



Strickland General Agency of TN, Inc.

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"Professional Insurance Wholesaler"

TENNESSEE 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, 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

Tennessee Fraud Warning

NOTICE - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Uninsured Motorist Selection / Rejection

In accordance with **Tennessee** Statute 56-7-1201, your policy will contain Uninsured Motorist Bodily Injury Liability limits equal to the Bodily Injury Liability limit or Combined Single Limit of the policy unless you reject it or select lower limits. If you purchase bodily injury uninsured motorist coverage you may also purchase property damage uninsured motorist coverage in amounts from \$15,000 up to your property damage liability limits (subject to a \$200 deductible). Your selection or rejection of coverage is binding on all persons insured under this policy. The selections that show an asterisk (*) require payment of additional premium. Please indicate your selection.

BODILY INJURY

UNINSURED MOTORIST PROTECTION

___ Reject
 ___ 25/50*
 ___ Other (Specify)* _____
(Not to exceed BI Liability Limits)

COMBINED SINGLE LIMIT

UNINSURED MOTORIST PROTECTION

___ Reject
 ___ 60,000*
 ___ Other (Specify)* _____
(Not to exceed Policy Limits)

PROPERTY DAMAGE

UNINSURED MOTORIST PROTECTION

___ Reject
 ___ \$15,000*
 ___ Other (Specify)* _____
(Not to exceed PD Liability Limits)

Date Application Completed _____ Signature of Agent of Applicant _____

Signature of Applicant **X** _____ Address of Agent _____