

A UNIT OF RSG UNDERWRITING MANAGERS

### Dealers Open Lot Application

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

1. Named Insured: \_\_\_\_\_  
 (Complete name as it should appear on the policy including Inc., Corp., Ltd., Etc.)

2. Mailing Address: \_\_\_\_\_  
*\*\*Please make certain for any locations not included below that they are added using the Continued Locations Schedule (page 4 of this application).*

3. Inspection Contact & Claims Contact: \_\_\_\_\_ Email: \_\_\_\_\_

4. Telephone: \_\_\_\_\_

5. Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

6. Year established: \_\_\_\_\_

7. Policy proposed effective date: \_\_\_\_\_ to \_\_\_\_\_

8. Current Comp & Coll Deductibles: \_\_\_\_\_ Current Weather Deductible: \_\_\_\_\_

9. Deductibles:  
 a. Comp:  \$1,000/\$3,000  \$1,500/\$5,000  \$2,500/\$10,000  \$5,000/\$15,000  10,000/\$25,000  
 b. Collision:  \$1,000/\$3,000  \$1,500/\$5,000  \$2,500/\$10,000  \$5,000/\$15,000  10,000/\$25,000

10. Type of Franchise(s): \_\_\_\_\_

11. a. Comprehensive Inventory Limits: (include new, used, owned, furnished, service & shop rentals and lease returns)

Location & Address:	Location Description	Policy Limit (up to 130% over the Average 12 Month)	Average 12 Month Insurable Inventory Value (\$)
1.			
2.			
3.			
4.			
5.			

b. Collision Inventory Limits:

Location & Address:	Location Description	Policy Limit (up to 130% over the Average 12 Month)	Average 12 Month Insurable Inventory Value (\$)
1.			
2.			
3.			
4.			
5.			

12. False Pretense Policy Aggregate Limit:  \$100,000  \$250,000

**If checked, please complete the False Pretense/Identity Theft Supplemental Application.**

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 rooftop parking or have a multi-level parking structure for their inventory?  Yes  No

If yes, # of units: \_\_\_\_\_ Maximum value: \_\_\_\_\_

15. Does the dealer have vehicles on the lot with values greater than \$ 250,000?  Yes  No

If yes, please attach a list of specific vehicles.

16. Lot Protection (check all that apply):

- |   |   |   |                                       |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Post & Chain       | <input type="checkbox"/> Gated Entrance | <input type="checkbox"/> Completely enclosed by fencing | <input type="checkbox"/> Guard Rail   |
| <input type="checkbox"/> Security Guard     | <input type="checkbox"/> Local Patrol   | <input type="checkbox"/> Overnight Lighting             | <input type="checkbox"/> Trenching    |
| <input type="checkbox"/> Video Surveillance | <input type="checkbox"/> Guard Dogs     | <input type="checkbox"/> Lo Jack                        | <input type="checkbox"/> Other: _____ |

17. Are any of the above locations within 10 miles of the coast or within 500 feet of a Flood Zone?  Yes  No

If yes, please forward an emergency weather/evacuation plan and/or a flood avoidance plan.

18. Key Controls (check all that apply):  Vehicle Lock Boxes\*  Peg Board  Key Cabinet

Key Track (or similar) System  Other: \_\_\_\_\_

\*a. If dealer uses vehicle 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? (Please attach copy.)  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 work with wholesalers?  Yes  No

If yes, do they require banker's or cashier checks prior to delivery of titles?  Yes  No

Do they require titles prior to taking possession of the vehicles?  Yes  No

Additional Comments: \_\_\_\_\_

Additional Named Insureds: \_\_\_\_\_

**Loss Payee/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**

1. Has any company canceled or declined to renew in the past 5 years?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Has the insured ever had a lapse in coverage?  Yes  No

If yes, please explain: \_\_\_\_\_

3. Has the dealer experienced Bankruptcy, Financial Reorganization/Attachment or Lien in the past 5 years?  Yes  No

**Claim Information**

1. Make sure to attach 5 years of currently valued loss runs. (Valued no more than 3 months from date of application.)  Yes  No

2. Do you require staff to report all unusual incidents and are all incident reports reviewed by Management?  Yes  No

3. 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

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

\_\_\_\_\_  
Dealer/Officer Name (type or print)

\_\_\_\_\_  
Agent Name (type or print)

\_\_\_\_\_  
Signature

**Continued Location Schedule**

Comprehensive Inventory Limits: (includes new, used, owned, furnished, service & shop rentals and lease returns.)

Location & Address:		Location Description	Policy Limit (up to 130% over the Average 12 Month)	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 (up to 130% over the Average 12 Month)	Average 12 Month Insurable Inventory Value (\$)
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
19			\$	\$
20			\$	\$

**Continued Location Schedule**

Comprehensive Inventory Limits: (includes new, used, owned, furnished, service & shop rentals and lease returns.)

Location & Address:	Location Description	Policy Limit (up to 130% over the Average 12 Month)	Average 12 Month Insurable Inventory Value (\$)
21		\$	\$
22		\$	\$
23		\$	\$
24		\$	\$
25		\$	\$
26		\$	\$
27		\$	\$
28		\$	\$
29		\$	\$
30		\$	\$
31		\$	\$
32		\$	\$
33		\$	\$
34		\$	\$
35		\$	\$

Collision Inventory Limits:

Location & Address:	Location Description	Policy Limit (up to 130% over the Average 12 Month)	Average 12 Month Insurable Inventory Value (\$)
21		\$	\$
22		\$	\$
23		\$	\$
24		\$	\$
25		\$	\$
26		\$	\$
27		\$	\$
28		\$	\$
29		\$	\$
30		\$	\$
31		\$	\$
32		\$	\$
33		\$	\$
34		\$	\$
35		\$	\$

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