

# TEXAS Trailer Dealer Application

COLUMBIA INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY  
 NATIONAL FIRE & MARINE INSURANCE COMPANY  
 NATIONAL LIABILITY & FIRE INSURANCE COMPANY  
 NATIONAL INDEMNITY COMPANY OF THE SOUTH  
 NATIONAL INDEMNITY COMPANY OF MID-AMERICA

Horner Insurance Services, Inc.  
 5101 Wheelis Drive  
 Suite 214  
 Memphis, TN 38117  
 (901)684-4570 FAX: (901)684-4565

Policy Term From: \_\_\_\_\_ To: \_\_\_\_\_

## GENERAL INFORMATION

1. Named Insured Information (please select one):

	Name	"dba" (if applicable)
<input type="checkbox"/> Corporation	_____	_____
<input type="checkbox"/> Partnership	_____	_____
<input type="checkbox"/> Individual	_____	_____
<input type="checkbox"/> Other	_____	_____

2. Business (physical) address \_\_\_\_\_

3. Mailing address \_\_\_\_\_

4. Website address \_\_\_\_\_

5. Are you the owner of this business location?  Yes  No

If no, does owner of premises need to be named as additional insured?  Yes  No

If yes, please provide owner's complete name \_\_\_\_\_

6. Description of operation \_\_\_\_\_

7. Type of Operation:

<input type="checkbox"/> Franchised Dealer	<input type="checkbox"/> Non-Franchised Dealer	<input type="checkbox"/> Repair Shop	<input type="checkbox"/> Wholesale Dealer/Auto Broker
<input type="checkbox"/> Equipment & Implement Dealer	<input type="checkbox"/> Automobile Dismantling	<input type="checkbox"/> Other	_____

8. Please check those items below that are part of your dealer operation:

	% of Operation		% of Operation
<input type="checkbox"/> Private Passenger Autos	_____	<input type="checkbox"/> Motor Homes	_____
<input type="checkbox"/> Mobile Homes	_____	<input type="checkbox"/> Buses	_____
<input type="checkbox"/> ATVs, Snowmobiles, Jet Skis	_____	<input type="checkbox"/> Contractor Equipment	_____
<input type="checkbox"/> Motorcycles	_____	<input type="checkbox"/> Farm Equipment/Implement Dealer	_____
<input type="checkbox"/> Tractors	_____	<input type="checkbox"/> Internet Sales of Trailers	_____
<input type="checkbox"/> Trailers	_____	<input type="checkbox"/> Internet Sales of Parts/Accessories	_____
		<input type="checkbox"/> Other	_____

9. Person to Contact:

For inspection (name & phone number) \_\_\_\_\_

For accounting records (name & phone number) \_\_\_\_\_

10. Current management has controlled the business since \_\_\_\_\_ (year) and has been in this type of business since \_\_\_\_\_ (year)

11. Is this a new venture?  Yes  No

12. (a) **PREVIOUS 3 YEARS' INSURANCE EXPERIENCE**

Policy Term	Insurance Company Name	Premium	Description of Loss (if any)	Loss Date	Amount Paid

(b) Have you ever been cancelled or non-renewed for this kind of insurance?  Yes  No If yes, explain \_\_\_\_\_

(c) Are you aware of any facts or past incidents, circumstances or situations which could give rise to a claim under the insurance sought in this application?  Yes  No If yes, provide complete details \_\_\_\_\_

13. (a) List major owners/shareholders, management:

Name	Years with Company	% of Ownership

(b) What is estimated net worth of the business? \_\_\_\_\_ (c) Gross receipts last year? \_\_\_\_\_

14. Has this business entity ever filed for bankruptcy?  Yes  No

Date filed \_\_\_\_\_ Date released \_\_\_\_\_

15. Do you accept autos on consignment?  Yes  No If yes, \_\_\_\_\_% of operation

If yes, is value of consigned autos included in garagekeepers limit?  Yes  No

Please enclose copy of current consignment agreement.

