



Cal-Regent Insurance Services Corporation  
 Arizona License Number: 167509

2030 Gillespie Way, Suite 107, El Cajon, CA 92020  
 Phone: (619) 596-2770 ▪ Fax: (619) 596-4049  
 Web Address: <http://www.cal-regent.com>  
 General Information E-mail: [calreg@cal-regent.com](mailto:calreg@cal-regent.com)

Producer Name:	Phone:	Date:
Producer Address:	Fax:	E-Mail:
	Contact:	License #:

**Applicant Information**

Insured's Name:	DBA:				
Form Of Business:	Corporation	Limited Liability Company	Individual	Partnership	Other _____
Mailing Address:	Phone:		Fax:		
	Contacts:		E-Mail:		
			Website:		
Describe the risk to be insured in detail and provide a full description of the types of vehicles sold or serviced:					

**Prior Insurance Information**

If no prior insurance existed, please explain:				
Year	Carrier	Policy Number	Liability Limits	Policy Premium

**Claims History**

Please check this box if no claims or losses exist:			
Date of Loss	Description of Loss (Please provide all additional information regarding each claim or loss that you want considered)	Amount Paid/Reserved	Claim Status

**Please Provide Any Additional Information Regarding This Risk That Should Be Considered**

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Insured's Name:	DBA:
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### General Business Operation Information

The applicant must answer all of the questions below.

1. How many years has the applicant been in business?	2. How many years experience in this industry?
3. Does the applicant check MVRs on new hires?      Yes    No	4. Does the applicant cooperate with insurance company recommendations?      Yes    No
5. Does the applicant train new hires?      Yes    No	6. Does the applicant hold safety meetings?      Yes    No
7. Does the applicant distribute safety literature to employees?      Yes    No	8. Does the applicant review accidents (if any) with employees?      Yes    No
9. Does the applicant have someone designated as a safety director?      Yes    No	10. Does the applicant keep accident reports?      Yes    No
11. Does the applicant regularly maintain and keep records of the condition of equipment?      Yes    No	12. Does the applicant carry worker's compensation insurance?      Yes    No
13. Is the applicant's equipment in good condition?      Yes    No	14. Does the applicant own or use a tow truck in this business?      Yes    No a. If "Yes," do they perform contract towing?      Yes    No b. If "Yes," do they tow only incidental to the applicant's repair business?      Yes    No
15. Does the applicant have a car hauler/trailer?      Yes    No	16. Does the applicant loan vehicles to anyone?      Yes    No
17. Does the applicant rent or lease vehicles to anyone?      Yes    No	18. Is the applicant engaged in any other business besides this business? If "Yes," describe the business in detail on page one under Additional Information.      Yes    No
19. Does the applicant or employees road test vehicles following repairs?      Yes    No	20. Does the applicant allow anyone to take customer's cars for personal use?      Yes    No
21. Does the applicant re-cap or re-tread tires?      Yes    No	22. Does the applicant sell or service salvage vehicles?      Yes    No
23. Does the applicant sell, service, repair or maintain any racing vehicles?      Yes    No	24. Does the applicant sponsor racing events or engage in the racing of vehicles?      Yes    No
25. Does the applicant modify vehicles not in accordance to manufacturers specifications?      Yes    No	26. Does the applicant sell used parts?      Yes    No If "Yes," does the sale exceed 5% of annual gross receipts?      Yes    No
27. Does the applicant use a non-approved spray booth?      Yes    No	28. Does the applicant repair trucks in excess of 20,000 lbs. gross vehicle weight?      Yes    No
29. Does the applicant cut or weld auto frames?      Yes    No	30. Does the applicant install or service trailer hitches?      Yes    No
31. Does the applicant sell alcoholic beverages?      Yes    No If "Yes," does the sale exceed 5% of annual gross receipts?	32. Does the applicant sell propane?      Yes    No If "Yes," does the sale exceed 5% of annual gross receipts?      Yes    No
33. Is the applicant or any employee under the age of 21?      Yes    No	34. Does the applicant remove keys from all vehicles left overnight?      Yes    No
35. Does the applicant repossess vehicles?      Yes    No	36. Does the applicant sell or install used tires?      Yes    No
37. Is the owner of the shop married?      Yes    No	38. Does the applicant read and speak English?      Yes    No
39. How does the applicant dispose of oil, solvents and similar material?	
40. What percentage of the applicant's gross receipts are from the sell/service/repair of the following: (Light/medium trucks should be as defined in ISO.)	
Autos      Light Trucks      Medium Trucks      Motor Homes      Motorcycles      Other      These must total 100%	
41. What type of vehicles does the applicant normally sell or service?	
42. Does the applicant specialize in a particular make/model?      Yes    No	If "Yes," What?



