

Grundy Insurance Special Dealers' Insurance Program Supplemental Application

Business Information Desired effective date _____

Name of Business: _____			
Business Type: (Corp., LLC, etc.) _____			
Primary Contact	First Name: _____	Last Name: _____	
Mailing Address: _____			
City: _____	State: _____	County: _____	Zip: _____
Phone: _____	Website: _____		
Fax: _____	E-mail: _____		
Business Address (if different than above): _____			
City: _____	State: _____	Zip Code: _____	

Employer Information

Federal Taxpayer ID No: _____	Year Business Started: _____
Number of Employees: _____ Full Time: _____ Part Time: _____ None: _____	

Driver's License Information for All Owners/Employees:

Name	Driver's License No.	Date of Birth	State	Full or Part Time

*use separate sheet if needed

Provide a Description of the Business:

Property - Building & Contents Information

Building #1

Interest in Building: Owned <input type="checkbox"/> or Leased <input type="checkbox"/>	Year Built: _____	Total Sq. Footage: Sq. Footage Occupied: _____
Year of Last Update _____	Roofing _____	Plumbing _____ Wiring _____ Heating _____
Building Limit:\$ _____	Deductible \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>	
Business Property (contents) Limit:\$ _____	Coinsurance % _____	
Construction Type: Frame <input type="checkbox"/> Steel <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other <input type="checkbox"/> # of Stories: _____		
Alarm Systems: Fire - Local <input type="checkbox"/> Central Station: <input type="checkbox"/> / Burglar: Local <input type="checkbox"/> Central Station: <input type="checkbox"/>		
Sprinkler: Full <input type="checkbox"/> Partial <input type="checkbox"/> If Partial what %: _____ / Roof Type: _____		
Distance to Nearest Fire Station: _____ mile(s) Distance to Nearest Fire Hydrant: _____ feet		
Neighboring Occupancies (if applicable): _____		

Building #2

Interest in Building: Owned <input type="checkbox"/> or Leased <input type="checkbox"/>	Year Built: _____	Total Sq. Footage: Sq. Footage Occupied: _____
Year of Last Update _____	Roofing _____	Plumbing _____ Wiring _____ Heating _____

Building Limit:\$ _____	Deductible \$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>
Business Property (contents) Limit:\$ _____	Coinsurance % _____			
Construction Type: Frame <input type="checkbox"/> Steel <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Other <input type="checkbox"/> # of Stories: _____				
Alarm Systems: Fire - Local <input type="checkbox"/> Central Station: <input type="checkbox"/> / Burglar: Local <input type="checkbox"/> Central Station: <input type="checkbox"/>				
Sprinkler: Full <input type="checkbox"/> Partial <input type="checkbox"/> If Partial what %: _____ / Roof Type: _____				
Distance to Nearest Fire Station: _____ mile(s) Distance to Nearest Fire Hydrant: _____ feet				
Neighboring Occupancies (if applicable): _____				

Garage Liability	
Limit Per Occurrence:	\$1,000,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/>
Aggregate:	\$3,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/>
Uninsured/Underinsured Limit:	\$1,000,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/>
Medical Payments:	\$5000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>
Number of Dealer Plates: _____	

Garagekeeper's Coverage	
Garagekeeper's Physical Damage Limit: (Insurance Value of vehicles in your care, custody, or control that you are Restoring, Building, or Maintaining.) Coverage is offered on an Unscheduled Basis . Agreed Value Coverage – Legal Liability Basis. This coverage is for your day-to-day jobs and cars in your shop for the long term.	
Total amount of Garagekeeper's Coverage required \$ _____	
PLEASE NOTE: Under Garagekeeper's Coverage, there is no coverage for any claim to vehicles in your shop's care, custody, and control unless the shop is proven to be negligent. Natural occurrences/distasters, ie (included, but not limited to): fire, wildfire, lightning, flood, hail, windstorm, etc. are not considered claims in which the shop would be considered negligent. Each one of your customers (vehicle owner) is responsible for insuring their own vehicles through their own personal auto policy.	

Excess Liability	
Limit:	\$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000 <input type="checkbox"/>

Inland Marine	
Coverage for the Physical Damage of your Collector Cars. (Vehicles used for hobby purposes, exhibition, or part of your inventory for sale and will not be used as primary or general transportation. Primary or general transportation vehicles need to be covered under Business Autos.) Vehicles covered under the Inland Marine Section are insured at Agreed Value.	
Total Number of Vehicles _____	
Total Value of All Vehicles _____	
Deductible	\$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/>
Please provide a vehicle schedule including Year, Make, Model, VIN and Agreed Value	

Business Auto						
Please complete this section for any primary or general transportation vehicles and/or trailers owned by the business.						
Auto	Yr	Make	Model	VIN #	Use	Value
1.						
2.						
3.						
4.						
5.						

Fraud Prevention - General Warning

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any **conceals** for materially false information, or the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO WASHINGTON APPLICANTS: 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.

Signatures:

Authorized Agent:	Date:
Business Owner:	Date:
Business Owner Printed Name:	

For more information or help completing this application, please call **866-338-4006 x 195** or e-mail **Mike Victorino** at michaelv@grundy.com. Completed applications can be e-mailed to Michael Victorino, or sent to the below address, or faxed to 267-966-2748.

Grundy Insurance

Michael Victorino

Special Dealers' Insurance Program

400 Horsham Road, Ste. 150

P.O. Box 1957

Horsham, PA 19044