



Western Heritage Insurance Company

P.O. Box 5100, Scottsdale, Arizona 85261
9200 E. Pima Ctr. Pkwy., Ste. 350 Scottsdale, Arizona 85258
1-800-873-9442
A STOCK COMPANY

Wholesale Auto Dealer Application

Applicant's Name: \_\_\_\_\_

Business Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_

Internet Address (If any): \_\_\_\_\_

Inspection/Audit Contact Name/Telephone No.: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years Experience as Auto Dealer or Wholesaler: \_\_\_\_\_

Form of Business Entity: [ ] Individual [ ] Partnership [ ] Corporation [ ] Other: \_\_\_\_\_

Proposed Policy Period: From \_\_\_\_\_ To \_\_\_\_\_

General Information

Anyone applying for this insurance must qualify under the following guidelines and agree to the terms:

- Auto Wholesaler (includes Auto Broker) is one who buys or sells used autos to or from retail auto dealers. Auto Wholesalers may not sell directly to the public.
The company does not provide coverage to furnished autos for individual use unless furnished to an insured or employee in the state where you are licensed as a wholesale auto dealer. Anyone furnished an auto must be reported to the company and, if acceptable, will be listed on the "Schedule of Drivers Furnished Autos" form attached to the policy.

1. Is the applicant an auto wholesaler per the above description? [ ] Yes [ ] No
If no, describe: \_\_\_\_\_

2. Please provide percentage from where the sale of autos takes place:
Internet Sales.....% At Auctions.....%
From a Sales Lot .....% Phone Sales.....%

3. Do you sell autos to the public?..... [ ] Yes [ ] No
If yes, explain: \_\_\_\_\_

Location Information:

- The General Information questions apply to the primary location and any other(s) where you operate from or display or store covered autos.
a. In what state do you hold a wholesale operating license? \_\_\_\_\_
b. Location address of primary office at auction: \_\_\_\_\_ Suite No.: \_\_\_\_\_

c. Although you may hold a wholesale auto dealer license in one state, what is the address of your primary location?

\_\_\_\_\_

d. Do you display or store covered autos at your primary location? .....  Yes  No

e. Secondary location where you operate from or display or store covered autos: \_\_\_\_\_

\_\_\_\_\_

f. Describe other locations and their use: \_\_\_\_\_

\_\_\_\_\_

5. Are your primary or other locations insured under other policies? .....  Yes  No

If yes, indicate insurance carried below:

Garage Insurance

General Liability Insurance

Other Commercial Insurance, describe: \_\_\_\_\_

\_\_\_\_\_

6. Please list the major auctions you attend, in order of most frequented:

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

City and State: \_\_\_\_\_ City and State: \_\_\_\_\_

7. Do you pick up and deliver autos? .....  Yes  No

If yes, please list:

a.	Starting Point	Final Destination	Number of Miles

b. Are employee drivers used? .....  Yes  No

If yes, how many: \_\_\_\_\_ How often: ..... \_\_\_\_\_%

c. Are contract driver used? .....  Yes  No

If yes, how many: \_\_\_\_\_ How often: ..... \_\_\_\_\_%

d. Do you verify that contract drivers have valid driver licenses? .....  Yes  No

e. Do you use drivers other than employees or contract drivers? .....  Yes  No

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

f. Does your auto dealer customer arrange for pick-up and delivery of autos you have purchased for them? .....  Yes  No

If no, describe method of delivery: \_\_\_\_\_

\_\_\_\_\_

g. Do you hire a towing service? .....  Yes  No

If yes, do you verify each time the towing service carries insurance? .....  Yes  No

h. Do you repossess vehicles? .....  Yes  No

Do you own a tow truck? .....  Yes  No

Do you tow for-hire? .....  Yes  No

8. Do you consign your autos to other dealers to be held for sale? .....  Yes  No  
 If yes, are you held harmless from all loss? .....  Yes  No  
 Explain (attach consignment agreement): \_\_\_\_\_

9. Do you sell salvaged titled vehicles? .....  Yes  No

10. When are titles transferred? \_\_\_\_\_

**Dealer Plates and Registration Plates**

It is agreed by the applicant that use and control of Dealer Plates or Registration Plates include the following:

- Customers may drive but only for testing, and only while accompanied by the insured or insured's representatives.
- Test drivers must be over twenty-one (21) years old and hold a valid driver's license and personal auto insurance policy.
- Operation of covered autos may also include test drives, servicing, washing, detailing, and movement of covered autos from the point of purchase to the final destination, or similar activity that is usual to garage operations.

11. Please provide number of dealer plates: \_\_\_\_\_

12. Describe uses of dealer plates: \_\_\_\_\_

13. Do you have registration plates (not dealer plates) that are not issued for a specific auto? .....  Yes  No  
 If yes:

a. List registration plate numbers: \_\_\_\_\_

b. Describe how they are being used: \_\_\_\_\_

14. The Company **prohibits** loaning, renting or leasing your plates to others. Please verify by initialing that you understand and will comply. Yes, I understand and will not loan, rent or lease any plates to others. \_\_\_\_\_ Applicant's Initials.

