

I. GENERAL INFORMATION SECTION		
First Named Insured:		
<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other		
Other Named Insured's:		
<input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other		
Description of Operations: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Automobile Repair <input type="checkbox"/> Other, Explain:		
Please Describe Business Operations:		
Contact Name/Title:		FEIN #:
Are you a New Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year business established?	Are you a SEMA member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Website:		Email Address:
Phone #:	Fax #:	Mobile #:
Mailing Address:		
City:	State:	Zip:
II. GENERAL LIABILITY SECTION		
PER OCCURRENCE LIMIT OF LIABILITY DESIRED: <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/> Other:		
\$	Manufacturing - Estimated annual gross revenue for goods made by you or produced on your behalf	
<i>Please provide percentage of sales of products manufactured or imported:</i>		
<input type="checkbox"/> % Engine Components <input type="checkbox"/> % Cooling Products <input type="checkbox"/> % Turbo / Superchargers <input type="checkbox"/> % Exhaust <input type="checkbox"/> % Drivetrain <input type="checkbox"/> % Suspension <input type="checkbox"/> % Brakes <input type="checkbox"/> % Steering <input type="checkbox"/> % Wheels <input type="checkbox"/> % Tires <input type="checkbox"/> % Electronics <input type="checkbox"/> % Interior Trim <input type="checkbox"/> % Exterior Trim <input type="checkbox"/> % Cargo Management <input type="checkbox"/> % Fuel Sys. <input type="checkbox"/> % Heating and Air <input type="checkbox"/> % Safety Equipment <input type="checkbox"/> % Towing Products <input type="checkbox"/> % Lubricants <input type="checkbox"/> % Polish / Cleaners <input type="checkbox"/> % Chassis / Frame <input type="checkbox"/> % Other - Please explain below:		
\$	Wholesale - Goods of other sold to another business excluding manufactured goods listed above	
\$	Retail - Goods purchased from a US Supplier and sold to a consumer excluding good listed above	
\$	Installation - Total annual revenue charged for installation of parts or services performed.	
<i>Please select the types of parts installed:</i>		
<input type="checkbox"/> Engine Components <input type="checkbox"/> Cooling Products <input type="checkbox"/> Turbo / Superchargers <input type="checkbox"/> Exhaust <input type="checkbox"/> Drivetrain <input type="checkbox"/> Suspension <input type="checkbox"/> Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Wheels <input type="checkbox"/> Tires <input type="checkbox"/> Electronics <input type="checkbox"/> Interior Trim <input type="checkbox"/> Exterior Trim <input type="checkbox"/> Cargo Management <input type="checkbox"/> Fuel Systems <input type="checkbox"/> Heating and Air <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Towing Products <input type="checkbox"/> Lubricants <input type="checkbox"/> Polish / Cleaners <input type="checkbox"/> Chassis / Frame <input type="checkbox"/> Other - Please explain below:		
\$	Other - Please explain any other revenue source	
1. Is coverage currently in force?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Effective Date:
2. Are additional insured certificates required?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Are hold harmless agreements required?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Are waivers of subrogation required?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Are any guarantees or warranties provided?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Are there any discontinued operations?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Been involved in any divestitures, mergers or acquisitions?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Does any named insured sell to another named insured?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Machinery or equipment loaned or rented to others?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Any watercraft, docks floats owned, hired or leased?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Any parking facilities owned/rented?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Any recreation facilities provided on your premise?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Sporting or social events sponsored?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Any structural alterations contemplated to building?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Do you lease employees to or from other employers?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Do you sell, treat or dispose of any hazardous materials?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Do you sponsor any race teams or sanctions?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
21. Are employee benefits offered?		Plan name:
<input type="checkbox"/> Yes <input type="checkbox"/> No		# of Employees on plan:
22. Is employee benefits legal liability coverage desired?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

III. – PRODUCT LIABILITY QUESTIONNAIRE – ONLY COMPLETE IF YOU ARE A MANUFACTURER OR DIRECTLY IMPORT GOODS

1. Are you currently a manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please complete #3 - #20 Below</i>
2A. Do you import goods directly from a foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please complete #3 - #20 Below</i>
2B. What is the factory name & country of origin of your product(s)?		
3. Do you have a quality control program or procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you maintain the following records?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• When and where your product was manufactured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• To whom your products were sold and date of sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Who supplied the parts going in to the products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• Changes in advertising, packaging materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. How long are quality control and testing records kept?		
6. Do products have warning labels & installation instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are warning labels/instructions reviewed by outside counsel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do you install, service or demonstrate your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please complete Garage Questionnaire</i>
9. Do you contract the manufacturing of your products to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do you produce products for others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Do you offer training / instructions in the use of your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Do you have a written products recall procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever or plan on recalling a product from the market?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
14. Are any Products related to aircraft/space industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Any Products recalled or discontinued?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, please explain:</i>
16. Are Products of others sold/repackaged under your Label?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Do you manufacture products other than automotive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Do you manufacture / import brakes, tires or safety equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Can you identify your goods from those of the competition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Are your products subject to government or industry standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. – AUTOMOBILE LIABILITY SECTION - COVERAGE FOR NON-OWNED AUTO LIABILITY COVERAGE

1. Do you test drive customer cars?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is the radius of travel?	
2. Do employees use their cars for company use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
3. Total number of Full & Part Time Employees?	# Owners	# Full Time Employees	# Part-time Employees
4. Do you loan, rent or lease vehicles to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
5. Do you rent vehicles for use in the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated # of days annually:	#
6. Are customer's cars taken home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how often:	#
7. Do you transport cars for hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many:	#
8. Are there any vehicles registered to the company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many:	#
9. Do you have any motor vehicle plates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many:	#
<input type="checkbox"/> Buying & selling of automobiles <input type="checkbox"/> Cars Held on consignment <input type="checkbox"/> Vehicles provided by a dealer not registered for road use <input type="checkbox"/> Other; Please explain:			

V. PROPERTY SECTION – REQUIRED INFORMATION FOR EACH LOCATION TO BE INSURED										
#1 PREMISE ADDRESS:								PC:		
<i>LIMIT</i>	<i>COVERAGE</i>	<i>DESCRIPTION</i>					<i>DEDUCTIBLE</i>			
\$	Building	Property coverage for Buildings owned or required by lease.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Mobile Property	Property in transit					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
Construction Type:		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel								
Location Type:		<input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain.								
# of Stories:		Age of Building:		Sq. Footage:		Roof Type:				
If over 30 years old, when were updates made to the following:				Wiring:		Plumbing:		Roofing:		Heating & Air:
What Percentage of the building do you occupy?				Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No			What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video							
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System				Percentage of Building with Fire Suppression Sprinklers:			%			
#2 PREMISE ADDRESS:								PC:		
<i>LIMIT</i>	<i>COVERAGE</i>	<i>DESCRIPTION</i>					<i>DEDUCTIBLE</i>			
\$	Building	Property coverage for Buildings owned or required by lease.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Mobile Property	Property in transit					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
Construction Type:		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel								
Location Type:		<input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain.								
# of Stories:		Age of Building:		Sq. Footage:		Roof Type:				
If over 30 years old, when were updates made to the following:				Wiring:		Plumbing:		Roofing:		Heating & Air:
What Percentage of the building do you occupy?				Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No			What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video							
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System				Percentage of Building with Fire Suppression Sprinklers:			%			
#3 PREMISE ADDRESS:								PC:		
<i>LIMIT</i>	<i>COVERAGE</i>	<i>DESCRIPTION</i>					<i>DEDUCTIBLE</i>			
\$	Building	Property coverage for Buildings owned or required by lease.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Contents	Business fixtures, furnishings, equipment & finished goods etc.					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Business Interruption	Coverage for actual loss of earnings and extra expenses post loss					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
\$	Mobile Property	Property in transit					<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
Construction Type:		<input type="checkbox"/> Wood Frame <input type="checkbox"/> Masonry-Wood Roof & Floors <input type="checkbox"/> Masonry-Concrete & Steel Roof/Floors <input type="checkbox"/> Steel								
Location Type:		<input type="checkbox"/> Residential <input type="checkbox"/> Retail <input type="checkbox"/> Co-Op <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other, explain.								
# of Stories:		Age of Building:		Sq. Footage:		Roof Type:				
If over 30 years old, when were updates made to the following:				Wiring:		Plumbing:		Roofing:		Heating & Air:
What Percentage of the building do you occupy?				Do you own your building? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Does it have an Alarm System? <input type="checkbox"/> Yes <input type="checkbox"/> No			What Type: <input type="checkbox"/> Central Station <input type="checkbox"/> Gong Alarm <input type="checkbox"/> Smoke <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Video							
Do you have? <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Sprinkler System				Percentage of Building with Fire Suppression Sprinklers:			%			

