to Fire Hydrant:

feet

Distance to Fire Station:

miles

Need Tenants, Betterments, Improvements Coverage?

Yes

No

Value:

Note Adjacent Exposures:

(distance, type of exposure, etc.)

Are there any additional insureds?

Yes

No

If Yes:

Name:

Central Station Fire Alarm?

Yes

No

(Mandatory)

Central Station Burglar Alarm?

Yes

No

(Mandatory)

Is the Building Sprinklered?

Yes

(percentage)

No

Insurable Interest:

**Requested Limits:**

Building:

Business Personal Property:

Business Income:

**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 &amp; Officers Coverage

Crime Coverage

Cyber Coverage

EPLI 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:			Percent of revenue from service-related work:		
New Owner	Hired Carrier	Insured			
Please Identify					
Maximum value on any one conveyance:			Ownership/sponsorship/repair of racing vehicles?	Yes	No
Maximum distance:			Any employees/family member furnished autos?	Yes	No
Are test drives allowed?	Yes	No	If yes, list names and vehicles furnished:		
If Yes, please describe:					
# of Dealer Plates:	# of Repair Plates:				
# of Transporter Plates:					
Do owners drive the inventory vehicles for personal use?					
Yes	No	If Yes, how many miles per year?			
Do employees drive the inventory vehicles for personal use?					
Yes	No	If Yes, how many miles per year?			
Does inventory include supercars?	Yes	No			
Total value of dealership inventory:					
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:			Include Customer Complaint Defense Reimbursement?	Yes	No
Do you have a Personal Auto Policy?	Yes	No			
2. First Name:					
Last Name:					
Relationship:					
Do you have a Personal Auto Policy?	Yes	No			