

Garage Auto Application Program Dealer Prequalification Checklist

Dealer Name:	
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GENERAL

If the answer to any of the following questions is "No", the risk does not qualify and should not be submitted under the Garage Auto Application Program.

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1.	Do main dealership buildings have a centrally monitored burglary alarm system?

If the answer to any of the following questions is "Yes", the risk does not qualify and should not be submitted under the Garage Auto Application Program.

<input type="checkbox"/>	<input type="checkbox"/>	2.	Does the dealership have any automobile customizing operations (i.e. Altering OEM engine / powertrain / body structure)?
<input type="checkbox"/>	<input type="checkbox"/>	3.	Is the dealership involved in vehicle fuel system conversion work (i.e. propane)?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Is the dealership involved in importing of grey market vehicles (i.e. not designed for sale in Canada)?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Is dealership involved in construction equipment sales, farm implement sales, engine and transmission rebuilding, including machine shops or automobile manufacturing?

LEAD TIME

45 days, but for larger "dealership group" accounts (with 5 or more dealerships), 60 days.

MANDATORY INFORMATION

1.	Producer narrative, including details of losses.
2.	Minimum 3 year loss run (5 year for larger "dealership groups") on carrier's paper.
3.	Expiring deductibles and deductibles in force for previous two years.
4.	Pictures of dealership, to include exterior and interior shots.

SUPPLEMENTAL INFORMATION

1.	Site diagram, highlighting location of perimeter protection.
2.	Copy of standard lease agreement, if applicable.
3.	Copy of demo agreement.
4.	Copy of courtesy / loaner rental agreement, if applicable.
5.	Copies of all certificates of insurance obtained from sub-contractors (ie. snow removal, waste oil removal, guard services, cleaners).

Garage Auto Application Questionnaire for Automobile Dealers

I. GENERAL INFORMATION		
<input type="checkbox"/> New Business <input type="checkbox"/> Renewal	MML Policy Number	Effective Date (mm/dd/yyyy)
Client Contact Date (mm/dd/yyyy)	Legal Status of Company <input type="checkbox"/> Incorporated <input type="checkbox"/> Partnership <input type="checkbox"/> Private	RIN Number
Name of Insured (Legal Name)		
Mailing Address of Client		
City	Province	Postal Code
Dealership Principal		
First Name	Last Name	
Number of Years in Dealership Business?	Franchise Type(s) Sold	
Dealership Contact		
First Name	Last Name	Position
Telephone () ()	Fax () ()	E-mail Address
Brokerage Name	Account Executive / Producer	

Present Carrier (Attach 3 year loss history, including paid amounts, expenses and reserves for all lines of coverage).

II. ANNUAL SOURCE OF REVENUE	\$	% New	% Used	Employees (All Locations)	Number
Sale of Vehicles				Officers	
Sale of Trailers (Non-Powered)				Managers	
Sale of Recreational Units				Salespeople	
Sale of Parts				Mechanics / Technicians	
Service of Vehicles				Apprentices	
Body Shop Work				Service Advisors	
Long Term Leasing (31 Days or More)				Parts Staff	
Short Term Leasing (30 Days or Less)				Cashiers	
Towing				Clerical	
Other (Describe)				Other (Describe)	
TOTAL Sales / Receipts				TOTAL	

SCHEDULE OF NAMED INSURED(S)

Name and Address	Interest

SCHEDULE OF ADDITIONAL INSURED(S)

Name and Address	Interest

SCHEDULE OF LOSS PAYEE(S)

Name and Address	Interest

III. LOCATION INFORMATION
LEGEND: OWNED (O) RENTED (R) LEASED (L)

Location		O / R / L	Operations	Operating Name (if different than legal name)
1.	Address	Province		
	City	Postal Code		
2.	Address	Province		
	City	Postal Code		
3.	Address	Province		
	City	Postal Code		
4.	Address	Province		
	City	Postal Code		
5.	Address	Province		
	City	Postal Code		
6.	Address	Province		
	City	Postal Code		
7.	Address	Province		
	City	Postal Code		
8.	Address	Province		
	City	Postal Code		
9.	Address	Province		
	City	Postal Code		
10.	Address	Province		
	City	Postal Code		
11.	Address	Province		
	City	Postal Code		
12.	Address	Province		
	City	Postal Code		
13.	Address	Province		
	City	Postal Code		
14.	Address	Province		
	City	Postal Code		
15.	Address	Province		
	City	Postal Code		

IV. PROPERTY OF EVERY DESCRIPTION (PLEASE SEE APPENDIX C FOR ADDITIONAL LOCATIONS)

Legend Roof Construction – Concrete (C), Steel (S), Wood (W), Mixed (MI)

Wall Construction – Concrete (C), Concrete Block (CB), Steel (S), Masonry (M), Wood or Brick Veneer (BV) or Metal Clad (MC)

Floor Construction – Concrete (C), Wood (W)

