



Strickland General Agency of TN, Inc.

2176 West Street, Suite 208 * Germantown, TN 38138
901-302-1601 * 877-718-0750 * Fax: 901-302-1618
www.sgaintn.com

"Professional Insurance Wholesaler"

MISSISSIPPI GARAGE DEALER / NON - DEALER APPLICATION

CANAL INSURANCE COMPANY

CANAL INDEMNITY COMPANY

Quotation No. New policy No. Renewal / Rewrite No.

Bound by SGA? Yes No Policy Period From AM/PM on to

Producer: Producer No.

Contact: Phone: e-Mail:

GENERAL INFORMATION

Name of Applicant: Years In Business

Trade Name (dba): Individual Partnership Corporation LLC Other

Mailing Address: No. Street City County State Zipcode

Location Address: No. Street City County State Zipcode

Type of Business: Used Car Dealer Motorcycle Dealer Repair Shop Wrecker Service Repo Other

Contact: Phone: e-Mail:

LIMITS OF LIABILITY AUTO AND OTHER THAN AUTO

The most to be paid for any one accident or loss:

Single Limit Each Accident \$ Aggregate \$ (other than auto)

Split Limit \$ Each Person Bodily Injury

\$ Each Accident Bodily Injury

\$ Each Accident Property Damage

No. of Dealer Tags: Combined Auto and Premises Medical Payments Limit \$

UNINSURED MOTORISTS COVERAGE

Page 4 and 5, Must be completed and signed by the named insured or legal representative

AUTOS TO BE COVERED

Symbol 23 - Owned Private Passenger Autos Only (Including Pickup Trucks & Motorcycles)

Symbol 27 - Specifically Described Autos. List in Section Provided (Requires Additional Premium)

Symbol 29 - Non Owned Autos Used In Your Garage Business

OPTIONAL COVERAGE - PROPERTY DAMAGE EXCLUSION BUY BACK

Exclusions to be bought back:

Care, Custody or Control Work You Perform

Defective Product Loss of Use

UNDERWRITING QUESTIONS TO BE ANSWERED FOR LIABILITY

1. Do you pick up or deliver vehicles out of town? ___ Yes ___ No
If yes, maximum distance in miles _____ Number of driver trips _____
2. Do you own or use a non-owned tow truck, rollback or other towing device? ___ Yes ___ No
If yes, list them _____
3. Do you own or use a non-owned service vehicle? ___ Yes ___ No
If yes, list them _____
4. Do you wish to purchase coverage on your haulaway or towing vehicles or devices? ___ Yes ___ No
5. Do you Own, or are you a partner, shareholder, member, or officer of any other business operations? ___ Yes ___ No
If yes, list them _____
6. Are any of these businesses on same premises as this operation? ___ Yes ___ No
If yes, list them _____
7. Do you hire driver services or pick up drivers? ___ Yes ___ No
8. Do you repossess autos? ___ Yes ___ No
If yes, how many annually? _____
9. Do you finance autos? ___ Yes ___ No
If yes, are all titled in purchaser's name? ___ Yes ___ No
10. Do you have a dog on premises? ___ Yes ___ No
11. Do you lend vehicles? ___ Yes ___ No
12. Do you rent or lease vehicles? ___ Yes ___ No
13. Do you hire auto transporters? ___ Yes ___ No
14. Do you own or sponsor racing vehicles? ___ Yes ___ No
15. Do you install trailer hitches? ___ Yes ___ No
16. Do you handle or sell LP gas? ___ Yes ___ No
17. Do you own, operate or service tank trucks/trailers? ___ Yes ___ No
18. Do you engage in auto dismantling? ___ Yes ___ No
19. Do you engage in tire recapping? ___ Yes ___ No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR GARAGEKEEPERS LIABILITY

1. Are vehicles locked and inside fenced area? ___ Yes ___ No
2. Are keys to vehicles kept in locked cabinet or safe when business is closed? ___ Yes ___ No
3. Do you have a central station alarm? ___ Yes ___ No
4. Do you want cargo or on hook coverage for vehicles you tow or haul? ___ Yes ___ No
5. Do you do road service? ___ Yes ___ No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR PHYSICAL DAMAGE

