		®										AGEN	CY CU	STO	OMER ID:					
AC	ORL) "				GΑ	R	AGI	E /	AND	DE/	ALEF	RS S	EC	CTION			DA.	TE (MM/DD/Y	YYY)
AGENC	1											CARRII	ER						NAIC C	ODE
POLICY	NUMBER									EFFECT	IVE DATE	NAMED IN	ISURED(S)						
BUSIN	NESS / VI	EHIC	LE ST	ORA	GE IN	FORMATI	ON													
	AUTO		CE OPE	RATIO	NS OR			AUTO DEALERS VEHICLE STORAGE FRANCHISED NON-FRANCHISED												
REPAIR SHOP						CAR			NON	THAINOING	%	,	TYPE OF FACILIT		ITY L(CATION #			
MOBILE HOME TRAILER DEALER						TRUCK-TRACTOR				9	,									
SE	RVICE STAT	ION						мото	RCYC	CLE			9/	BUI	JILDING			%	%	%
co	COMMERCIAL TRAILER DEALER						RECREATIONAL VEHICLE				9	STANDARD OPEN LOT			%	%	%			
ST	STORAGE/GARAGE/PUBLIC PARKING						SNOWMOBILE				9	NOI	NON-STANDARD OPEN LOT			%	%	%		
													9/	5				%	%	%
	DEALEF CLASS	OF OPI	PERA	TORS	3			OUR			DEFINITION CLASS I - REGULAR OPERATION WHOSE P	ONS: EMPLOYEE OPERATO ON, SALESI RINCIPAL I	S R - PROP PERSON: DUTY INV	PRIETO S, GEN	ORS, PARTNER NERAL MANAGE	S AND OFFICERS ERS, SERVICE MA ION OF COVERED	ACTIVE NAGERS	S; ANY EMPL	OYEE	
CL	LOYEES ASS II ION- LOYEES		UNDEF	OTHERS	5						ALL OTHE CLASS II - ANY OF TI AUTO: INA RELATIVE NOTE: 1.	ACTIVE-PRO SOF ANY PART-TIME THE NUMB PART-TIME	THER EM OYEES WING PEI OPRIETO PERSON EMPLO' ER OF W EMPLO'	RSONS RS, PA DESCI YEES V EEKS YEES V	S WHO ARE RE ARTNERS OR C CRIBED IN CLAS WORKING AN A WORKING AN A WORKING AN A	GULARLY FURNIS IFFICERS AND TH S I. IVERAGE OF 20 H TO BE COUNTED IVERAGE OF LESS TO BE COUNTED	EIR RELA OURS OF AS 1 RA S THAN 2	ATIVES AND R MORE A V TING UNIT E 20 HOURS A	VEEK FOR EACH. WEEK FOR	
DEAL	ERS PHY	SICA	L DA	MAG	E										NON-	DEALERS PR	REMISI	ES & OP	ERATION	S
COVERAGE			NEW USED YOUR INTEREST COVERED AUTO YOU OWN					IFINANG	ICED INTERESTS		SIN	Loc	ESTIMATED ANNUAL REMUNERATION #		# EMPLO	# EMPLOYEES				
COMPRI	EHENSIVE											\$								
SPECIFI	ED PERILS															\$				
COLLISI	ON															\$				
	ICE OR F		IR SH	<u>IOPS</u>								T								
	GROSS SA									_			OF GAL	LONS	OF GAS PUMP	ED PER YEAR:				
	R INFOF					ACORD 1														
DRIVER	L DRIVERS,	NCLUI		NA	ME		DRIVE				Τ .			RIVE O		ON COMPANY BUS CENSE NUMBER/		DATE	USE	%
#			CITY, S	STATE A	AND ZIP	CODE			SEX	* MAR STAT	DATE	OF BIRTH	YRS	LIC	SOCIAL SEC	CENSE NUMBER/ CURITY NUMBER	LIC	HIRE	USE VEH#	USE_
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GENERAL INFORMATION

AGENCY CUSTOMER ID:

EXPLAIN ALL "YES" RESPONSES	Y / N
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?	
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?	
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?	
4. IS TIRE RECAPPING OR RETREADING PERFORMED?	
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?	
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?	
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?	
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?	
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?	
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?	
11. DOES APPLICANT USE TOW TRUCKS?	
12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?	
13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?	
14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)	
15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)	
16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)	
17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?	
18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS? APPLICABLE ONLY IN KANSAS: UNDER KANSAS LAW, THE FOLLOWING TRAFFIC VIOLATIONS ARE NOT REQUIRED TO BE REPORTED TO INSURERS: 1. A speeding violation of up to six (6) mph that occurs in an area with a maximum posted speed limit from 30 mph through 54 mph, or 2. A speeding violation of up to ten (10) mph that occurs in an area with a maximum posted speed limit from 55 mph through 75 mph.	

AGENCY CUSTOMER ID:

I	ST / CERTIFICATE RE	CIFICIAL	ACORD 45 attached for additional name	<u>></u>
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REG	UIRED INTEREST IN ITEM NUMBER
ADDITIONAL INSURED				VEHICLE:
LOSS PAYEE				SCHEDULED ITEM NUMBER:
LIENHOLDER				OTHER
EMPLOYEE AS LESSOR				
	ITEM DESCRIPTION:			·
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REC	UIRED INTEREST IN ITEM NUMBER
ADDITIONAL INSURED				VEHICLE:
LOSS PAYEE				SCHEDULED ITEM NUMBER:
LIENHOLDER				OTHER
EMPLOYEE AS LESSOR				
	ITEM DESCRIPTION:			
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REG	UIRED INTEREST IN ITEM NUMBER
ADDITIONAL INSURED				VEHICLE:
LOSS PAYEE				SCHEDULED ITEM NUMBER:
LIENHOLDER				OTHER
EMPLOYEE AS LESSOR				
	ITEM DESCRIPTION:			
INTEREST RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REC	UIRED INTEREST IN ITEM NUMBER
ADDITIONAL INSURED			, , , , , , , , , , , , , , , , , , , ,	VEHICLE:
LOSS PAYEE				SCHEDULED ITEM NUMBER:
LIENHOLDER				OTHER
EMPLOYEE AS LESSOR				
	ITEM DESCRIPTION:			
REMARKS (ACORD 1		ks Schedule, ma	y be attached if more space is required)	