Please note that building must be insured at 100% Replacement Cost based on Marshall & Swift Reconstruction Costs

VI. – GARAGE KEEPERS LEGAL LIABILITY SECTION - FOR CUSTOMERS CARS IN YOUR CARE, CUSTODY OR CONTROL

LOC.#	LIMIT	DESCRIPTION	MAX # OF VEH. STORED	DEDUCTIBLE
#1	\$	Maximum Value Per Any One Loss	#	\$500 Per Vehicle / \$1,500 Max Per Loss
#2	\$	Maximum Value Per Any One Loss	#	\$500 Per Vehicle / \$1,500 Max Per Loss
#3	\$	Maximum Value Per Any One Loss	#	\$500 Per Vehicle / \$1,500 Max Per Loss

- Are Vehicles: Dropped off by customers Picked up by you Delivered to customers Transported by Motor carrier
- If vehicles are picked up or delivered, what is the radius of travel?
- What mode of deliver is used? Driven by an owner/employee Trailered by you Owned Tow Truck Third Party
- If third party, do they carry adequate "On Hook" or Cargo coverage protecting your customers car? Yes No
- Are vehicles stored overnight? Yes No
- If so, how are they stored? Inside Outside in Fenced Gated Lot Outside in Open Lot Public Street
- If open lot, is it Lighted? Yes No, Video Surveillance Yes No, Guarded by Dogs Yes No
- Are gates / chains used across all open entrances and exits when business is closed? Yes No
- Do you sub contract any work out? Yes No, If so, please describe work:
- Are certificates of insurance obtained from your subcontractors for their portion of the work performed? Yes No

VII. – EMPLOYMENT PRACTICES LEGAL LIABILITY (NOT REQUIRED IF COVERAGE ISN'T DESIRED)

*OPTIONAL LIMIT	DESCRIPTION
<input type="checkbox"/> \$25,000 / <input type="checkbox"/> \$50,000	Coverage for suits brought by an employee due to discrimination, harassment or wrongful termination. *Defense is within the limit of liability – Higher limits available upon request

Employment Practices Questions

- Total number of full time employees:# _____ Part time employees:# _____
- In the last 5 years has any current or former employee made a claim against you? If yes, please explain. Yes No
- Do you have a formal written procedure for the following?

A. Written applications for hiring / interviewing	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Employee Hand Book	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Injury & Illness Protection Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Employment related Grievances, disputes or claims	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Sexual or other workplace harassments	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Do you have a procedure for handling of employment related grievances, disputes, notifications or claims? Yes No
- Do you plan on increasing or reducing your staff within the next 12 months? Yes No
- Prior to employee terminations do you consult with:
 - Human resources personnel? Yes No
 - An attorney with experience in employment law? Yes No

Employment Practices Explanations

VII – PRIOR COVERAGE INFORMATION REQUIRED

 Is coverage currently in force? Yes No – If Yes please complete below.

COVERAGE	CARRIER NAME	EXPIRATION DATE	EXPIRING PREMIUM
Property			\$
Liability			\$
Auto			\$
Umbrella			\$
Workers Compensation			\$
Employment Practices Liability			\$

Mandatory section required in order to receive a quote

Are you aware of any incident, condition, circumstance, defect or suspected defect in any product or work performed which may result in a claim or claims against you that are not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been cancelled or non-renewed by a prior carrier within the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had a claim? If yes, please describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please describe all claims over \$25,000 in value

Date Of Loss	Description	Status
		<input type="checkbox"/> Closed <input type="checkbox"/> Open
		<input type="checkbox"/> Closed <input type="checkbox"/> Open
		<input type="checkbox"/> Closed <input type="checkbox"/> Open

Required underwriting information

- Signed Supplemental Application
- Auto Schedule for company owned vehicles only (Please include year, make, model, value new and garage zip code)
- Driver Schedule (Please include name, birth date, driver's license number and licensing state for each driver)
- 5 Years of hard copy loss runs (Please ask for our assistance when reviewing and ordering loss runs)
- Per our underwriting guidelines: with no prior insurance we require a bio on ownership. Outlining education, experience, etc.

Notice of insurance information practices – Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application for insurance and subsequent policy 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 authorization. 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.

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, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA) insurance benefits may also be denied. 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.

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.

Applicant Signature:	Date:
Print Name:	Title: