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## Auto Dealers Program

### Supplemental Questionnaire

[SEE NOTES ON LAST PAGE ABOUT DRIVER INFORMATION IN ACORD APPLICATIONS #128 AND #163]  
[TO BE COMPLETED IN CONJUNCTION WITH REQUIRED SIGNED ACORD APPLICATIONS]

#### A. General

Dealership Name \_\_\_\_\_

1. What is your dealership's total annual sales (include repairs)? \_\_\_\_\_

If multiple locations: Loc 1 \_\_\_\_\_ Loc 2 \_\_\_\_\_ Loc 3 \_\_\_\_\_

(Attach additional sheet if more than 3 locations.)

#### B. Floor plan

1. Are coverages provided by a floor plan?  Yes  No

If yes, which coverages?  Comprehensive  Collision  For new vehicles  Used vehicles

2. What was your dealership's highest new car inventory during the last 12 months? \$ \_\_\_\_\_

#### C. Automobile liability

1. Do your salespersons always accompany customer test drives?  Yes  No

2. Are customers provided with dealer-owned vehicles while theirs are being serviced/repaired?  Yes  No

a. If yes, are loaner agreements used?  Yes  No

b. If loaner agreements are used, attach copy of the agreement.

3. Are vehicles provided to salespersons or other employees for personal use?  Yes  No

a. If yes, are demo agreements used for all individuals furnished with a vehicle?  Yes  No

b. If demo agreements are used, attach copy of agreement.

c. If yes but no demo agreements are used, what controls are in place for all employees and/or family member usage?  
\_\_\_\_\_

4. Does your dealership furnish a vehicle to anyone other than an employee or family member?  Yes  No

If yes, does the dealership's insurance policy provide coverage for these additional drivers?  Yes  No

If your dealership's policy does not provide coverage then:

a. Do you obtain a certificate of insurance verifying coverage exists for the individual or organization who are provided such vehicle(s)?  Yes  No

b. Are you named as additional insured under such coverage?  Yes  No

#### D. Renting and leasing

1. Does your dealership rent or lease vehicles to customers?  Yes  No

2. Do you offer non-customer rentals?  Yes  No

If yes, is rental operation conducted as a separate corporate entity?  Yes  No

3. Is there separate insurance in place for rental/leasing operations?  Yes  No

If yes, please provide carrier name and liability limits \_\_\_\_\_

**E. Garage operations**

1. What would you estimate is the maximum number of customer vehicles at each location?  
Location 1 \_\_\_\_\_ Location 2 \_\_\_\_\_ Location 3 \_\_\_\_\_
2. Does your dealership sell any unusually expensive, rare, antique, or exotic automobiles?  Yes  No  
If yes, please describe: \_\_\_\_\_
3. Does your dealership perform any vehicle conversions (such as van customizing, wheel drive kit installation, converting foreign autos to U.S. standards, and so on)?  Yes  No  
If so, please describe: \_\_\_\_\_
4. Does the dealership do any rebuilding, manufacturing or relabeling merchandise under own brand name?  Yes  No
5. a. Does your dealership own any tow trucks, auto transporters, or similar vehicles?  Yes  No  
If yes, are they for your:  dealership's own work; or  general hire.
- b. Does your dealership do any repossession work?  Yes  No
- c. Does your dealership perform road service?  Yes  No
6. Does your dealership:
- a. Install or service non-factory items?  Yes  No
- b. Sell or service heavy commercial trucks?  Yes  No
- c. Sell farm equipment, ATV's, recreation vehicles, snowmobiles, motorcycles, boats, etc?  Yes  No  
If yes, identify by manufacturer and indicate percentage of sales. \_\_\_\_\_
- d. Install spray-on bed liners?  Yes  No  
If yes, give details on spray booth use, employee protection, etc. \_\_\_\_\_

**F. Property**

1. Is a woodstove or waste oil heater utilized?  Yes  No  
If yes, please describe \_\_\_\_\_

**G. Optional ISO Pollution Liability Coverage Form - Designated Sites - CG0039  
(Optional - answer questions in this section ONLY if you want this coverage)**

1. Does your dealership have more than 50 used tires waiting for disposal on premises at any one time?  Yes  No
2. Is bulk fuel stored on the premises?  Yes  No  
If yes, please describe the storage facility in detail, specifically any above-ground storage tanks of greater than 1,000 gallon capacity: \_\_\_\_\_
3. Do you have more than 250 gallons of waste product stored on-site at any one time?  Yes  No
4. Do you have any storage tanks greater than 250 gallons located inside the building?  Yes  No
5. Does your dealership hold any EPA permits for handling or storing hazardous products (antifreeze, motor oil, windshield fluid, waste products etc.)?  Yes  No

**H. Employment Related Practices**

**(Optional - answer questions in this section ONLY if you want this coverage)**

Optional limited employment related practices **defense-only** coverage is available. Answer questions in this section ONLY if you want this coverage. (NOTE: If full Employment Related Practices Liability Insurance coverage is desired, please see your Utica agent for complete application and quote).

1. Total number of employer initiated terminations of full or part-time employees for the last three calendar years:  
Last full calendar year \_\_\_\_\_ Next Prior \_\_\_\_\_ Next Prior \_\_\_\_\_
2. Within the last 5 years have you (or any business you have acquired):
  - a. received any employment related inquiry, complaint or charge from any municipal, state, or federal regulatory authority or any other government entity?  Yes  No
  - b. had a claim, suit, grievance or demand related to employment practices brought against you?  Yes  No

**If yes to either, explain each here, below, or on a separate sheet:** \_\_\_\_\_
3. Are you aware of any employment related practices facts, incidents or circumstances which may result in a claim(s) being made against you?  Yes  No  
**If yes, explain each here, below, or on a separate sheet:** \_\_\_\_\_
4. Has any insurer ever cancelled or non-renewed this type of coverage for you?  Yes  No  
**If yes, provide details here, below, or on a separate sheet:** \_\_\_\_\_

**I. Employee Benefit Programs Liability (EBL) - CLAIMS-MADE BASIS**

**(Optional - answer questions in this section ONLY if you want this coverage)**

1. Average # of Employees: \_\_\_\_\_
2. Limits of liability \$ \_\_\_\_\_ each claim, \$ \_\_\_\_\_ aggregate for each annual policy year.
3. Proposed Effective Date: This insurance is to be effective from 12:01 a.m.: \_\_\_\_\_
  - a. Proposed retroactive date: \_\_\_\_\_ ("None" provides unlimited prior acts coverage subject to underwriting restrictions - refer to Underwriter)
  - b. Entry date into uninterrupted claims-made coverage: \_\_\_\_\_
  - c. Has any work, accident or location been excluded, uninsured or self-insured from any previous coverage?  Yes  No
  - d. Was tail coverage purchased under any previous policy?  Yes  No  
If yes, give effective and expiration dates of tail coverage. \_\_\_\_\_
4. Is there Summary Plan Documentation easily understandable and distributed to all employees?  
 Yes  No If "yes" attach copy.
5. Is there an Orientation Checklist acknowledging the explanation of benefits and election options chosen signed by the employee?  Yes  No If "yes" attach copy.
6. Does the insured have a person dedicated to presenting Benefit Plans to employees, such as a Personnel Manager or Employee Benefits Manager?  Yes  No
7. Is there a written plan of continuation of management which promotes conformity of the organization?  
 Yes  No If "yes" attach a copy or describe: \_\_\_\_\_
8. Have any claims been paid in last 5 years?  Yes  No If "yes" describe briefly and give amount:  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you aware of any circumstance which may result in any future claim?  Yes  No If "yes" explain particulars: \_\_\_\_\_

**ADDITIONAL NOTES / COMMENTS / EXPLANATIONS:**

**NOTE: LAST PAGE MUST BE COMPLETED FOR CORRECT RATING OF YOUR POLICY. THIS IS INSTEAD OF THE DRIVER INFORMATION ON ACORD APPLICATIONS.**

