

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

Completed forms can be sent to:
Carey Urbancich
E: Carey.Urbancich@aleragroup.com



All Risks, Limited – National Specialty Programs
 10150 York Road, 5th Floor, Hunt Valley, MD 21030
 Toll Free: (800) 366- 5810
 Fax: (410) 828-8179
 Contact us at: programs@allrisks.com
www.allrisks.com

Completed forms can be emailed or faxed to
 Carey Urbancich: Carey.Urbancich@alera.com
 Fax: 312-944-7000

Dealers Physical Damage Application

Agency Name & Address: Alper Services, an Alera Group Company

E-Mail: Carey.Urbancich@alera.com

Agency Contact: Carey Urbancich

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
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***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

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

Claim Information

- Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)
- Do you require staff to report all unusual incidents and are all incident reports reviewed by Management? Yes No
- 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			\$	\$