16. Plates Held by Applicant (indicate number held): \_\_\_\_\_ Dealer \_\_\_\_\_ Transporter  
 \_\_\_\_\_ Repairer \_\_\_\_\_ Other

List plate identification numbers assigned by the state \_\_\_\_\_

Are plates attached to owned autos?  Yes  No Describe \_\_\_\_\_

Are plates attached to tow trucks?  Yes  No Describe \_\_\_\_\_

**COVERAGE INFORMATION**

17. **Limits of Liability and Coverage(s) Requested (check desired coverage and insert limits)**

**I. LIABILITY**

	Each Accident	Aggregate (Garage Operations Only)
<input type="checkbox"/> Bodily Injury & Property Damage Liability	\$ _____	\$ _____
(Property Damage Liability Subject to \$100 Deductible Completed Operations)	(Combined Single Limit)	(Maximum Aggregate Limit - 2 Million)

**List All Locations to be Covered for Bodily Injury and Property Damage Liability**

Location No. 1 Address	Location No. 3 Address
Location No. 2 Address	Location No. 4 Address

**II. MEDICAL PAYMENTS**

Premises Medical Payments (per person) Choose Limit:  \$500  \$750  \$1,000  \$2,000  \$5,000

**III. UNINSURED/UNDERINSURED MOTORIST**

Applicable to scheduled autos or plates attached to autos (UM/UIM coverage does not apply to trailers).

UNINSURED/UNDERINSURED MOTORIST COVERAGE			
Single Limit	Split Limits		
	Bodily Injury		Property Damage
	Per Person	Per Accident	Per Accident

**IV. GARAGEKEEPERS COVERAGE**

SPECIFIED PERILS and Collision **OR**  COMPREHENSIVE and Collision (available on direct primary basis only)  
 (pick one of the following)  
 Legal Liability  
 Direct Primary

GARAGEKEEPERS DEDUCTIBLE:  \$500 deductible per auto  
 \$1,000 deductible per auto  
 \$2,500 deductible per auto  
 \$5,000 deductible per auto

18. List All Business Locations to be Covered for Garagekeepers Coverage

Loc. No.	Garagekeepers Limit	Garagekeepers			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

V. DEALERS PHYSICAL DAMAGE \*Non-Reporting Form Only, 80% Co-Insurance Clause Applies

- Specified Causes of Loss (select desired deductible)  
 \$500       \$1,000       \$2,500       \$5,000

AND

- Collision (select desired deductible)  
 \$500       \$1,000       \$2,500       \$5,000

List All Business Locations to be Covered for Dealers Physical Damage Coverage

Loc. No.	Dealers Physical Damage Limit	Dealers Physical Damage			
		Average Value Per Auto	Maximum Value Per Auto	Average # of Autos	Maximum # of Autos

Any loss payees?  Yes  No      If yes, give name and address of loss payee \_\_\_\_\_

19. AUTOS USED IN CONNECTION WITH GARAGE OPERATION

- (a) Do you own and operate an automobile transporter, tow truck, tank truck or tank trailer?  Yes  No  
 (b) Do you desire coverage?  Yes  No

(No coverage afforded for specific autos unless autos are scheduled on the policy and assessed premium charge)

Vehicle #	Model Year	Vehicle Make & Model	Vehicle Identification Number	Gross Vehicle Weight (GVW)	Body Type (pickup, sedan, etc.)	Maximum Radius of Operation	Garaging Location (city, state)	Current Vehicle Value	Physical Damage Deductible	Is a plate permanently attached? Y or N
1										
2										
3										

Check desired coverages for scheduled autos and/or plates:

- Liability (must match the garage liability limit)  
 UM Limit (policy level) \$ \_\_\_\_\_      Is in-tow desired? Which units? \_\_\_\_\_  
 Medical Payments Limit (must match the garage liability limit)      In-Tow Limit: \$ \_\_\_\_\_  
 Physical Damage      In-Tow Deductible: \$ \_\_\_\_\_  
 (select type for each unit on which coverage is desired)  
 Unit #1:  Specified Perils/Collision **OR**  Comprehensive/Collision  
 Unit #2:  Specified Perils/Collision **OR**  Comprehensive/Collision  
 Unit #3:  Specified Perils/Collision **OR**  Comprehensive/Collision



**MUST BE SIGNED BY THE APPLICANT PERSONALLY**

No coverage is bound until the Company advises the Applicant or its representative that a policy will be issued and then only as of the policy effective date and in accordance with all policy terms. The Applicant acknowledges that the **Applicant's Representative named below is acting as Applicant's agent and not on behalf of the Company. The Applicant's Representative has no authority to bind coverage, may not accept any funds for the Company, and may not modify or interpret the terms of the policy.**

The Applicant agrees that the foregoing statements and answers are true and correct. The Applicant requests the Company to rely on its statements and answers in issuing any policy or subsequent renewal. The Applicant agrees that if its statements and answers are materially false, the Company may rescind any policy or subsequent renewal it may issue.

