



ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

## USED CAR SALES DISCOVERY QUESTIONNAIRE

**THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER**

PROPOSED EFFECTIVE DATE: \_\_\_\_\_

1. Applicant: \_\_\_\_\_
2. Doing Business As: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Contact Person: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
 Contact Person is:  Owner  Manager  Promoter  Management  Other: \_\_\_\_\_
5. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Web Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
7. Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_
8. Insured is:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
9. Describe your business operations: \_\_\_\_\_
10. Who was your last or is your current insurance carrier? \_\_\_\_\_
11. What is or was your annual premium? \_\_\_\_\_
12. Describe your claims and loss history: \_\_\_\_\_  
 \_\_\_\_\_
13. List all location(s) owned or from which you operate: Use a separate sheet if necessary.

	Street	City	State	Zip Code
Main Location				
Second Location				

14. Estimated annual gross receipts:
  - a. Physical Repair (Auto Body) of Vehicles - Gross Income      \$ \_\_\_\_\_
  - b. Sales of Automotive Parts and Supplies - Gross Sales              \$ \_\_\_\_\_
  - c. Used Car Sales - Gross Sales    \$ \_\_\_\_\_
  - d. New Car Sales - Gross Sales    \$ \_\_\_\_\_
  - e. Leased Auto Sales - Gross Sales    \$ \_\_\_\_\_
  - f. Gasoline - Gallons Sold    \$ \_\_\_\_\_
  - g. Storage of Vehicles - Gross Income                                        \$ \_\_\_\_\_
  - h. Mechanical Repair and Service to vehicles tune-up, radiator, air-conditioning, lube and oil, muffler, brakes, engine rebuilding gross income.                                      \$ \_\_\_\_\_
  - i. Foreign Auto Repair, RV Repair, Antique Auto Service, Gross Income.                                      \$ \_\_\_\_\_
  - j. Propane, Butane Sales, or Other Liquefied Petroleum Gas Gross Income.                                      \$ \_\_\_\_\_

- k. Rental of Vehicles, automobiles, trucks, motorcycles, trailer, boats, recreation equipment, etc. Gross Income \$ \_\_\_\_\_
- l. Mini-Mart or Dairy Store Operations Gross Sales. \$ \_\_\_\_\_
- m. Tire Sales and Service Gross Sales. \$ \_\_\_\_\_
- n. Public Parking Gross Sales. \$ \_\_\_\_\_
- o. All Other Income, Explain. \$ \_\_\_\_\_
- p. TOTAL GROSS INCOME AND SALES-ALL OPERATIONS \$ \_\_\_\_\_

15. Average number of vehicles sold annually: \_\_\_\_\_

16. Do you consign units for sale to other retail dealers  Yes  No  
 If yes, how are they insured? Explain Operation: \_\_\_\_\_  
 \_\_\_\_\_

17. Owners of business active in the operations?  Yes  No  
 Explain: \_\_\_\_\_

18. Are all service records maintained for immediate access for up to 3 years?  Yes  No

19. Do you pick up or deliver property for repair?  Yes  No

20. Do you engage in auto or equipment dismantling?  Yes  No

21. Does member own or operate tank trucks?  Yes  No

22. Does member own or sponsor racing vehicles?  Yes  No

23. Do you rent or loan property for sale to your customers?  Yes  No

24. Do you repossess property sold?  Yes  No

25. Do you sell or provide propane or natural gas?  Yes  No

26. Identify any gasoline storage systems: \_\_\_\_\_  
 \_\_\_\_\_

27. Detailed Claims History -- Last 5 Years. Use a separate sheet if necessary- please attach loss runs from previous carrier(s)

Date	Description	Amount Paid	Amount Reserved	Insurance Company

28. Coverages requested:  
 General Liability  Auto Liability (Business Use Only)  Garage Keeper's Legal Liability (GKLL)  Dealers Open Lot

29. Self Insured Retention:  
 \$1,000 (Minimum)  \$2,500  Other: \_\_\_\_\_

30. Limits of Liability:

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="radio"/>	\$50,000/\$100,000	<input type="radio"/>	\$25,000/\$50,000/\$100,000
<input type="radio"/>	\$150,000/\$300,000	<input type="radio"/>	\$75,000/\$150,000/\$300,000
<input type="radio"/>	\$250,000/\$1,000,000	<input type="radio"/>	\$100,000/\$250,000/\$1,000,000
<input type="radio"/>	\$500,000/\$1,000,000	<input type="radio"/>	\$250,000/\$500,000/\$1,000,000
<input type="radio"/>	Other: _____	<input type="radio"/>	Other: _____

31. GKLL Self-Insured Retention:  \$1,000 (Minimum.)  \$1,500  \$2,500  \$5,000

32. GKLL Limits Requested:

Location #1:  \$10,000  \$25,000  \$50,000  \$100,000  Other: \_\_\_\_\_

Location #2:  \$10,000  \$25,000  \$50,000  \$100,000  Other: \_\_\_\_\_

Percentage stored: Inside \_\_\_\_\_% Outside \_\_\_\_\_%

Specified Cause of Loss (\$1,000 SIR applies to each covered loss)