15. Please provide types of autos used in your operation.

	Sales
Private passenger cars, SUVs pick-up trucks, vans	%
Motor homes	%
Motorcycles	%
Motor coaches or buses	%
Watercraft (boats, jet skis, etc.)	%
Dirt Bikes or ATVs/UTVs	%
All other recreational autos	%
Equipment (farm, construction, contractors, etc.)	%
Travel trailers or camper trailers	%
Utility trailers or livestock trailers	%
Trucks, tractors, semi-trailers	%
Salvage titled autos	%
Salvage parts	%
Other: _____	%
<b>TOTAL</b>	<b>100%</b>

**Schedule of Employees and Drivers**

16. List all owners, employees, contract drivers, family members and non-employees who are furnished autos. (Any operator under the age of twenty-one (21) must be named in the Schedule of Youthful Drivers and attached to the policy, however, this does not apply to a prospective purchaser while on a test drive accompanied by you or your employee.)

Name	DOB	Driver License No. & State	Furnished An Auto? Yes or No	MVR Attached? Yes or No	Job Title or Duties including Non-employees

**Insurance History**

17. Has your insurance been cancelled or non-renewed within the last three years (Not applicable in Missouri)? .....  Yes  No

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

b. A minimum of three year history is required. If three year history is unavailable, please explain: \_\_\_\_\_

Current Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Policy Premium: \$ \_\_\_\_\_

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

Loss report attached .....  Yes  No

**Coverage Requested**

18. Check applicable boxes: Limits:

**GARAGE LIABILITY** ..... \$ \_\_\_\_\_  
 Each Accident ..... \$ \_\_\_\_\_  
 Aggregate ..... \$ \_\_\_\_\_

**GARAGEKEEPERS** (Coverage for customers' vehicles while in your care, custody and control)  
 Legal Liability     Primary     Specified Causes w/ Collision     Comprehensive w/ Collision  
 Describe each location where autos are kept including any types of protection:  
 Total Limits: Location No. 1: ..... \$ \_\_\_\_\_  
 Location No. 2: ..... \$ \_\_\_\_\_

Location No. 3: ..... \$ \_\_\_\_\_  
 Location No. 4: ..... \$ \_\_\_\_\_  
 Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_  
 Collision Deductible..... \$ \_\_\_\_\_  
 Maximum limit per auto: ..... \$ \_\_\_\_\_  
 In-Transit Limits (On-Hook): \$ \_\_\_\_\_ per auto (Garagekeepers lot coverage required)

**DEALERS PHYSICAL DAMAGE** (Coverage for damage to autos while held for sale)  
 Type of autos:  New  Used  Consigned to you (attach consignment agreement)  
 Causes of Loss:  Specified Causes w/ Collision  Comprehensive w/ Collision  
 Total Limits: Location No. 1: ..... \$ \_\_\_\_\_  
 Location No. 2: ..... \$ \_\_\_\_\_  
 Deductibles: Specified Causes or Comprehensive Deductible ..... \$ \_\_\_\_\_  
 Collision Deductible..... \$ \_\_\_\_\_  
 Maximum limit per auto: ..... \$ \_\_\_\_\_  
 How are autos protected from theft? \_\_\_\_\_

**MEDICAL PAYMENTS:** Applicable to:  Garage Operations  Autos  Both  
 Limits:  \$500  \$1,000  \$2500  \$5,000  
 **UNINSURED MOTORIST:** \$ \_\_\_\_\_ **PERSONAL INJURY PROTECTION:** \$ \_\_\_\_\_  
 **ADDITIONAL INSURED:** \_\_\_\_\_  
 Address: \_\_\_\_\_

Explain the relationship there will be between the named insured and the additional insured: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIFICALLY DESCRIBED AUTOS**

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee Name & Address
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

- CA 20 01 Lessor—Additional Insured & Loss Payee**  
 Name and address: \_\_\_\_\_  
 **CA 20 27 Registration Plates Not Issued For A Specific Auto**  
 **CA 25 03 False Pretense**  
 **CA 25 08 Personal Injury Liability**

CA 25 10 Damage To Rented Premises Liability     \$50,000     \$100,000     Other \_\_\_\_\_

For CA 25 10 or CA 25 14—Completing the Building Information section is required.

CA 25 14 Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises)

CA 99 10 or CA 99 18 Drive Other Car (Dealers only)

WHI 26-0401 Federal Odometer Errors and Omissions

Remarks: \_\_\_\_\_

**Property Information**

19. Coverage/Valuation Requested (Primary Location show as Loc. 1.; Secondary Location show as Loc. 2; and Other Locations show as Loc. 3.,4., and etc):

Loc. No./ Bldg. No.	Coverage (Bldg. or BPP)	Amount	Protection Class	Valuation: ACV or RC	Coverage Form: Basic, Broad or Special	Deductible
		\$				\$
		\$				\$
		\$				\$
		\$				\$

Loc. No.	Business Income With Extra Expense	Business Income Without Extra Expense	Monthly Indemnity (1/3, 1/4 or 1/6)	Extended Period of Indemnity (Days)	Maximum Period of Indemnity
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$
	\$	\$			\$

Building Information:

Loc. No./ Bldg. No.	Building Age	Building Constr.	Total Sq. Ft. Building	Total Sq. Ft. Occupied	No. of Stories	Sprinkler System	Fire Protection System	Burglar Alarm—Type
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Central Station <input type="checkbox"/> Local

Building Improvements. Provide year updated:

Loc. No./ Bldg.No.	Wiring	Roof	Plumbing	Heating/Air Conditioning	Other

Operation Safeguards:

Welding:  Inside  Outside  Safeguards: \_\_\_\_\_

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

**Fraud Warnings: Attach completed WHI APP-152.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

\_\_\_\_\_  
Applicant's Name/Title

\_\_\_\_\_  
Applicant's Signature (Must be signed by an authorized representative, owner, partner or executive officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer's Name

\_\_\_\_\_  
Date