



DEALER INSURANCE APPLICATION

Fax back to 952-894-8990 or
Email: Jennifer@northlanddealers.com

APPLICATION INFORMATION

Legal Name of Company:		Effective Date of Coverage:	
Mailing Address:	City:	State	Zip
Email Address:			
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (describe)			
Own/Lease Property?	New Venture?	Years Experience:	
Inspection Contact:	Phone:	Federal ID/FEIN	

LOCATION INFORMATION

#	Street, City, County, State, Zip Code	Use of Location
1		
2		
3		

1. Is Mechanical work done for the public?..... Yes No
2. Does the Applicant sell anything other than private passenger vehicles, vans, or pickup trucks? Yes No
 Are there any antique or high performance cars sold?..... Yes No
 Do you sell salvage or rebuilt title autos?..... Yes No
 Any boats, snowmobiles, or ATV's sold?..... Yes No
 Any buy here pay here or leased vehicles?..... Yes No
3. Where does the Applicant purchase the vehicles that are for sale?

New Car Dealers	%	Auctions	%	Consignments	%
Wholesale	%	Trade Ins	%	Others	%

4. If vehicles are purchased from Auction, how are the vehicles delivered to the Applicant's lot?

5. If the Applicant delivers the vehicles, are only their employees delivering the vehicles? Yes No
6. If yes, what percentage of vehicles are transported within the following mileage groups for each location?

Percent Vehicles Transported		
Under 50 Miles	50 - 200 Miles	Over 200 Miles
%	%	%

7. What percentage of vehicles for sale on your lot fall into the following age groups?

Percent Vehicles For Sale			
1 - 6 Years	6 - 10 Years	10 - 20 Years	Over 20 Years
%	%	%	%

CLAIMS/PRIOR CARRIER INFORMATION

Carrier: _____ Exp Date: _____

Losses: Y N Loss Runs Requested By Insured: Y N

DATE OF LOSS	DESCRIPTION	AMOUNT PAID

BUSINESS PERSONNEL

LIST ALL OWNERS/OFFICERS, EMPLOYEES, DRIVERS, SUB-CONTRACTORS, AND BUYERS USING YOUR LICENSE

NAME	LICENSE #	STATE	DOB	POSITION	STATUS	PERSONAL USE
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N

NON-BUSINESS PERSONNEL

LIST ALL SPOUSES, HOUSEHOLD/FAMILY MEMBERS, AND CHILDREN BETWEEN THE AGES OF 14 AND 25

NAME	DRIVERS LICENSE #	STATE	DOB	POSITION/DUTIES	STATUS	PERSONAL USE
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N

ANYONE UNDER THE AGE OF 18 IS INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED FROM POLICY WHERE ALLOWABLE BY LAW

- Transportation of vehicles is performed by Commercial Transporter Employees Contract/Misc. Drivers (hours/week: _____)
- Have any owners or drivers been convicted of any major driving violations (i.e. DUI, reckless driving, driving with a suspended/revoked license, etc.) in the past 3 years..... Yes No
- Does anyone repair, maintain, recondition, or wash vehicles on the premises? Yes No
- Do you allow buyers or wholesalers to use your dealer plates or inventory autos? Yes No
- Do you allow employees to drive owned or inventory vehicles for personal use or to take them home at night? Yes No
- Are you or any owners/officers married? Yes No
- Do you or any owners/officers have any children between the ages of 14 and 25? Yes No
- Do you or any owners/officers have any other family members, relatives, or significant others who have use of an owned or inventory auto? Yes No

ALL PERSONS IDENTIFIED IN QUESTIONS 3 - 8 MUST BE LISTED ABOVE

Do you want property coverage? Building Yes No Building Value \$ _____
 Contents Yes No Contents Value \$ _____

Average Number of Vehicles on Lot _____ Average wholesale value per vehicle \$ _____
 Max value any one vehicle \$ _____ Number of Dealer Plates _____
 Inventory Physical Damage Limit Requested \$ _____ Liability Limit Requested _____

Lot Fenced? Y N Alarm or Security System? Y N Vehicles stored Inside Building? Y N
 Spray Painting? Y N Approved spray booth? Y N Own a tow truck/car hauler? Y N
 Sell Salvaged Vehicles? Y N Any Consignment? Y N If Yes, do they have an agreement? Y N
 Need Bond? Y N Dealer Physical Comp/Coll Coverage? Y N Number of Dealer Plates _____
 Do You Floorplan? Y N