Collision (\$1,000 SIR applies to each covered loss)

33. Dealers Open Lot Coverage - (Non-reporting basis) Self-Insured Retention:

\$1,000 (Minimum.)  \$1,500  \$2,500  \$5,000

Loc. #1:  \$25,000  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000  Other: \_\_\_\_\_

Loc. 2:  \$25,000  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000  Other: \_\_\_\_\_

Percentage stored: Inside \_\_\_\_\_% Outside \_\_\_\_\_%

Specified Cause of Loss (\$1,000 SIR applies to each covered loss)

Collision (\$1,000 SIR applies to each covered loss)

34. Number of employees:

	Full Time	Part Time
Owners, Proprietors, Partners, Executives		
Managers		
Sales persons		
Service employees		
All other employees		

35. Indicate How Many: Radius of Operation Desired:

\_\_\_\_\_ # Dealer Plates  0 to 50 Miles  0 to 200 Miles  Over 200 Miles

\_\_\_\_\_ # Transportation Plates  0 to 50 Miles  0 to 200 Miles  Over 200 Miles

36. Schedule Of Drivers Furnished Autos: (No coverage afforded unless all drivers who are furnished an auto are listed.)

a. Class I- Employees: Any employee or active proprietor, partner or officer who is furnished a covered auto.

Name	Position	Date of Birth	Driver License No.	State

- b. Non employees: Family members of active or inactive proprietors, partners, officers or employees whom you will allow to drive an auto, or other person or organization who you furnish an auto.

Name	Position	Date of Birth	Driver License No.	State

- c. Class II- Employees: Proprietors, partners and executives active in the business, salespersons, general managers, service managers, and any employee who drives autos, but who is not furnished an auto.

Name	Position	Date of Birth	Driver License No.

- d. Non employees: Family members of active or inactive proprietors, partners, officers or employees whom you will allow to drive an auto, or other person or organization who you will allow to drive but is not furnish an auto.

Name	Position	Date of Birth	Driver License No.

37. Schedule Of Service Vehicles - Please list all vehicles owned by you and used in your business. (Include all wreckers, tow trucks, and car carriers.) (No coverage afforded unless units described and specifically charged for.) If an 1 is shown under "Current Value" physical damage will be quoted at amount stated.

Auto No.	Year	Make/Model	VIN Number	G.V.W.	Use	Maximum Radius of Operation	Garage Town & State	Current Value

38. Please indicate the interests to be covered for autos held for sale

Your interest in covered autos you own	Your interest only in financed covered autos	Yours & financed interest in covered autos	All interest in covered autos	Vehicle Storage – Type of Facility		Loc. #1	Loc. #2
				Building			
				Standard Open Lot			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-Standard Open Lot		<input type="checkbox"/>	<input type="checkbox"/>

39. Security & Protection of property:

- a. Is lot chained with posts not more than 4 feet apart?  Yes  No
- b. Is open lot fenced?  Yes  No
- c. Is lot completely floodlighted at night?  Yes  No
- d. Is an alarm system used on lot?  Yes  No
- e. Is an alarm system used on buildings?  Yes  No
- f. Is there police or other protection?  Yes  No
- g. Are attendants or night watchmen employed?  Yes  No
- h. Are dogs on the premises?  Yes  No
- i. Are buildings sprinkler protected?  Yes  No

40. Do you repossess autos?  Yes  No  
Number of repossessions annually \_\_\_\_\_

41. Do you provide the following? Please indicate YES or NO

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Parts Sales                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Repair or Service           |
| <input type="checkbox"/> | <input type="checkbox"/> | Spray Painting                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Auto Body Repair                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Tire Sales and Service                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Gasoline Sales                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Alteration of Equipment                |
| <input type="checkbox"/> | <input type="checkbox"/> | Install Trailer Hitches                |
| <input type="checkbox"/> | <input type="checkbox"/> | LPG or Welding Equipment sales/service |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental of Vehicles                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Sponsor any racing vehicles            |

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Discovery Questionnaire or the payment of any premium does not obligate the Association or any insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person

or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

**IMPORTANT:** Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Garage Services and Equipment Dealers Liability Association of America, Inc., a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name



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### APPLICATION FOR MEMBERSHIP

The Garage Services and Equipment Dealers Liability Association of America, Inc. has been formed as a "Purchasing Group" under the Risk Retention Act of 1986 (Public Law 97-45), to offer liability insurance to members of the Association.

To join the Association and participate in the benefits of membership, please complete the application below and return it with your membership fee and annual dues payment. Please make your check payable to the International Special Events and Recreation Association, Inc. The initial membership enrollment fee is \$75.00. Annual membership dues are \$5.00. If you have already enrolled in the Association, you do not need to complete this form.

1. Applicant : \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
4. Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Type of business conducted: \_\_\_\_\_
6. How many years have you been in business? \_\_\_\_\_
7. States of Operation: \_\_\_\_\_
8. Please list below the name and address of any other association you are currently a member of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name