

**AUTO OR TRAILER DEALERS SUPPLEMENT TO THE COMMERCIAL AUTOMOBILE APPLICATION
FOR THE FLORIDA AUTOMOBILE JOINT UNDERWRITING ASSOCIATION (FAJUA)**

THIS SUPPLEMENTAL AUTO OR TRAILER DEALERS APPLICATION MUST BE ACCOMPANIED BY A COMPLETED COMMERCIAL AUTOMOBILE APPLICATION.

Agency Name				Producer's Code	
Producer		Telephone (Incl. Area Code)		Producer's DFS License No.	
				Producer's IRS or Soc. Sec. No.	
Street		City		State	
				Zip Code	
				Producer's Fax No.	
Applicant		Mailing Address			Apt. No.
City		County		State	
				Zip Code	
				Home () Telephone (Incl. Area Code) Business ()	

A. GENERAL INFORMATION

- (1) Location #1 _____
 Location #2 _____
 Location #3 _____
- (2) Does the applicant operate any other business on the premises? ☐ Yes ☐ No If "Yes", describe business.

- (3) No. of escalators _____ No. of landings _____ Inspection Charge _____
 Escalator Liability: Limit _____ Estimated Premium \$ _____
- (4) How many dealer or transporter plates does the applicant have? _____ List plate – Registrations required.
 Plate numbers _____
- (5) Does the applicant rent automobiles to customers while such customers' automobiles are temporarily left with the applicant for service, repair, or sale? ☐ Yes ☐ No

B. AUTO OR TRAILER DEALERS

Description of Operations:

- | | |
|--|---|
| <input type="checkbox"/> Franchised Private Passenger Auto Dealer
<input type="checkbox"/> Franchised Motorcycle Dealer
<input type="checkbox"/> Other Franchised Self-Propelled Land Auto Dealer
<input type="checkbox"/> Franchised Truck or Truck-Tractor Dealer
<input type="checkbox"/> Franchised Recreational Vehicle Dealer
<input type="checkbox"/> Nonfranchised Dealer | <input type="checkbox"/> Franchised Commercial Trailer Dealer
<input type="checkbox"/> Nonfranchised Commercial Trailer Dealer
<input type="checkbox"/> Franchised Mobile Home Trailer Dealer
<input type="checkbox"/> Nonfranchised Mobile Home Trailer Dealer
<input type="checkbox"/> Other Franchised Trailer Dealer
<input type="checkbox"/> Other Nonfranchised Trailer Dealer |
|--|---|

(1)

LOCATION	CLASS I Number of Employees				CLASS II Number of Nonemployees	
	Regular		All Other		Under Age 25	All Other
	Full Time	Part Time	Full Time	Part Time		
#1						
# 2						
# 3						

- (2) Number of autos owned, hired, or leased by applicant other than those being held for sale: Commercial _____ Private Passenger _____ Motorcycle _____
- (3) Does applicant, if a nonfranchised dealer, pick up or deliver automobiles beyond a 50-mile radius? ☐ Yes ☐ No
 Number of trips 51 – 200 miles _____
 Number of trips over 200 miles _____
- (4) Does applicant engage in "drive-away" or "haul-away" operations? ☐ Yes ☐ No
- (5) Extended liability coverage for customers (Rule 63.B) ☐ Yes ☐ No
- (6) Number of temporary tags issued annually _____ Number of total days for temporary tags _____
- (7) Schedule of automobiles furnished to someone other than a "Class I or Class II Operator" – List individual or organization to whom such autos are furnished and the number furnished for each.

Name and Address of Person/Organization	Occupation	No. of Veh.(s)	Vehicle Description
1.			
2.			
3.			

- (8) Limit of Coverage for Auto or Trailer Dealers Liability \$ _____ Estimated Premium \$ _____

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Applicant's Statement

In compliance with the Fair Credit Reporting Act, you are hereby notified that an investigative consumer report may be made through personal interviews with neighbors, friends, associates or other persons concerning the character, general reputation, personal characteristics and mode of living of any person proposed for insurance. Upon written request, additional information as to the nature and scope of their report will be provided. You may request to be interviewed if an investigative consumer report is prepared in connection with this application. You also have a right to receive a copy of the investigative consumer report upon written request.

Applicant — Please initial here _____

It is also hereby agreed and understood that misrepresentation of a material fact on this application may cause this coverage to be declared null and void as of the effective date (Florida Statute 627.409). Pursuant to Florida Statute 817.234(1)(b), 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 of the third degree.

The coverages, including the offer of additional coverages, were explained to me and I knowingly made the selections on this application. Further, I understand rejection of any coverage above applies with respect to all vehicles now insured under the policy as well as any vehicle which may be covered by the policy in the future regardless of whether it is owned by me on the date of execution of this application for insurance. The above-signed rejections will apply to any renewal, additional vehicle endorsement, replacement vehicle endorsement or to other supplemental coverage to the policy. However, these coverages, including Uninsured Motorist Coverage, may be endorsed onto the policy (if in force) at some future time subject to endorsement provisions in the underwriting guidelines.

I (we) hereby agree to pay any and all premiums due on the policy to be issued. I further understand that the total premium shown in the Coverages Section of this application is the producer's calculation based in part upon the assumption that the information that I have provided regarding my driving record, designation and information concerning other operators of the insured vehicle and their driving records, and the principal location of the insured(s) is accurate and complete. If the FAJUA service provider determines that any such information is inaccurate or incomplete, I will be notified of any additional premium based on accurate and complete information. I agree to pay such additional premium according to the directions in such notice or to cancel my policy in accordance with Florida Statute 627.7282. However, if I choose not to pay such additional premium, my policy will be cancelled in accordance with Florida Statute 627.7282.

I have read and understand all of the above stated information.

Applicant's Signature

Date

I hereby acknowledge that I have explained the available coverages from the FAJUA, applicable deductibles and options to the applicant.

Producer's Signature

Date

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 time of electronic binding 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 FAJUA service provider. 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.

APPLICANT'S STATEMENT

I declare to the best of my knowledge and belief that all statements contained in this application are true and that these statements are offered as an inducement to the FAJUA to issue the policy for which I am applying. I understand that my producer is not authorized to file proof of Financial Responsibility or Certificates of Insurance on my behalf to any third party.

X

Date

Applicant's Signature

Date

Print Signer's Name and Title

X

Date

Producer's Signature

Date

Print Producer's Name

**THIS POLICY IS SUBJECT TO
AUDITS AND/OR INSPECTIONS**