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Insured's Name:	DBA:
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**Dealer Risk Information**

1. What is the AVERAGE WHOLESale PRICE of the vehicles sold by the applicant?	2. What is the HIGHEST WHOLESale PRICE of the vehicles sold by the applicant?
3. Does the applicant leave keys in vehicles during business hours?      Yes    No	4. Does the applicant allow customers to drive vehicles unaccompanied by the owner or an employee?      Yes    No
5. Does the applicant allow customers to use vehicles without a signed Loan Car Agreement?      Yes    No	6. Does the applicant allow customers to use vehicles without proof of insurance?      Yes    No
7. Does the applicant allow employees to use inventory vehicles for personal use or to take home at night? If "Yes," does the applicant require them to carry their own insurance?      Yes    No	8. Does the applicant repair or service vehicles other than those owned by the applicant?      Yes    No
9. Does the applicant buy, sell or transport vehicles outside the state of Arizona? If "Yes," from where do the vehicles come? If "Yes," how are they transported? By Applicant    By Insured Transporter Other	10. Does the applicant buy or sell vehicles through an internet or world wide web outlet? If "Yes," is the applicant shipping the vehicles to the buyer? If "Yes," when does the applicant release title?

**Company Personnel**

All company personnel and non-employees furnished vehicles must be over the age of 21.

Name	Date of Birth	Position	License Number	Issuing State	Vehicle Furnished?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

**Non-Employees**

List everyone who is NOT an employee of the applicant who is regularly furnished a vehicle.

Name	Date of Birth	Relationship to Applicant	License Number	Issuing State

Insured's Name:	DBA:
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**Dealer's Location General Information**

Description of Location:		Location Number:
Physical Address:	Phone:	Fax:
	Contacts:	E-Mail:
		Website:

**Premises Information**

1. Does the applicant have a guard or pet dog on the premises?	Yes	No	2. Does anyone live on the premises?	Yes	No
3. Are there any underground tanks on the premises?	Yes	No	4. Does the applicant share the premises with a gas station?	Yes	No
5. Does the applicant keep firearms on the premises?	Yes	No	6. Are the windows protected with bars or grates?	Yes	No
7. Are there dead bolt locks on the doors?	Yes	No	8. Are there "NO SMOKING" signs posted where combustibles are stored?	Yes	No
9. Where are vehicles kept?	10. Where are the vehicles keys kept at night?				
11. How long has the applicant been at this location?	12. Is the lot fully chained or fenced? Yes No				
13. What type of fencing or chain is used?	14. What is the distance in feet between the posts used with chains?				
15. What is the maximum number of vehicles on the lot?	16. Is the lot lighted at night when closed for business? Yes No				

**Coverage Information**

<b>Liability Limit</b> (Symbol 21)	\$100,000	\$300,000	\$500,000	\$1,000,000	<b>Aggregate</b> 3X 2X 1X
<b>Liability Deductible</b>	NONE	\$500	\$1,000	<b>Liability Endorsements</b>	Broadened Coverage Personal Injury
<b>Fire Legal Liability</b> \$ _____				<b>Underinsured Motorist</b>	\$30,000 \$50,000
<b>Medical Pay</b> (Symbol 22 for Auto)	\$1,000 Auto	\$2,000 Premises	\$5,000 Both	<b>Uninsured Motorist</b> (Symbol 22)	\$30,000 \$50,000 Number of Dealer Plates:
<b>Physical Damage</b> (Symbol 31)	Location Limit \$ _____ <small>Collision and OTC (Comprehensive coverage may not be offered to everyone.)</small>			<b>Deductible</b> (Per Auto/Per Loss)	\$1,000/\$5,000
<b>Dealer's Driveway</b> <small>Applies to Physical Damage</small>	Yes No	# trips per Year _____	Avg. cost new _____	<b>Waiver of Collision Ded.</b>	Yes No
	# drivers per trip _____	# cars per trip _____	Avg. distance _____		
<b>Garage Keepers</b> (Symbol 30)	Location Limit \$ _____ Legal Liability Direct Primary			<b>Deductible</b> (Per Auto/Per Loss)	\$500/\$2,500 \$1,000/\$5,000

**Employees and Non-Employees**

No one under the age of 21 will be insured for auto coverage.

Class I - Employees Including Part-Time Employees-- The number of Class I employees should be entered under full-time unless they work an average of less than 20 hours a week. All Class I Employees working less than 20 hours per week qualify as part-time.				Class II- Any individual other than a person described in Class I who is regularly furnished with a dealer's auto.	
Proprietors/Partners/ Officers	Salespersons/Managers	Other Employees Who Regularly Operate Autos	All Other Employees	Age 21 - 25	Age 25 and Over
Full Part	Full Part	Full Part	Full Part		

<b>Owner of Premises</b> Name:	<b>Loss Payee for</b> Name:
<b>Additional Insured</b> Address:	<b>Physical Damage</b> Address:



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Insured's Name:	DBA:
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**Property Location General Information**

Description of Location:	Location Number:
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**Premises Information**

1. Is there an Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station?	Yes	No	2. Are there any large cracks or potholes in the pavement?	Yes	No
3. Are there any open or obvious slip and fall hazards?	Yes	No	4. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc?	Yes	No
5. Are there operable and tagged fire extinguishers mounted and easily accessible?	Yes	No	6. Is there an Automatic Fire Protective or Extinguishing System that protects the applicant's premises??	Yes	No
7. Does the wiring on the applicant's premises comply with current codes?	Yes	No	8. Has the producer for this applicant personally inspected this location?	Yes	No
9. Describe the condition of the premises.      Good      Fair      Poor      Improving					
10. Describe the condition of the neighborhood.      Good      Fair      Poor      Improving					