1. Are your premises subject to flood or rising waters? ___ Yes ___ No
2. Is your lot: Completely Fenced & Locked Post-Chained & Locked Floodlighted Open
 All Autos Stored in Locked Building when Business is Closed
3. Keys to Vehicles: Take Home Kept in Locked Cabinet Keys Kept in Locked Safe Other (Describe) _____
4. Do you have a Night Watchman? Yes No Alarm System? Yes No
5. Do you Sell: Trucks Larger than Pickups Tractor/Trailer
6. Do you or a salesman accompany customer on try out? ___ Yes ___ No
If No, why not? _____
7. Do you photocopy or verify Customer's Driver's License and Insurance ID Card? ___ Yes ___ No
If No, why not? _____

PHYSICAL DAMAGE (DEALERS OPEN LOT) 100% COINSURANCE REQUIRED

\$ _____ Each location (Total cost of all vehicles you own at all locations)
\$ _____ Maximum cost any one auto \$ _____ Deductible per auto \$ _____ Maximum Deductible
 Collision Comprehensive

Location Address _____

List all lienholders by name and address _____

THREE - YEAR PRIOR CARRIER AND LOSS HISTORY

Current Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____

If there is no prior insurance, check the box

If there is no prior losses, check the box

Date of Loss	Amount Paid / Reserve	Description of Loss including Driver

I hereby authorize the prospective Insurer to obtain from the _____ Department of Public Safety a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report, a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (**names specified on application and/or drivers hired during the term of this insurance**) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting.

Signature of Applicant

Date

MUST BE COMPLETED

1. Applicant Name

2. DBA, if any

UNINSURED / UNDERINSURED MOTORIST PROTECTION DISCLOSURE AND OFFER

The laws of Mississippi require that you be given the option to request or reject the following additional coverages. The elections that show an asterisk (*) require the payment of additional premium. Please indicate your preferences below:

I hereby reject Uninsured / Underinsured Motorist Protection

I hereby reject Uninsured / Underinsured Motorist Property Damage Protection (UM PD cannot be purchased alone)

STACKABLE UNINSURED / UNDERINSURED MOTORIST PROTECTION

*Bodily Injury \$25,000 per person / \$50,000 per accident

*Other (Specify) \$ _____ per person / \$ _____ per accident
 (Not to exceed BI Liability limits)

*Property Damage \$25,000 *Other (Specify) \$ _____
 (Not to exceed PD Liability limit)

*Combined Single Limit (Bodily Injury & Property Damage) \$75,000 *Other (Specify) \$ _____
 (Not to exceed CSL Liability limit)

Signature of Applicant: _____ X Date: _____

THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE

**MISSISSIPPI NON-STACKING
UNINSURED MOTORIST INSURANCE
(As Per House Bill 666, 2002, Miss. Code 83-11-102)**

Mississippi law provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **ten (10) or more** vehicles. The Non-stacking Uninsured Motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this Non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the Non-stacking Uninsured Motorist Policy, in the event of an accident, the total limit of uninsured motorist coverage available from the policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the Non-stacking Uninsured Motorist policy depending upon the specific circumstances.**

The minimum limits required under Mississippi law for Non-stacking Uninsured Motorist Coverage is ten (10) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Currently this law requires \$25,000 per person, \$50,000 per accident and \$25,000 for property damage, making the minimum \$250,000/\$500,000 BI, \$250,000 PD or \$750,000 CSL. An increase to the statutory limits under this law shall increase the minimum limits for Non-stacking Uninsured Motorist Coverage accordingly.

I understand the limitations imposed by the Non-stacking Uninsured Motorist policy and that such coverage is alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.

Selection of Non-stacking Uninsured Motorist coverage is affirmed by your signature below. I select the following coverages at the limits shown below:

*Non-stackable UM Bodily Injury and UM Property Damage at limits of \$ _____ per person /
\$ _____ per accident / \$ _____ property damage

*Non-stackable UM Bodily Injury Coverage (No Property Damage Coverage) at limits of \$ _____ per person /
\$ _____ per accident

*Non-stackable Combined Single-limit UM Coverage (includes Bodily Injury and Property Damage Coverage together) at the
limit of \$ _____ per accident

Date: _____ Policy Number (if available): _____

Applicant Name (Print): _____

Address: _____
Street (or PO Box) City State Zip

Signature of Applicant: _____ X Proposed Effective Date of Coverage: _____