



**DEALERSHIP INFORMATION:**

Dealership Corporate Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Dealership Insurance Contact: \_\_\_\_\_

**LOCATIONS TO BE COVERED:**

List all locations where covered inventory is maintained or stored. A separate Security Checklist must be completed for each location. All lots or parcels which share a common boundary are considered a single location.

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**SECURED INTERESTS:** List all parties to be included as loss payees, showing the nature of each party's interest – i.e., floor planner, lien holder, lessor, consignor, etc.

	<u>NAME/ADDRESS</u>	<u>INTEREST</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If requested, the above interests will be provided with loss payee notification, in which case the Applicant agrees that any claim payments made to them is the same as payment to itself. The Applicant further agrees to authorize these interests to release to insurers any financial data that may be requested in connection with the insurance for which application is made hereunder.

**COVERAGE REQUIREMENTS:** Coverage Effective Date: \_\_\_\_\_ 12:01 a.m. (Coverage is not in force unless written confirmation is provided by Stewart Smith Specialty Risks, Inc.)

Deductible Requested: \$ \_\_\_\_\_ Per Vehicle, not to exceed  
\$ \_\_\_\_\_ Per Occurrence

**COVERAGE REQUIREMENTS:**

CHECK [✓] COVERAGE DESIRED

VEHICLE TYPE	SECURED INTEREST (Nos. from above schedule)	COMPREHENSIVE & COLLISION	COLLISION ONLY	TRICK & DEVICE	AVERAGE VALUES AT RISK
New:	_____	[ ]	[ ]	[ ]	\$ _____
New:	_____	[ ]	[ ]	[ ]	\$ _____
New:	_____	[ ]	[ ]	[ ]	\$ _____
Used:	_____	[ ]	[ ]	[ ]	\$ _____
Used:	_____	[ ]	[ ]	[ ]	\$ _____
Demos:	_____	[ ]	[ ]	[ ]	\$ _____
Demos:	_____	[ ]	[ ]	[ ]	\$ _____
Other Road:	_____	[ ]	[ ]	[ ]	\$ _____
**Non-Owned:	_____	[ ]	[ ]	[ ]	\$ _____

**\*\* Include only vehicles which Applicant is contractually required to insure.**

**GENERAL:**

**MANUFACTURER**

**% OF INVENTORY**

Franchise(s) Held: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Current Ownership dates from: \_\_\_\_\_  
 Name of current insurance company: \_\_\_\_\_  
 Name of current insurance agency/broker: \_\_\_\_\_  
 Has any company cancelled or declined to renew any insurance policy during the last ten years? \_\_\_\_\_  
 (If so, please give complete details:) \_\_\_\_\_

No. of body shop personnel: \_\_\_\_\_ Hourly labor rate charged for insurance repairs: \_\_\_\_\_

**LOSS EXPERIENCE:**

**Weather related losses during the last ten years (i.e., windstorm, hail or flood)**

Date	Type	No. Units	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**All losses during the last three years: (ATTACH INSURANCE COMPANY LOSS RUNS)**

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**SECURITY CHECKLIST:** A separate checklist must be completed for each covered location.

Location No: \_\_\_\_\_ (from Schedule on page 1)

Nature of business conducted at this location: \_\_\_\_\_

Distance to nearest inland river/waterway: \_\_\_\_\_ distance to coastline: \_\_\_\_\_

Maximum values at risk at this location: \$ \_\_\_\_\_ any one vehicle;  
\$ \_\_\_\_\_ all vehicles - indoor storage  
\$ \_\_\_\_\_ all vehicles - outdoor storage

**Note:** If vehicle values stored indoors exceed \$1,000,000, please attach separate building schedule showing construction type, fire protection class and whether or not sprinklered.