**Property Coverages Requested**

All Coverages are written with 90% Coinsurance.  
*An Automatic Burglary Alarm is required for theft coverage.*

Coverage	Limit	Causes of Loss	Deductible	Rating Information		
Building		Special Basic	\$500 \$1,000 \$2,500	Construction type of building?	Frame Non-Combustible Fire Resistive	Jointed-Masonry Masonry Non-Comb. Mod. Fire Resistive
Contents				Square footage of building?		
Business Income				What year was the building constructed?		
Outdoor Signs			\$500	Is the sign, including frame and supports entirely constructed of metal?		Yes      No

<b>Lessor of Leased Equipment Additional Insured</b> Name: Address:	<b>Mortgage Holder For Building</b> Name: Address:
<b>Loss Payee for Equipment</b> Name: Address:	





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Insured's Name: _____	DBA: _____
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**Insurance Applicant Agreement**

This must be read and understood by the applicant before it is signed.

<ol style="list-style-type: none"> <li>1. I understand that absolutely no insurance coverage of any kind whatsoever is being applied for other than the insurance coverage I have requested in this application. I also understand that absolutely NO INSURANCE coverage is effective until such insurance is accepted and bound by the insurance company and payment is made for such insurance.</li> <li>2. I warrant that all of the information provided by me and my insurance broker is true and correct. I also understand that if any of the information provided in this application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage.</li> <li>3. I also understand that if any of the information provided to the insurance company in this application turns out to be false, my insurance policy may be canceled at any time at the option of the insurance company.</li> <li>4. I understand that this insurance is not meant to apply to drivers under the age of 21 and that drivers under 21 must be excluded from auto coverage, even if you hire or use anyone under the age of 21.</li> <li>5. If I have applied for Business Personal Property Coverage, I understand that unless I have an activated and fully functioning Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station, then I will NOT have coverage for the theft of any and all of my business personal property.</li> <li>6. I have read and understood this entire application. I read and understand English.</li> <li>7. The statements in this application are express warranties made by the applicant and relate to the past, present or future. The application is attached and incorporated into the policy.</li> </ol> <p>NOTE: My signature authorizes any and all of my prior insurance companies to release any and all of my prior insurance and claims information to Cal-Regent Insurance services Corporation upon presentation of a copy of this Insurance Applicant Agreement.</p> <p>Applicant's Signature _____ Date _____          Print Name _____ Title _____</p>
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**Insurance Broker Agreement**

This must be read and understood by the broker before it is signed.

<ol style="list-style-type: none"> <li>1. I warrant that all of the information contained in this application was obtained from the insured after I asked the insured for the information.</li> <li>2. I understand that unsigned applications will be refused for binding and no coverage will be in force.</li> <li>3. I understand that coverage is not bound until such time as I receive written confirmation of binding and a policy number from Cal-Regent Insurance Services Corporation.</li> </ol> <p>Broker's Signature _____ Date _____          Print Name _____ Title _____</p>
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**Uninsured Motorist Rejection/Selection Agreement**

This must be read and understood by the applicant before it is signed.

<p>You have a legal right to purchase both Uninsured and Underinsured Motorist Coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY AND YOUR PASSENGERS. LIABILITY COVERAGE DOES NOT IN MOST CASES.</p> <p>Uninsured motorist insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured/Underinsured coverage in the same amount as the policy's Bodily Injury Limit, unless you select a lower amount or no coverage, as stated in this notice.</p> <p>You have a right to purchase both Uninsured Motorist Coverage and Underinsured Motorist Coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury. Your Bodily Injury Limit for the proposed policy:          Please initial next to your desired option below for both Uninsured and Underinsured Motorist coverages.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Uninsured Motorist Liability</th> <th colspan="4" style="text-align: center;">Underinsured Motorist Liability</th> </tr> <tr> <th style="text-align: center;">Accept</th> <th style="text-align: center;">Reject</th> <th style="text-align: center;">Limit</th> <th style="text-align: center;">Premium</th> <th style="text-align: center;">Accept</th> <th style="text-align: center;">Reject</th> <th style="text-align: center;">Limit</th> <th style="text-align: center;">Premium</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="4" style="text-align: center;">_____ I do not wish to purchase any uninsured motorist coverage.</td> <td colspan="4" style="text-align: center;">_____ I do not wish to purchase any uninsured motorist coverage.</td> </tr> </tbody> </table> <p>I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are insured at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.</p> <p>Applicant's Signature _____ Date _____          Print Name _____ Title _____</p>								Uninsured Motorist Liability				Underinsured Motorist Liability				Accept	Reject	Limit	Premium	Accept	Reject	Limit	Premium	_____	_____	_____	_____	_____	_____	_____	_____	_____ I do not wish to purchase any uninsured motorist coverage.				_____ I do not wish to purchase any uninsured motorist coverage.			
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