Building Details	Location	Location	Location	Location	Location
Year Built					
Updates (> 30 Years Old)					
Number of Stories					
Square Footage (All Floors)					
Roof Construction					
Wall Construction					
Floor Construction					
Burglary Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke / Heat Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Central Station Monitored	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paint Booths	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, ULC Approved Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explosion Proof Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance Service Contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinklered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency of Filter Changes					
Values					
Building	\$	\$	\$	\$	\$
Contents: Parts	\$	\$	\$	\$	\$
Shop Equipment	\$	\$	\$	\$	\$
Furniture & Office Equipment	\$	\$	\$	\$	\$
Leasehold Improvements	\$	\$	\$	\$	\$
Signs, Fences & Lights	\$	\$	\$	\$	\$
Customers' Tires	\$	\$	\$	\$	\$
Computer Hardware / Software	\$	\$	\$	\$	\$
Employees' Tools	\$	\$	\$	\$	\$
Valuable Papers and Records	\$	\$	\$	\$	\$
Accounts Receivable	\$	\$	\$	\$	\$
Boiler*	\$	\$	\$	\$	\$
Extra Expense Limit**	\$	\$	\$	\$	\$
Rent or Rental Value Limit	\$	\$	\$	\$	\$
Business Interruption Limit*	\$	\$	\$	\$	\$
Vehicle Sales Included <input type="checkbox"/> Yes <input type="checkbox"/> No					
Ordinary Payroll <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$	\$
If yes, Number of Days					

*Limits equal the combined limits previously stated for Building, Contents and EDP on a per location basis. BI coverage will follow form.

** \$250,000 provided by the basic policy, value shown should include this limit.

Deductibles: \$5,000 minimum.

All Losses Including Plate Glass & Lock Replacement

Expiring Deductible \$

Requested Deductible \$

V. BUSINESS INTERRUPTION – PROFITS WORKSHEET (PLEASE INDICATE FIGURE FOR 12 MONTHS)

		Values for Actual Year Ended	Projected Values for Upcoming Year
(A) Annual Net Profit (before taxes)	Section A	\$	\$
(B) Standing and Continuing	Section B	\$	\$
1. Advertising?		\$	\$
2. Professional Fees (i.e.: Auditors, Director's)?		\$	\$
3. Service Work Under Contract (i.e.: Data Processing)?		\$	\$
4. Delivery and Other Services Under Contract?		\$	\$
5. Depreciation?		\$	\$
6. Expenses of Branch or Other Locations Which Would Increase or Continue?		\$	\$
7. Insurance Premiums?		\$	\$
8. Interest on Debentures and Bonds / Mortgages and Loans?		\$	\$
9. Lighting, Heating, Power (At Least to Contract Minimum)?		\$	\$
10. Maintenance of Plant, Machinery, and Equipment, Automobiles, etc?		\$	\$
11. Printing, Stationary and Postage?		\$	\$
12. Rent?		\$	\$
13. Royalties?		\$	\$
14. Salaries and Wages of Critical Employees Who Would Have to Be Kept on Payroll to Resume Operations at the Same Level?		\$	\$
15. Ordinary Payroll (Employees that Would Be Let Go in the Event of a Long Shut-Down)? <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days		\$	\$
16. Taxes (i.e. Property, etc.)?		\$	\$
17. Telephone?		\$	\$
18. Travelling Expenses?		\$	\$
19. Any other continuing operation or increased expenses which you would incur to resume operations to normal in the event of a total or partial interruption of your business?		\$	\$
20.		\$	\$
21.		\$	\$
TOTAL SECTION B		\$	\$
Total amount of Business Interruption Insurance Required (Add Section A Plus Section B)		\$	\$

The worksheet produces the worst-case scenario of being completely shut-down for one year.

If you feel your present limit of \$ _____ is sufficient, please sign – or amend as noted.

Present limit sufficient.	Sign
Amend to \$ _____	Sign
	Date (mm/dd/yyyy)

DEFINITIONS:

PROFITS INSURANCE provides an indemnity period which persists for as long as the results of the business are affected in consequence of an insured peril. The amount of insurance must be no less than the sum of Net Profit plus Insured Standing Charges which would continue in the agreed indemnity period.

GROSS PROFIT is the sum of the net profit plus the Insured Standing Charges.

NET PROFIT is the net trading profit, less all Standing Charges but before taxation.

STANDING CHARGES OR FIXED EXPENSES should list all business expenses which continue (i.e. any services; key personnel payroll; ordinary payroll if to be insured) in order to resume operations at the same level as prior to the loss.

- i) NOTE: if business is increasing allow margin in Profit estimate for possible Increase. Do the Same with Continuing Charges and Expenses. Keep in mind loss adjustments are based on estimated figures for 12 months from date of loss. When business is increasing the above figures should be reviewed at least every 6 months and insurance adjusted if necessary.
- ii) All other employees who are not covered under #14 above, may be covered on a short term basis of 60, 90 or 180 days through the use of a separate "Ordinary Payroll Extension" Endorsement.

