

AUTO DEALERS SUPPLEMENT TO THE COMMERCIAL AUTOMOBILE APPLICATION FOR THE  
RHODE ISLAND AUTOMOBILE INSURANCE PLAN  
P.O. BOX 6530, PROVIDENCE, RI 02940-6530

**THIS SUPPLEMENTAL AUTO DEALERS APPLICATION MUST BE ACCOMPANIED BY A  
COMPLETED COMMERCIAL AUTOMOBILE APPLICATION. SUPPLEMENTAL AUTO DEALERS  
APPLICATIONS RECEIVED BY THE PLAN WITHOUT A COMPLETED COMMERCIAL APPLICATION  
WILL BE RETURNED TO THE PRODUCER AND NOT ASSIGNED.**

Producer	Telephone No.(incl. area code) (    )	Producer's License No.	Producer's IRS or Social Security No.
Street	City	State	Zip Code
Applicant	Street Address		Apt. No.
City	State	Zip Code	Home Telephone No. (incl. area code) (    )
			Business Telephone No. (Incl. Area Code) (    )

- (1) Location #1 \_\_\_\_\_  
Location #2 \_\_\_\_\_
- (2) Does applicant operator any other type of business on the premises?  Yes  No If "Yes", describe business.  
\_\_\_\_\_
- (3) No. of passenger elevators \_\_\_\_\_ No. of landings \_\_\_\_\_ Inspection Charge \_\_\_\_\_  
No. of other elevators \_\_\_\_\_ No. of landings \_\_\_\_\_ Inspection Charge \_\_\_\_\_  
No. of escalators \_\_\_\_\_ No. of landings \_\_\_\_\_ Inspection Charge \_\_\_\_\_
- (4) Does applicant engage in "drive away" or "haul away" operations?  Yes  No If "Yes", give details.  
\_\_\_\_\_
- (5) Does the applicant rent automobiles to customers while customers' automobiles are temporarily left with the applicant for service, repair or sale?  Yes  No Rental to others?  Yes  No

**A. AUTO AND TRAILER DEALERS:**

Description of Operation:

- Franchised Private Passenger Auto Dealer  Franchised Truck or Truck-Tractor Dealer  
 Franchised Motorcycle Dealer  Franchised Recreational Vehicle Dealer  
 Other Franchised Self-Propelled Land Motor Vehicle Dealer  Non-Franchised Dealer

CLASS OF OPERATIONS		BY LOCATION		DEFINITIONS: CLASS I - EMPLOYEES (including part-time employees) Proprietors, partners and officers active in the business, sales person's, general managers, service managers and any employee whose principal duty involves the operation of automobiles or who is furnished a covered automobile. ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES Inactive proprietors, partners or officers, family members of an employee, and family members of an inactive proprietor, partner, and officer. *NOTE: Part time employees working less than 20 hours a week are to be counted as 1/2 rating unit.
		1.	2.	
CLASS I EMPLOYEES*	REGULAR OPERATORS			
	ALL OTHERS			
CLASS II NON-EMPLOYEES	UNDER AGE 25			
	ALL OTHERS			

**B. TRAILER DEALERS:**

- Franchised or Nonfranchised Residence Trailer Dealer  Franchised or Nonfranchised Commercial Trailer Dealer  
 Other Franchised or Nonfranchised Trailer Dealer  
 Number of employees at Location#1 \_\_\_\_\_  
 Number of employees at Location#2 \_\_\_\_\_

- (1) Limit of Liability for Auto Dealers Liability: Limited \_\_\_\_\_ Aggregate \_\_\_\_\_ Estimated Premium \$ \_\_\_\_\_
- (2) Limit of Liability for Garagekeepers Legal Liability:  Licensed Auto Body Repair Shop  Official Inspection Station
- |                   |                          |         |                      |         |
|-------------------|--------------------------|---------|----------------------|---------|
|                   | Comprehensive Deductible | Premium | Collision Deductible | Premium |
| Location #1 _____ | \$ _____                 |         | \$ _____             |         |
| Location #2 _____ | \$ _____                 |         | \$ _____             |         |
- (3) How many sets of plates does the applicant have? Dealers \_\_\_\_\_ Repairer \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_  
 How many plates in each set? Dealers \_\_\_\_\_ Repairer \_\_\_\_\_ Transporter \_\_\_\_\_ Other \_\_\_\_\_
- (4) No. of autos registered to the applicant other than those being held for sale: Commercial \_\_\_\_\_ Private Passenger \_\_\_\_\_  
 Motorcycle \_\_\_\_\_ Other \_\_\_\_\_
- (5) Does applicant, if a non-franchised dealer, pick-up or deliver automobiles beyond a 50 miles radius?  Yes  No  
 If "Yes", Number of trips 51-200 miles? \_\_\_\_\_  
 How many trips did you do last year? \_\_\_\_\_ How many do you expect to do this year? \_\_\_\_\_  
 Number of trips over 200 miles? \_\_\_\_\_  
 How many trips did you do last year? \_\_\_\_\_ How many do you expect to do this year? \_\_\_\_\_

