

Strickland General Agency of LA, Inc.

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www.sgainla.com

"Professional Insurance Wholesaler"

LOUISIANA GARAGE DEALER / NON - DEALER APPLICATION

CANAL INSURANCE COMPANY

CANAL INDEMNITY COMPANY

Quotation No. _____ New policy No. _____

Renewal / Rewrite No. _____

Bound by SGA? Yes No

Policy Period From _____ AM/PM on ____/____/____ to ____/____/____

Producer: _____ Producer No. _____

Contact: _____ Phone: _____ e-Mail: _____

GENERAL INFORMATION

Name of Applicant: _____ Years In Business _____

Trade Name (dba): _____ Individual Partnership Corporation LLC Other _____

Mailing Address: _____
No. Street City County State Zipcode

Location Address: _____
No. Street City County State Zipcode

Type of Business: Used Car Dealer Motorcycle Dealer Repair Shop Wrecker Service Repo Other _____

Contact: _____ Phone: _____ e-Mail: _____

LIMITS OF LIABILITY AUTO AND OTHER THAN AUTO

The most to be paid for any one accident or loss:

Single Limit Each Accident \$ _____ Aggregate \$ _____ (other than auto)

Split Limit \$ _____ Each Person Bodily Injury

\$ _____ Each Accident Bodily Injury

\$ _____ Each Accident Property Damage

No. of Dealer Tags: _____ Combined Auto and Premises Medical Payments Limit \$ _____

UNINSURED MOTORISTS COVERAGE

Page 5, Must be completed and signed by the named insured or legal representative

AUTOS TO BE COVERED

Symbol 23 - Owned Private Passenger Autos Only (Including Pickup Trucks & Motorcycles)

Symbol 27 - Specifically Described Autos. List in Section Provided (Requires Additional Premium)

Symbol 29 - Non Owned Autos Used In Your Garage Business

OPTIONAL COVERAGE - PROPERTY DAMAGE EXCLUSION BUY BACK

Exclusions to be bought back:

Care, Custody or Control

Work You Perform

Defective Product

Loss of Use

UNDERWRITING QUESTIONS TO BE ANSWERED FOR LIABILITY

1. Do you pick up or deliver vehicles out of town? ___ Yes ___ No
If yes, maximum distance in miles _____ Number of driver trips _____
2. Do you own or use a non-owned tow truck, rollback or other towing device? ___ Yes ___ No
If yes, list them _____
3. Do you own or use a non-owned service vehicle? ___ Yes ___ No
If yes, list them _____
4. Do you wish to purchase coverage on your haulaway or towing vehicles or devices? ___ Yes ___ No
5. Do you Own, or are you a partner, shareholder, member, or officer of any other business operations? ___ Yes ___ No
If yes, list them _____
6. Are any of these businesses on same premises as this operation? ___ Yes ___ No
If yes, list them _____
7. Do you hire driver services or pick up drivers? ___ Yes ___ No
8. Do you repossess autos? ___ Yes ___ No
If yes, how many annually? _____
9. Do you finance autos? ___ Yes ___ No
If yes, are all titled in purchaser's name? ___ Yes ___ No
10. Do you have a dog on premises? ___ Yes ___ No
11. Do you lend vehicles? ___ Yes ___ No
12. Do you rent or lease vehicles? ___ Yes ___ No
13. Do you hire auto transporters? ___ Yes ___ No
14. Do you own or sponsor racing vehicles? ___ Yes ___ No
15. Do you install trailer hitches? ___ Yes ___ No
16. Do you handle or sell LP gas? ___ Yes ___ No
17. Do you own, operate or service tank trucks/trailers? ___ Yes ___ No
18. Do you engage in auto dismantling? ___ Yes ___ No
19. Do you engage in tire recapping? ___ Yes ___ No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR GARAGEKEEPERS LIABILITY

1. Are vehicles locked and inside fenced area? ___ Yes ___ No
2. Are keys to vehicles kept in locked cabinet or safe when business is closed? ___ Yes ___ No
3. Do you have a central station alarm? ___ Yes ___ No
4. Do you want cargo or on hook coverage for vehicles you tow or haul? ___ Yes ___ No
5. Do you do road service? ___ Yes ___ No

UNDERWRITING QUESTIONS TO BE ANSWERED FOR PHYSICAL DAMAGE

1. Are your premises subject to flood or rising waters? ___ Yes ___ No
2. Is your lot: Completely Fenced & Locked Post-Chained & Locked Floodlighted Open
 All Autos Stored in Locked Building when Business is Closed
3. Keys to Vehicles: Take Home Kept in Locked Cabinet Keys Kept in Locked Safe Other (Describe) _____
4. Do you have a Night Watchman? Yes No Alarm System? Yes No
5. Do you Sell: Trucks Larger than Pickups Tractor/Trailer
6. Do you or a salesman accompany customer on try out? ___ Yes ___ No
If No, why not? _____
7. Do you photocopy or verify Customer's Driver's License and Insurance ID Card? ___ Yes ___ No
If No, why not? _____

PHYSICAL DAMAGE (DEALERS OPEN LOT) 100% COINSURANCE REQUIRED

\$ _____ Each location (Total cost of all vehicles you own at all locations)
 \$ _____ Maximum cost any one auto \$ _____ Deductible per auto \$ _____ Maximum Deductible
 Collision **Comprehensive**

Location Address _____

List all lienholders by name and address _____

THREE - YEAR PRIOR CARRIER AND LOSS HISTORY

Current Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____
 Prior Carrier _____ Policy Period _____ Policy Premium _____

If there is no prior insurance, check the box

If there is no prior losses, check the box

Date of Loss	Amount Paid / Reserve	Description of Loss including Driver

I hereby authorize the prospective Insurer to obtain from the _____ Department of Public Safety a copy of my Motor Vehicle Report for use in rating and/or underwriting the insurance for which I do hereby apply and any renewal thereof. I understand that in obtaining a Motor Vehicle Report, a consumer reporting agency may be used by the insurer and I do hereby authorize such use. I hereby certify that the named drivers under this policy (**names specified on application and/or drivers hired during the term of this insurance**) have or will have authorized me to consent on their behalf for the insurer to obtain Motor Vehicle Reports for rating and/or underwriting.

Signature of Applicant

Date

STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured/Underinsured Motorists Bodily Injury Coverage, referred to as "UMBI" in this form, is insurance that pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic-Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED/UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic losses **with limits lower**
Initials than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person | **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with the same limits**
Initials as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses **with limits lower**
Initials than the Bodily Injury Liability Coverage limits indicated on the policy:
\$ _____ each person | **OR** \$ _____ each accident/occurrence
\$ _____ each accident/occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for losses
Initials arising from an accident caused by an uninsured/underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

Signature of Named Insured or Legal Representative

Print Name

Date

Policy Number

Canal Indemnity Company