Complete with CWCO-SUP-CORE, ACORD 125/127 and a garage application. Attach CWCO-SUP-AUTO for the vehicle and driver schedules. Anyone furnished an auto for personal use must reside in the sta

APPLICANT / BUSINESS TRADE NAME	EFFECTIVE DATE REQUESTED	DEALER LICENSE NUMBER

PRIMARY LOCATION ADDRESS	CITY	STATE / ZIP	YEARS IN BUSINESS

A DEALER TYPE & OPERATIONS

Dealer type (check all that apply):

- ☐ Wholesale used auto dealer
- ☐ Retail used auto dealer
- ☐ Franchised new car dealer
- ☐ Auction operator
- ☐ Buy-here pay-here
- ☐ Consignment sales
- ☐ Broker / locator only
- ☐ Powersports / motorcycle
- ☐ RV or trailer dealer
- ☐ Heavy truck dealer
- ☐ Salvage / rebuilt titles
- ☐ Export sales

DESCRIBE ALL DEALER OPERATIONS, INCLUDING ANY SERVICE, REPAIR, DETAILING OR RECONDITIONING PERFORMED

A1 Does the applicant sell autos to the public? ☐ Yes ☐ No
IF YES, EXPLAIN

A2 Does the applicant store or display any autos held for sale on its premises? ☐ Yes ☐ No
IF YES, EXPLAIN

A3 Does the applicant store or display covered autos at locations other than the primary location? ☐ Yes ☐ No
IF YES, EXPLAIN

A4 Does the applicant perform any repair, reconditioning or detailing on vehicles held for sale? ☐ Yes ☐ No
IF YES, EXPLAIN

ANNUAL UNITS SOLD	ANNUAL GROSS RECEIPTS ($)	AVERAGE VEHICLE VALUE ($)	MAXIMUM NUMBER OF VEHICLES ON LOT AT ANY TIME

B AUCTIONS & TRANSPORT

AUCTION NAME	CITY	STATE	FREQUENCY ATTENDED	APPROX. UNITS PER YEAR

List the major auctions attended, in order of most frequented.

B1 Does the applicant pick up and deliver covered autos over 300 miles? ☐ Yes ☐ No
IF YES, EXPLAIN

If yes to B1, state the destination cities and states and the approximate mileage in the explanation field.

PICK-UP AND DELIVERY CATEGORY	ANNUAL % (MUST TOTAL 100%)	NOTES

Categories: owners/employees; contract drivers; drivers other than owners/employees or contract drivers; customer arranges transport through 3rd party; applicant arranges transport through 3rd party.

CONTRACT DRIVER MINIMUM AGE REQUIREMENT	NUMBER OF CONTRACT DRIVERS USED ANNUALLY	ARE CONTRACT DRIVERS REQUIRED TO CARRY THEIR OWN AUTO LIABILITY?

B2 Is a valid driver's license verified for each contract driver before dispatch? ☐ Yes ☐ No

B3 Are motor vehicle records pulled on contract drivers? ☐ Yes ☐ No

IF YES, EXPLAIN

EXPLAIN THE CATEGORY 'DRIVERS OTHER THAN OWNERS/EMPLOYEES OR CONTRACT DRIVERS' IF USED

C PLATES & LICENSING

DESCRIBE HOW DEALER PLATES ARE USED, AND BY WHOM

C1 Does the applicant have registration plates, other than dealer plates, that are not issued for a specific auto? ☐ Yes ☐ No

IF YES, EXPLAIN

PLATE NUMBER	TYPE (DEALER / REGISTRATION)	ASSIGNED TO	HOW USED

C2 Do the applicant or any of its drivers have out-of-state driver's licenses? ☐ Yes ☐ No

IF YES, EXPLAIN

C3 Is any vehicle furnished to an owner, employee or family member for personal use? ☐ Yes ☐ No

IF YES, EXPLAIN

Everyone furnished an auto for personal use must reside in the state of licensure and be reported to the carrier by name.

D PREMISES & SECURITY

LOT SQUARE FOOTAGE	INDOOR SHOWROOM SQUARE FOOTAGE	MAXIMUM VALUE OF INVENTORY ON LOT ($)	PHYSICAL DAMAGE LIMIT REQUESTED ($)

Lot security measures (check all that apply):

- ☐ Fully fenced
- ☐ Video surveillance
- ☐ Keys secured indoors
- ☐ Paved and marked lot
- ☐ Locked gate
- ☐ Central station alarm
- ☐ GPS tracking on inventory
- ☐ Indoor storage
- ☐ Lighting after dark
- ☐ On-site attendant
- ☐ Perimeter patrol
- ☐ None of these

E LOSS HISTORY

Attach currently-valued loss runs for the last 5 years.

POLICY TERM	CARRIER	LINE OF COVERAGE	ANNUAL PREMIUM	# CLAIMS	TOTAL INCURRED

E1 Has any carrier declined, cancelled or non-renewed coverage in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

E2 Has any theft or physical damage loss occurred to inventory in the last 5 years? ☐ Yes ☐ No

IF YES, EXPLAIN

NARRATIVE FOR EACH LOSS OVER $25,000 — CAUSE, CORRECTIVE ACTION TAKEN, AND CURRENT STATUS

F ADDITIONAL INFORMATION

ANYTHING ELSE AN UNDERWRITER SHOULD KNOW

G REPRESENTATIONS & SIGNATURE

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is incorporated by reference into the primary garage application.

FRAUD NOTICE: 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 and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE