



GARAGE AND DEALERS SECTION

DATE (MM/DD/YYYY)

AGENCY Robert Hawkins DBA Hawkins Insurance Services P.O. Box 2207 Spring Valley, CA 91979-2207 bondpro1@cox.net DOI 0655770 0B33276 CODE: SUB CODE: AGENCY CUSTOMER ID:	PHONE (A/C, No, Ext): 619-670-1136	APPLICANT (First Named Insured)					
	FAX (A/C, No): 619-670-5026						
			EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
					AGENCY BILL		
FOR COMPANY USE ONLY							

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES		AUTO DEALERS		VEHICLE STORAGE		
		FRANCHISED	NON-FRANCHISED			
REPAIR SHOP		CAR	%	TYPE OF FACILITY	LOCATION #	
MOBILE HOME TRAILER DEALER		TRUCK-TRACTOR	%			
SERVICE STATION		MOTORCYCLE	%	BUILDING		
COMMERCIAL TRAILER DEALER		RECREATIONAL VEHICLE	%	STANDARD OPEN LOT		
STORAGE/GARAGE/PUBLIC PARKING		SNOWMOBILE	%	NON-STANDARD OPEN LOT		
			%			

COVERAGES/LIMITS

USE ACORD 138 FOR YOUR STATE TO PROVIDE COVERAGES/LIMITS INFORMATION

AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER		DEFINITIONS: CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.
CLASS I	REGULAR OPERATORS			
	ALL OTHERS			
CLASS II	UNDER AGE 25			
	ALL OTHERS			

DEALERS PHYSICAL DAMAGE

NON-DEALERS PREMISES & OPERATIONS

COVERAGE	NEW	USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE							\$	
SPECIFIED PERILS							\$	
COLLISION							\$	

SERVICE OR REPAIR SHOPS

ANNUAL GROSS SALES \$	NUMBER OF GALLONS OF GAS PUMPED PER YEAR:
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DRIVER INFORMATION

ACORD 163 attached for additional drivers

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.											
DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	USE VEH #	% USE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES		YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?				11. DOES APPLICANT USE TOW TRUCKS?			
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?				12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?			
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?				13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?			
4. IS TIRE RECAPPING OR RETREADING PERFORMED?				14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)			
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?				15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)			
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?				16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)			
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?				17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?			
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?				18. ANY DRIVERS WITH CONVICTIONS FOR MOVING TRAFFIC VIOLATIONS?			
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?							
10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?							

ADDITIONAL INTEREST/CERTIFICATE RECIPIENTACORD 45 attached for additional names

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
		ITEM DESCRIPTION:			
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
ADDITIONAL INSURED					VEHICLE:
LOSS PAYEE					SCHEDULED ITEM NUMBER:
LIENHOLDER					OTHER
EMPLOYEE AS LESSOR					
		ITEM DESCRIPTION:			

REMARKS