

AUTO DEALERS SUPPLEMENT FOR AUTO AND TRAILER DEALERS
TO THE COMMERCIAL AUTOMOBILE APPLICATION FOR THE
KENTUCKY AUTOMOBILE INSURANCE PLAN
PO BOX 6530, PROVIDENCE, RI 02940-6530

THIS SUPPLEMENTAL AUTO DEALERS FORM MUST BE ACCOMPANIED BY A COMPLETED COMMERCIAL AUTOMOBILE APPLICATION. SUPPLEMENTAL AUTO DEALERS FORMS RECEIVED BY THE PLAN WITHOUT A COMPLETED COMMERCIAL APPLICATION WILL BE RETURNED TO THE PRODUCER AND NOT ASSIGNED.

PRODUCER	Telephone (Incl. Area Code)	Producer's License No.	Producer's IRS or Soc. Sec. No.
Street	City	State	Zip Code
APPLICANT	Street Address		Apt. No.
City	State	Zip Code	Home Telephone (Incl. Area Code) () () Bus. () ()

- (1) Location #1 _____
Location #2 _____
- (2) Does applicant operate any other type of business on the premises? Yes No If "Yes", describe business and provide percentage of other business. _____
- (3) Elevators or escalators on premises _____ Describe _____
Gross Receipts \$ _____ Number of automobiles sold last 12 months _____
- (4) Does applicant engage in "drive away" or "haul away" operations? Yes No If "Yes", give details. _____
- (5) Does applicant rent automobiles to customers while customers' automobiles are temporarily left with the applicant for service, repair or sale?
 Yes No Rental to others? Yes No. Length of lease? (Attach copy) _____

DEALERS Type of license (attach copy) _____

Description of Operation:

- | | |
|---|--|
| <input type="checkbox"/> Franchised Private Passenger Auto Dealer | <input type="checkbox"/> Franchised Recreational Auto Dealer |
| <input type="checkbox"/> Franchised Truck or Truck-Tractor Dealer | <input type="checkbox"/> Other franchised self-propelled land auto dealer |
| <input type="checkbox"/> Franchised Motorcycle Dealer | <input type="checkbox"/> Nonfranchised dealer (any risk described above that is not a franchised dealer) |

CLASS OF OPERATIONS		BY LOCATION		DEFINITIONS: CLASS I - EMPLOYEES (including part-time employees) Proprietors, partners and officers active in the business, sales persons, general managers, service managers and any employee whose principal duty involves the operation of automobiles or who is furnished a covered automobile. CLASS II - NON-EMPLOYEES Inactive proprietors, partners, or officers, family members of an employee, and family members of an inactive proprietor, partner, and officer. *NOTE: Part time employees working less than 20 hours a week are to be counted as 1/2 rating unit.
		1.	2.	
CLASS I EMPLOYEES*	REGULAR OPERATORS			
	ALL OTHERS			
CLASS II NON-EMPLOYEES	UNDER AGE 25			
	ALL OTHERS			

(1) Limit of Liability for Auto Dealers Liability
Limit _____ Estimated Premium \$ _____

- Franchised or Nonfranchised Residence Trailer Dealer
 Franchised or Nonfranchised Commercial Trailer Dealer
 Other Franchised or Nonfranchised Trailer Dealer

Number of employees at Location #1 _____

Number of employees at Location #2 _____

(1) Limit of Liability for Auto Dealers Liability: Limited
Limit _____ Aggregate _____ Estimated Premium \$ _____

- (2) How many sets of plates does the applicant have? Dealers _____ Repairer _____ Transporter _____ Other _____
 How many plates in each set? Dealers _____ Repairer _____ Transporter _____ Other _____
- (3) Number of autos owned by applicant other than those being held for sale: Comm. _____ Priv. Pass. _____
 Motorcycle _____ Other _____
- (4) Does applicant, if a non-franchised dealer, pick-up or deliver automobiles beyond a 50 mile radius? Yes No
 How many trips between 51-200 miles did you do last year? _____ How many do you expect to do this year? _____

- (5) Automobiles furnished to someone other than "Class I or Class II" operator – list individual or organization to whom such autos are furnished and the number furnished for each (describe on Commercial Automobile Application or Supplemental Commercial Vehicle Schedule):
- | Name and Address of person/organization | Number of Vehicles |
|---|--------------------|
| 1. _____ | |
| 2. _____ | |

APPLICANT STATEMENT **IMPORTANT – READ BEFORE SIGNING**

- The Applicant declares and certifies that:
1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
 2. The Applicant has tried without success to obtain automobile insurance in this state within the preceding 60 days.
 3. To the best of the Applicant's knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to issue the policy for which the Applicant is applying.
 4. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
 5. The Applicant agrees that no coverage will be in effect if the premium remittance which accompanies this application is justifiably dishonored by any financial institution.
 6. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
 7. The Applicant will pay all premiums when due.
 8. The Applicant designates as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the Automobile Insurance Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish, alter or amend terms or conditions of coverage.
 9. The Applicant hereby certifies that it does not owe any insurance company for automobile insurance premiums.

The Applicant hereby authorized any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.

WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

A.M.
 P.M.

(PERSON AUTHORIZED TO SIGN FOR APPLICANT)	TITLE	DATE (MONTH	DAY	YEAR	HOUR
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If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the applicant in this form.

A.M.
 P.M.

(PERSON AUTHORIZED TO SIGN FOR ADDITIONAL NAMED INSURED)	TITLE	DATE (MONTH	DAY	YEAR	HOUR
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FAIR CREDIT REPORTING ACT NOTICE:

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

PRODUCER STATEMENT

I hereby certify that I am a licensed agent/broker of the state to which this application applies and have read the Automobile Insurance Plan and have explained the provisions to the applicant. I acknowledge that I am acting on behalf of the Applicant in submitting this application and have no authority to establish or revise the terms or conditions of coverage. This application includes all required information given to me by the Applicant. In the event of cancellation or a change to the policy resulting in the reduction of premium, I agree to return any unearned premium to the insured (net of any minimum premium due the carrier) and also to return to the carrier unearned compensation for this insurance received by me as required by the Plan. My signature hereon represents certification of the statement of the producer of record of this application and I certify this application is submitted pursuant to the effective date provisions contained in the Automobile Insurance Plan of this state.

Producer's Signature _____ Date _____ Hour _____ A.M.
 P.M.