

# Used Auto and Motorhome Dealer Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY

Desired Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

## GENERAL INFORMATION

1. Named Insured Information (please select one):

Name

"dba" (if applicable)

- Corporation \_\_\_\_\_
- Partnership \_\_\_\_\_
- Individual \_\_\_\_\_
- Other \_\_\_\_\_

2. Business (physical) Address: \_\_\_\_\_

3. Mailing address: \_\_\_\_\_

4. Web Site Address: \_\_\_\_\_

5. Are you the owner of this business location?  Yes  No

If no, does owner of premises need to be named as additional insured?  Yes  No

If yes, please provide owner's complete name. \_\_\_\_\_

6. Description of Operation: \_\_\_\_\_

7. Type of Operation:

- Franchised Dealer
- Non-franchised Dealer
- Repair Shop
- Wholesale Dealer/Auto Broker
- Equipment & Implement Dealer
- Automobile Dismantling
- Other \_\_\_\_\_

8. Please check those items below that are part of your dealer operation:

- |   | % of<br>Operation |   | % of<br>Operation |
|---|-------------------|---|-------------------|
| <input type="checkbox"/> Private Passenger Autos            | _____             | <input type="checkbox"/> Motor Homes                          | _____             |
| <input type="checkbox"/> Mobile Homes                       | _____             | <input type="checkbox"/> Buses                                | _____             |
| <input type="checkbox"/> Motorcycles                        | _____             | <input type="checkbox"/> Antique Auto                         | _____             |
| <input type="checkbox"/> ATVs, Snowmobiles, Jet Skis        | _____             | <input type="checkbox"/> Autos valued over \$40,000           | _____             |
| <input type="checkbox"/> Trucks over 10,000 GVW             | _____             | <input type="checkbox"/> Contractor Equipment                 | _____             |
| <input type="checkbox"/> Tractors                           | _____             | <input type="checkbox"/> Internet sales of autos (incl. EBay) | _____             |
| <input type="checkbox"/> Trailers                           | _____             | <input type="checkbox"/> Internet sales of parts/accessories  | _____             |
| <input type="checkbox"/> High Performance/ Exotic Car Sales | _____             | <input type="checkbox"/> Farm Equipment/Implement Dealer      | _____             |
|   |                   | <input type="checkbox"/> Other                                | _____             |

9. Person to Contact:

For Inspection (Name & Phone Number) \_\_\_\_\_

For Accounting Records (Name & Phone Number) \_\_\_\_\_

10. Current management has controlled the business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)

11. Is this a new venture?  Yes  No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance?  Yes  No If yes, explain. \_\_\_\_\_

(c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

**THE INSURER CAN CANCEL THIS POLICY FOR WHICH YOU ARE APPLYING WITHOUT CAUSE DURING THE FIRST 90 DAYS. THAT IS THE INSURER'S CHOICE. AFTER THE FIRST 90 DAYS, THE INSURER CAN ONLY CANCEL THIS POLICY FOR REASONS STATED IN THE POLICY.**

13. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership

(b) What is estimated net worth of the business? \_\_\_\_\_ (c) Gross receipts last year? \_\_\_\_\_

(d) How many autos did you sell in the past year? \_\_\_\_\_

14. Has this business entity ever filed for bankruptcy?  Yes  No

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you accept autos on consignment?  Yes  No If yes, \_\_\_\_\_ % of operation.

If yes, is value of consigned autos included in garagekeepers limit?  Yes  No

Please enclose copy of current consignment agreement.

16. Plates held by Applicant (indicate number held): \_\_\_\_\_ Dealer \_\_\_\_\_ Transporter

\_\_\_\_\_ Repairer \_\_\_\_\_ Other

List Plate Identification Numbers assigned by the state: \_\_\_\_\_

Are plates attached to owned autos?  Yes  No Describe \_\_\_\_\_

Are plates attached to tow trucks?  Yes  No Describe \_\_\_\_\_

### **COVERAGE INFORMATION**

17. **Limits of Liability and Coverage(s) Requested (Check desired coverage and insert limits)**

**I. LIABILITY**

Each Accident

Aggregate (Garage operations only)

Bodily Injury & Property Damage Liability \$ \_\_\_\_\_

\$ \_\_\_\_\_

(Property Damage Liability subject to (Combined Single Limit)

(Maximum Aggregate Limit - 2 million)

\$100 deductible completed operations)

**List All Locations To Be Covered for bodily injury and property damage liability**

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

**II. MEDICAL PAYMENTS**

Premises Medical Payments (per person) Choose Limit:  \$500  \$750  \$1,000  \$2,000  \$5,000

**III. UNINSURED/UNDERINSURED MOTORISTS**

<b>APPLICABLE UNINSURED AND/OR UNDERINSURED MOTORISTS INSURANCE SELECTION/REJECTION PAGE IS REQUIRED TO BE COMPLETED AND SIGNED BY THE NAMED INSURED WITH THE SUBMISSION OF THIS APPLICATION.</b>
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**IV. GARAGEKEEPERS COVERAGE**

NOTE: In tow or on hook coverage is excluded from garagekeepers coverage

SPECIFIED PERILS and Collision **OR**  COMPREHENSIVE and Collision (available on Direct Primary basis only)

(pick one of the following)

Legal Liability

Direct Primary

GARAGEKEEPERS DEDUCTIBLE:  \$500 deductible per auto  
 \$1,000 deductible per auto  
 \$2,500 deductible per auto  
 \$5,000 deductible per auto

18. List All Business Locations To Be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

V. **DEALERS PHYSICAL DAMAGE** \*Non-Reporting Form Only, 80% coinsurance clause applies

Specified Causes of Loss (select desired deductible)

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

**AND**

Collision (select desired deductible)

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

List All Business Locations To Be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

Any loss payees?  Yes    No   If yes, give name and address of loss payee: \_\_\_\_\_

Is False Pretense Coverage desired?  Yes    No

If yes, select limit:  \$25,000    \$50,000    \$100,000

Have you experienced any past losses pertaining to False Pretense Coverage?  Yes    No

If yes, explain. \_\_\_\_\_

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

(a) Do you own and operate an Automobile Transporter, tow truck, tank truck or tank trailer?  Yes    No

(b) Do you desire coverage?  Yes    No

**(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)**

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (City, State)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

**Check desired coverages for scheduled autos and/or plates:**

Liability (Must match the garage liability limit)

UM Limit (policy level) \$ \_\_\_\_\_

Medical Payments Limit (Must match the garage medical payments limit)

Physical Damage (select type for each unit on which coverage is desired)

Unit #1:  Specified Perils/Collision   **OR**    Comprehensive/Collision

Unit #2:  Specified Perils/Collision   **OR**    Comprehensive/Collision

Unit #3:  Specified Perils/Collision   **OR**    Comprehensive/Collision

Is intow desired? Which units? \_\_\_\_\_

Intow Limit: \$ \_\_\_\_\_

Intow Deductible: \$ \_\_\_\_\_

## RATING INFORMATION

20. PROVIDE TOTAL NUMBER OF EMPLOYEES IN EACH OF THE FOLLOWING CATEGORIES:

**CLASS I EMPLOYEES**

Number

Number

**Definitions:**

- |  |       |  |       |
|--|-------|--|-------|
| (A) Proprietors, Partners, Executives active in the business | _____ | (E) Other employees whose principal duty is driving garage vehicles or who are furnished garage vehicles | _____ |
| (B) Sales Persons  | _____ | (F) Other employees or operators whose duty is driving garage vehicles for delivery or Driveway          | _____ |
| (C) General Managers   | _____ | (G) All other employees  | _____ |
| (D) Service Managers   | _____ |  |       |

**COMPLETE ALL SECTIONS BELOW:**

**Owner & Employee Driver information**

Loc. No.	Name	*Job Duty or Job Title	Full Time (FT) **Part Time (PT)	Date of Birth	State where licensed	Drivers License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

\*Insert letter from above definitions

\*\*Part Time = less than 20 hours per week

Number

**CLASS II EMPLOYEES (NON-EMPLOYEES)**

- |   |       |
|---|-------|
| (1) Any inactive proprietor, inactive executive or inactive partner to whom a covered auto has been furnished.                        | _____ |
| (2) Any active or inactive proprietor's, executive's or partner's household member to whom a covered auto has been furnished.         | _____ |
| (3) List all members of your household who are <u>14 years of age</u> and older regardless of whether licensed or operating vehicles. | _____ |
| (4) Any other persons furnished an auto.  | _____ |

**List all non-employees as defined above:**

Name	Date of Birth	If Member of Household, Show Relationship	State where licensed	Driver License #	Number of Accidents last 3 years	Number of Violations last 3 years	Explain

