

Please download this form to
your desktop **BEFORE** completing.

Completed forms can be sent to:
Susan Soloman

E: SSoloman@AlperServices.com

P: 312-867-7358

F: 312-944-7000



All Risks, Limited – National Specialty Programs
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Toll Free: (800) 366- 5810
Fax: (410) 828-8179

Contact us at: programs@allrisks.com
www.allrisks.com

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Susan Soloman: SSoloman@AlperServices.com
Fax: 312-944-7000

Dealers Physical Damage Application

Agency Name & Address: _____

Phone/Fax & E-Mail: _____ Fax: 312-944-3200

Agency Contact: _____

1. Named Insured: _____

(Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Physical Address: _____

No. Street City County State Zip Code

***Please make certain for any locations not included below that they are added using the Continued Locations Schedule on page 4 of this application.*

3. Inspection Contact & Claims Contact: _____ Phone: _____

4. Telephone: _____ Fax: _____

5. Website: _____ FEIN: _____

6. Insured Email Address: _____

7. Date established: _____ ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other

8. Policy proposed effective date: _____ to _____

9. Current Comp, Coll & Weather Deductibles: _____

10. Deductible:

a. Comp/FP: ☐ \$1,000/\$3,000 ☐ \$1,500/\$5,000 ☐ \$2,500/\$10,000 ☐ \$5,000/\$15,000 ☐ 10,000/\$25,000

b. Collision: ☐ \$1,000 ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000

11. Type of Franchise(s): _____

12. Comprehensive & False Pretense Inventory Limits: (include new, used, owned, furnished, service & shop rentals and lease returns)

Location & Address:	Location Description	Policy Limit (highest monthly value) (\$)	Average 12 month Insurable Inventory Value (\$)
1.			
2.			
3.			
4.			
5.			

Collision Inventory Limits:

Location & Address:	Location Description	Policy Limit (highest monthly value) (\$)	Average 12 month Insurable Inventory Value (\$)
1.			
2.			
3.			
4.			
5.			

13. Stated Amount Vehicles:

Vehicle Description – Year, Make, Model	Vin #	Value	Annual Miles	Owner of vehicles
1.				
2.				

14. Is Earth Movement coverage included on the expiring policy? ☐ Yes ☐ No

If yes, what Limits/Ded: _____

Does the dealer utilize a multi-storage parking garage for their inventory? ☐ Yes ☐ No

If yes, # of units _____ Maximum value _____

15. Does the dealer have vehicles on the lot with values greater than \$100,000? ☐ Yes ☐ No

If yes, please attach a list of specific vehicles.

16. Lot Protection (check all that apply):

- ☐ Post & Chain ☐ Gated Entrance ☐ Completely enclosed by fencing ☐ Guard Rail
☐ Security Guard ☐ Local Patrol ☐ Overnight Lighting ☐ Trenching
☐ Video Surveillance ☐ Guard Dogs ☐ Lo Jack ☐ Other: _____

17. Are any of the above locations within a designated Flood Zone? ☐ Yes ☐ No

If yes, please provide details: _____

18. Key Controls (check all that apply):

- ☐ Lock Boxes ☐ Peg Board ☐ Key Cabinet ☐ Key Track System ☐ Other: _____

a. If dealer uses lock boxes describe the type of Lock box utilized: _____

If yes, are keys removed at night? ☐ Yes ☐ No

b. Managers must approve/record the duplication of keys? ☐ Yes ☐ No

c. Extra sets of keys are locked away with limited access? ☐ Yes ☐ No

d. Is it standard practice to leave the keys in dealer vehicles? ☐ Yes ☐ No

e. Are keys kept away from public access? ☐ Yes ☐ No

f. Are the working set of keys maintained in the control of the salesmen during all sales transactions and customers' test drives? ☐ Yes ☐ No

19. Furnished Vehicles:

Total # of Furnished Vehicles (Demos) provided to owners and employees: _____

Total # of Furnished Vehicles provided to non-employees. **Provide list if non family:** _____

Are all non-employees with Furnished Vehicles over the age of 25? **If no, attach explanation.** ☐ Yes ☐ No

Does the dealer utilize a demo agreement? (Please attach copy) ☐ Yes ☐ No

20. Parts, Trucks & Service Loaners:

Total # of Parts: _____ Trucks: _____

Total # of Service Loaners provided to customers: _____

Does dealer utilize a customer loaner form? ☐ Yes ☐ No

Is there a minimum age requirement? ☐ Yes ☐ No

If yes, please describe: _____

21. Does the dealer review employees motor vehicle reports at the time of hire and annually? ☐ Yes ☐ No

22. Does the dealer follow written standards for acceptable MVR's? ☐ Yes ☐ No

23. How often is there a physical audit of inventory? _____

24. Are customers' licenses verified for validity including two forms of ID's and copied prior to test drives? ☐ Yes ☐ No

If no, what steps are taken to prevent theft of the vehicle? _____

25. Does sales staff accompany prospective customers on test drives? ☐ Yes ☐ No

If no, what is the percentage of time? _____

26. Does the dealer verify the customer has adequate funds during a sales transaction? ☐ Yes ☐ No

27. Does the dealer require banker's or cashier checks when working with wholesalers? ☐ Yes ☐ No

Additional Comments: _____

Lienholder Information:

Lienholder's Name:	
Address:	
Location #	
Interest in Dealership	

Lienholder's Name:	
Address:	
Location #	
Interest in Dealership	

Prior Carrier Information

Policy Year	YR:	YR:	YR:	YR:	YR:
Carrier:					
Premiums:					
Policy Limit:					

Current Information

1. Has any company canceled or declined to renew in the past 5 years? ☐ Yes ☐ No
If yes, please explain: _____
2. Has the insured ever had a lapse in coverage? ☐ Yes ☐ No
If yes, please explain: _____
3. Has the dealer experienced Bankruptcy, Financial Reorganization/Attachment or Lien in the past 5 years? ☐ Yes ☐ No

Claim Information

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? ☐ Yes ☐ No
3. Do you have any knowledge concerning any incidents that have occurred prior to the date of this application that may give rise to a future claim? ☐ Yes ☐ No

ALL RISKS, LTD.

NOTICE TO APPLICANTS: THIS APPLICATION MUST BE COMPLETED IN FULL AS THE QUOTE WILL BE BASED SOLELY ON THE INFORMATION PROVIDED.

Fraud Warning Notice

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME BY SIGNING THIS APPLICATION, THE SIGNOR WARRANTS THAT TO THEIR BEST KNOWLEDGE ALL INFORMATION GIVEN IS TRUE AND ACCURATE. IN COLORADO, THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE, TENNESSEE, AND WASHINGTON, INSURANCE BENEFITS MAY ALSO BE DENIED.

Name (type or print)

Signature

Date

Continued Location Schedule

Comprehensive & False Pretense Inventory Limits: (includes new, used, owned, furnished, service & shop rentals and lease returns.

Location & Address:		Location Description	Policy Limit (highest monthly value) (\$)	Average 12 month Insurable Inventory Value (\$)
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
19			\$	\$
20			\$	\$

Collision Inventory Limits:

Location & Address:		Location Description	Policy Limit (highest monthly value) (\$)	Average 12 month Insurable Inventory Value (\$)
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
19			\$	\$
20			\$	\$