(6) Automobiles furnished to someone other than "class I or class II" operator - list individual or organization to whom such autos are furnished and the number furnished for each (describe on Commercial Automobile Application or Supplemental Commercial Vehicle Schedule.):

Name and Address of person/organization

No. of Vehicles

1. \_\_\_\_\_
2. \_\_\_\_\_

**APPLICANT STATEMENT IMPORTANT - READ BEFORE SIGNING**

The Applicant declares and certifies that:

1. It has duly authorized the undersigned to execute this application on its behalf if the Applicant is not a natural person.
2. The Applicant has tried without success to obtain automobile insurance in this state within the preceding 60 days.
3. To the best of the Applicant's knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to issue the policy for which the Applicant is applying.
4. The Applicant realizes that any misleading information or failure to disclose required information will be considered lack of good faith on the Applicant's part and may void the application or cause cancellation of the Applicant's coverage.
5. The Applicant agrees that no coverage will be in effect if the premium remittance, which accompanies this application, is justifiably dishonored by any financial institution.
6. The Applicant understands that the premium shown on this application is an estimated premium. The carrier reserves the right to adjust the premium either prior to or after the issuance of the policy, whenever applicable.
7. The Applicant will pay premiums when due.
8. The Applicant designates as Producer of Record of this insurance the Producer or firm named in this application. A substitute Producer may be designated by the Applicant at any time and, upon designation, shall be the Producer of Record. The Applicant understands that any designated Producer cannot act as an agent of the Automobile Insurance Plan or any carrier for the purpose of this insurance and that the Producer has no authority to establish alter or amend terms or conditions of coverage.
9. The Applicant hereby certifies that it does not owe any insurance company for automobile insurance premiums due or contracted during the preceding 12 months.
10. I understand and agree that if I owe earned premium to an assigned company for prior RIAIP coverage and I am reassigned to that same company, the assigned may: a) apply my deposit premium to that outstanding balance prior to applying my deposit premium to this new application and bill me or send a notice of cancellation for any additional deposit needed on this application or, b) return this application and deposit without providing any coverage if my deposit is in the form of a premium finance company check. I further understand and agree that if my deposit premium is insufficient to cover the outstanding earned premium for prior coverage the assigned company may apply the entire deposit premium to that outstanding balance and return this application without providing any coverage.

**STATEMENT OF APPLICANT**

I understand that the requested collision and/or comprehensive coverage for my auto will not be effective unless the vehicle is properly registered to me at the time of loss, as required by the provisions of the Rhode Island Automobile Insurance Plan and the policy contract.

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

**This section must be signed or no Physical Damage Coverage will be provided.**

**EVIDENCE OF INSURANCE**

**See accompanying Commercial Automobile Application for effective date and time of coverage provisions.**

In no event shall coverage be effective prior to the date and hour of completion of this application. The Applicant hereby authorizes any insurer that may previously have provided coverage to the Applicant or to additional named insureds to provide records, data or information concerning prior coverage to the Plan or any carrier designated by the Plan. The Applicant agrees that a reproduction of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
(PERSON AUTHORIZED TO SIGN FOR APPLICANT) (TITLE) DATE (MONTH DAY YEAR HOUR)  A.M.  P.M.

If additional named insureds are to be covered under a policy issued to the Applicant, authorized signatures for each such additional named insured shall be provided below. Such additional named insureds agree to be bound by the statements made by the Applicant in this form.

\_\_\_\_\_  
(PERSON AUTHORIZED TO SIGN FOR ADDITIONAL NAMED INSURED) (TITLE) DATE (MONTH DAY YEAR HOUR)  A.M.  P.M.

**Fair Credit Reporting Act Notice**

In addition to routine verification of information pertinent to the insurance applied for, if the application is by an individual for insurance primarily for personal or family purposes, the insurer to which it is assigned may have an investigative consumer report made including information bearing on character, general reputation, personal characteristics or mode of living and, upon the individual's written request, will disclose in writing the nature and scope of the investigation requested, if such report is procured.

**PRODUCER STATEMENT**

I hereby certify that I am a licensed producer of the state to which this application applies and have read the Automobile Insurance Plan and have explained the provisions to the applicant. I acknowledge that I am acting on behalf of the Applicant in submitting this application and have no authority to establish or revise the terms or conditions of coverage. This application includes all required information given to me by the Applicant. In the event of cancellation or a change to the policy resulting in the reduction of premium, I agree to return any unearned premium to the insured (net of any minimum premium due the carrier) and also to return to the carrier unearned compensation for this insurance received by me as required by the Plan. My signature hereon represents certification of the statement of the producer of record of this application and I certify this application is submitted pursuant to the effective date provisions contained in the Rhode Island Automobile Insurance Plan.

\_\_\_\_\_  
BY (PRODUCERS SIGNATURE) DATE (MONTH DAY YEAR HOUR)  A.M.  P.M.