**UNDERWRITING INFORMATION**

21. Is the operation in question 6 your primary operation? If not, explain. \_\_\_\_\_ 21.  Yes  No
22. (a) Where do you obtain autos held for sale? \_\_\_\_\_  
(b) How are they delivered? (i.e. by drive-away, tow truck, auto transporter, etc.) \_\_\_\_\_
23. (a) If by drive-away, estimated total number of trips annually: \_\_\_\_\_  
(b) Who operates the units that are delivered by drive-away?  
 Full-time employees  Part-time employees  Contractors  
(c) Name(s) of drive-away operators: \_\_\_\_\_
24. Maximum Mileage per drive-away or delivery  0-150 miles  Over 150 miles  
(NOTE: Policy will include radius restriction based on indicated mileage):
25. Do you sell or distribute butane, propane, other liquefied gas under pressure, or ammonium nitrate? 25.  Yes  No
26. (a) Do you sell tires?  
\_\_\_\_\_ % of Receipts  New Tires \_\_\_\_\_ %  Used Tires \_\_\_\_\_ % 26. (a)  Yes  No  
(b) Do you recap or retread tires? (b)  Yes  No
27. Do you install and/or repair trailer hitches or 5th wheel connections? If yes, \_\_\_\_\_ % of operation. 27.  Yes  No
28. Do you hold a salvage dealer license or operate a salvage yard? 28.  Yes  No
29. Do you salvage cars for resale? 29.  Yes  No
30. Do you dismantle automobiles for the purpose of re-sale of parts? If yes, \_\_\_\_\_ % of operation. 30.  Yes  No
31. Do you weld gas tanks? 31.  Yes  No
32. Do you repossess autos? 32.  Yes  No
33. Do you sell parts? Gross Receipts from Parts Sold but not Installed: \_\_\_\_\_ 33.  Yes  No  
 Used Parts \_\_\_\_\_ %  New Parts \_\_\_\_\_ %
34. Do you have automatic car washes on location? (\$500 deductible applies) 34.  Yes  No
35. (a) Do you spray paint at your business location? 35. (a)  Yes  No  
(b) If yes, do you use a paint booth meeting Underwriters Laboratories (UL) standards? (b)  Yes  No
36. (a) Are customers permitted to test drive autos? 36. (a)  Yes  No  
(b) If yes, are customers accompanied by a salesperson during test drives? (b)  Yes  No  
(c) Are customers allowed test drive autos overnight? (c)  Yes  No
37. (a) Do you loan autos to customers? 37. (a)  Yes  No  
(b) Do you lease autos (including PPTs, trucks, motorcycles, ATVs, etc.)? (b)  Yes  No
38. Do you rent autos to customers while their units are left for service repair? 38.  Yes  No
39. Do you furnish autos to anyone? 39.  Yes  No
40. Do you sponsor any racing events? 40.  Yes  No
41. Do you repair autos (including cars, motorcycles, ATVs) that are used for racing? 41.  Yes  No
42. Do you pick up or deliver customers' autos? 42.  Yes  No
43. **PREMISES**  
Where are the units held for sale stored (in building, open lot, etc.)? \_\_\_\_\_ 43.  Yes  No  
If open lot, is lot floodlighted?  Yes  No  
Are attendants or night watchmen employed?  Yes  No  
Is there an alarm system? If yes, what kind? \_\_\_\_\_  Yes  No  
Is lot fenced?  Yes  No  
If yes, describe (e.g., chained, posts 4 feet apart). \_\_\_\_\_
- Are keys locked when stored after hours?  Yes  No
- Where are keys kept? Explain. \_\_\_\_\_  Yes  No
- Are customers permitted in the service area?  Yes  No
- How many service bays do you have? \_\_\_\_\_ Any service pits? If so, how many? \_\_\_\_\_
- Do you have fire and smoke alarms?  Yes  No
- Do you have fire extinguishers?  Yes  No
- Are firearms kept on premises?  Yes  No
- Do you occupy all of the premises?  Yes  No
- Do you lease part of premises to others? If yes, to whom? \_\_\_\_\_  Yes  No
- Is your operation located at your private residence?  Yes  No  
If yes, do you have homeowners or renters insurance?  Yes  No

## OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

### I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect *you* in the event *you* are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

**Uninsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

**Underinsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, then *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services  
State of South Carolina Department of Insurance  
Capitol Center  
1201 Main Street, Suite 1000  
Post Office Box 100105  
Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467  
E-mail Address: CnsmMail@doi.state.sc.us

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

**Limits of Coverage**

\$25,000 / \$50,000 / \$25,000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Policy's Liability Coverage Limits:

\_\_\_\_\_

**Amount of Increased Premium**

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)  
Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to purchase additional uninsured motorist coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is "no," you must then sign here. \_\_\_\_\_

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_\_

**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

**Limits of Coverage**

\$25,000 / \$50,000 / \$25,000

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Policy's Liability Coverage Limits:

\_\_\_\_\_

**Amount of Increased Premium**

(These increased premium charges must be filled in by your insurance agent prior to your decision and signature.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to purchase additional underinsured motorist coverage? YES \_\_\_\_\_ NO \_\_\_\_\_

If your answer is "no," you must then sign here. \_\_\_\_\_

If your answer is "yes," then specify the limits which you desire. These limits cannot exceed your automobile insurance liability limits.

I select \_\_\_\_\_

**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Interstate Commerce Commission requires a special endorsement to be attached to the policy which increases Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom? \_\_\_\_\_

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agent's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.