**CHECK WHERE APPLICABLE:**

- Guard dog(s)
- Camera surveillance covering all lots (manufacturer) \_\_\_\_\_
- Vehicle anti-theft systems (i.e., "lojack", window etchings, sirens, etc. – describe) \_\_\_\_\_

Security Guard (describe type and hours) \_\_\_\_\_

- Exterior lights remain on all night
- Exterior lights eliminate dark shadows
- Location not situated in a 100 year flood plain (as designated by the U.S. Army Corps of Engineers or Federal Emergency Management Agency)
- Damage will not result from rain or melting snow and ice
- Flood emergency plans are in place
- Perimeter fencing/barricades equipped with central station alarm protecting all vehicles
- All storage areas at this location are secured in such a way that vehicles cannot be removed from premises during non-business hours without causing property destruction to perimeter fences, posts, chains, barricades and/or gates (if this item is not checked, please explain why exit of vehicles cannot be prevented; i.e., lack of fencing, gates, zoning restrictions, etc.).

- Public cannot access keys to inventoried vehicles
- Only designated individuals are authorized to dispense keys (please give names/positions of person(s) who have been assigned responsibility for key(s) \_\_\_\_\_)

- Logs maintained to track key use
  - Keys are not left in unattended vehicles
  - Unattended vehicles are locked during non-business hours
  - Automated key machines are used to dispense all keys. (manufacturer) \_\_\_\_\_
  - Keys are secured after hours. Where? \_\_\_\_\_
  - Keys are cut from codes, but only after identifying the requestor
  - Removable key codes are stored with warranty documents
  - Lockboxes (affixed to vehicles) are used for key storage (if lockboxes are used, please provide details – i.e., Manufacturer(s), on what vehicles, during what hours, etc.)
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**MANAGEMENT PROCEDURAL REQUIREMENTS:**

[✓] Check where applicable

- [ ] Sales staff accompanies prospects on test drives  
[ ] Salespersons are instructed not to exit any test vehicle without the key  
[ ] Customer driver's licenses are checked for validity and copied prior to release of keys and/or vehicles (**a policy requirement**)  
[ ] Written insurance verification is secured from customers before vehicles are spot delivered (**also a policy requirement**)  
[ ] Vehicles are sold through brokers  
[ ] Specialty vehicles are held in inventory. Please describe any antique or collector cars, or any valued in excess of \$75,000, and explain what additional precautions, if any, are taken to safeguard same \_\_\_\_\_  
[ ] Parts or accessories are not cannibalized from inventory units  
[ ] Factory deliveries are made only during business hours  
[ ] Vehicles are inspected carefully at delivery and discrepancies noted on the receipt  
[ ] Off-site storage and sales are not normal. Exceptions are:  
\_\_\_\_\_  
\_\_\_\_\_
- [ ] A formalized loss prevention/safety program has been instituted. If checked, please attach copies of procedure manuals circulated to employees.
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**INVENTORY**

	Frequency of Audit	Performed by Whom	Date of Last Audit
New Car Inventory	_____	_____	_____
Used Car Inventory	_____	_____	_____

- [ ] All units were located during last audit
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**DEMONSTRATORS:**

	<u># of Vehicles</u>	
	<u>New</u>	<u>Used</u>
Demonstrators are provided to:		
Owners and Managers	_____	_____
Employees	_____	_____
Family Members	_____	_____
Other Non-Employees	_____	_____

- [ ] MVR's are checked on all persons with demo privileges.

Checked by whom: [ ] dealership      [ ] liability carrier      [ ] insurance agent  
How often: \_\_\_\_\_

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- [ ] Users are responsible for demo damage ( check all that apply):

- [ ] first \$\_\_\_\_\_ of loss      [ ] collision damage only  
[ ] only if user is at fault      [ ] all vehicle loss/damage

**ATTEST:**

All statements made herein and on the Dealer Operations Checklist are warranted to be true to the best Of my knowledge and belief; I understand that material misrepresentation may void this coverage.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Must be officer of dealership)

**Producer (if Applicable)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_