If any jurisdiction in which the Applicant intends to operate or the Federal Highway Administration requires a special endorsement to be attached to the policy which increases the Company's liability, the Applicant agrees to reimburse the Company in accordance with the terms of that endorsement.

The Applicant agrees that any inspection of autos, vehicles, equipment, premises, operations, or inspection of any other matter relating to insurance that may be provided by the Company, is made for the use and benefit of the Company only, and is not to be relied upon by the Applicant or any other party in any respect.

The Applicant understands that an inquiry may be made into the character, finances, driving records, and other personal and business background information the Company deems necessary in determining whether to bind or maintain coverage. Upon written request, additional information will be provided to the Applicant regarding any investigation.

The Applicant represents that she/he has completed all relevant sections of this Application prior to execution and that the Applicant has personally signed below (or if Applicant is a Corporation, a corporate officer has signed below).

Will premium be financed?  Yes  No If yes, with whom \_\_\_\_\_

\_\_\_\_\_  
Witness Applicant's Signature Date

**TO BE COMPLETED BY APPLICANT'S REPRESENTATIVE**

Is this direct business to your office? \_\_\_\_\_ If not, explain \_\_\_\_\_

Is this new business to your office? \_\_\_\_\_ If not, how long have you had the account? \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

**REQUEST TO COMPANY GENERAL AGENT:**

Please quote  Please bind at earliest possible date and issue policy

Please issue policy effective \_\_\_\_\_ Coverage was bound by \_\_\_\_\_  
(Time and Date Bound by General Agent) (Name of Person in Company General Agency's Office Binding Coverage)

\_\_\_\_\_  
Applicant's Representative's Name and Address Phone No.

**UNINSURED & UNDERINSURED MOTORIST COVERAGE  
SELECTION/REJECTION FORM  
Texas**

Texas Insurance Code §1952.101 permits any insured named in the policy to reject Uninsured & Underinsured Motorist Coverage (UM/UIM Coverage) in its entirety or to select a limit lower than the limit for Liability Coverage in the policy, but not less than minimum financial responsibility limits. Uninsured & Underinsured Motorist Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured and underinsured motor vehicles because of bodily injury, sickness, disease, death, or property damage resulting therefrom.

To be certain that your policy is issued correctly, please indicate your choice of the options available by an "X," then sign, date, and return this form as acknowledgement of your choice. The options that you requested for Uninsured & Underinsured Motorist Coverage are reproduced below. These options determined your policy premium, but you may change them. Changing these options may result in changes to your premium. Please contact your agent to request changes.

- I reject Uninsured & Underinsured Motorist Coverage in its entirety.
- I elect to purchase Uninsured & Underinsured Motorist Coverage at the following limits that do not exceed my policy's Liability Coverage Bodily Injury and Property Damage limits:

Bodily Injury per person: \_\_\_\_\_

Bodily Injury per accident: \_\_\_\_\_

Property Damage per accident\*: \_\_\_\_\_; or

Combined Single Limit \_\_\_\_\_

\* Property Damage Uninsured Motorist Coverage is subject to a \$250 deductible.

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

Date

**UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICE INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY CHANGE TO YOUR AUTO COVERAGE—INCLUDING THE ADDITION OF COVERED AUTOS OR AN INCREASE IN LIABILITY LIMITS—AND WILL BE CARRIED FORWARD TO ANY CONTINUATION, RENEWAL, REINSTATEMENT, SUPPLEMENTAL OR REPLACEMENT POLICY.**


**PERSONAL INJURY PROTECTION COVERAGE REJECTION FORM**  
**Texas**

**Named Insured:** \_\_\_\_\_  
**Policy Number (if assigned):** \_\_\_\_\_

In accordance with Texas Insurance Code § 1952.152, which permits the insured named in the policy to reject the Personal Injury Protection (PIP) Coverage, the undersigned rejects such coverage.

 \_\_\_\_\_

Signature of Named Insured

 \_\_\_\_\_

Date

**UNTIL YOU ADVISE US OTHERWISE IN WRITING, YOUR CHOICES INDICATED ABOVE WILL CONTINUE REGARDLESS OF ANY ADDITION OR CHANGE IN AUTO COVERAGE ON YOUR CURRENT POLICY OR ADDITION OF ANY SCHEDULED AUTOS.**