VII. GARAGE AUTOMOBILE						
	Limit(s) Required		Deductible			
Third Party Auto Liability	\$5,000,000 (\$4,000,000 Maximum Excess of Government Plan Minimum Limit)		N/A			
• Direct Compensation (Ontario & New Brunswick Only)			\$			
			Current	Minimum	Requested	Optional
• Accident Benefits	Included in provinces where applicable			N/A	N/A	N/A
• Uninsured Motorist	Included in provinces where applicable			N/A	N/A	N/A
• Collision (Owned Units) <input type="checkbox"/> Incl. <input type="checkbox"/> Excl. Financed Autos Except				\$5,000		
• Comprehensive (Owned Units) <input type="checkbox"/> Incl. <input type="checkbox"/> Excl. Financed Autos Except				\$5,000		
		Optional Limit				
• Legal Liability Collision (Customers)	\$400,000 Standard	\$		\$5,000		
• Legal Liability Comprehensive (Customers)	\$2,000,000 Standard	\$		\$5,000		

VIII. FALSE PRETENSE

Coverage required? (Limit \$250,000 Max) Yes No Deductible per occurrence (min. \$5,000) \$

When selling / leasing > five(5) vehicles to an individual or corporation, does Insured have process / procedures in place to ensure full payment for all units are secured prior to releasing vehicles to the purchaser(s)? Yes No **NOTE: If no, coverage will not be available.**

If yes, please describe:

IX. LEASED VEHICLES

Lessee Type	Total # Units	% Company	% Personal	# Private Passenger Units	* # Light Trucks	* # Heavy Trucks	Min. Primary Limit Req'd	Excess Limits if any
1. Long Term Leasing (31 days or more), If yes, provide names of firms: Yes <input type="checkbox"/> No <input type="checkbox"/>							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
2. Short Term Leasing (30 days or less) If yes, provide name(s) of firms: (including Daily Rental Firms) Yes <input type="checkbox"/> No <input type="checkbox"/>							\$	\$
							\$	\$
							\$	\$
							\$	\$
							\$	\$
3. Others (Corporate / Personal) Yes <input type="checkbox"/> No <input type="checkbox"/>							\$	\$

* Light Commercial Trucks & Vans (up to 4500 kg) Heavy Commercial Trucks (>4501 kg)

NOTE: Only Dealer In-House Leasing operations require Contingent Coverage under this program. e.g. Lease Agreements that require the Dealership or its Leasing Company to be named on the lessees' insurance policies. Dealership is also responsible for ensuring that the leased vehicles have & maintain proper and adequate insurance throughout the term of each lease.

LESSOR'S CONTINGENT COVERAGES

1. a) Lessor's Contingent Liability coverage required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) All Perils Physical Damage Coverage required? (Deductible Will Follow Owned Automobile Comprehensive coverage or \$5,000 Minimum Whichever is Greater)	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Lessor's Contingent Impairment Coverage Required (E&O on Leasing Administration re: Insurance Requirements)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Lease Conversion Coverage Required (Deductible Will Follow Owned Automobile Comprehensive coverage or \$5000 Minimum, Whichever is Greater.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

NB. Please Request & Forward Sample Copies of All Lease Agreements / Contracts Used by Insured.

X. COMMERCIAL GENERAL LIABILITY

Comprehensive General Liability <input type="checkbox"/> Yes <input type="checkbox"/> No	Inclusive Limit \$5,000,000 General Aggregate \$20,000,000
Property Damage Deductible <input type="checkbox"/> \$5,000 (minimum) <input type="checkbox"/> Other	Tenant's Legal Deductible / Employee Benefits Liability Deductible <input type="checkbox"/> \$5,000 (minimum) <input type="checkbox"/> Other

XI. UMBRELLA

1. Umbrella Liability Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Limit \$
3. Umbrella Liability over Long Term (31 days or more) Leased Vehicles required? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Units? Private Passenger Light Commercial Heavy Commercial	
4. Umbrella Liability over Short Term (30 days or less) Leased Vehicles required? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Number of Units	
5. Primary Liability Limits on Short Term Leasing Policy \$	

XII. POLLUTION LIABILITY

NOTE: UNDERGROUND TANKS OLDER THAN 15 YEARS ARE NOT COVERED.

Coverage required? Yes No Limit of Liability? \$500,000 or \$1,000,000 (Maximum Available)

Location #	Above Ground	Below Ground	Year Installed	Construction	Contents	Size of Tank
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Are there procedures in place to detect leaks? Yes No

If yes, please describe

XIII. CRIME INSURANCE

Employee Dishonesty Coverage required? Yes No

Form A – per Occurrence Limit \$ Deductible (min. \$5,000) \$

	Location	Location	Location	Location	Location
Money and Securities (Inside)	\$	\$	\$	\$	\$
Money and Securities (Outside)	\$	\$	\$	\$	\$
Money Order / Counterfeit Currency	\$	NOTE: \$500,000 Max. Limit Available – Employee Dishonesty Form A \$100,000 Max. Limit Available – Money & Securities (Inside / Outside) \$100,000 Max. Limit Available – Money Order / Counterfeit Currency, Depositor's Forgery & Computer Fraud Credit Card Forgery			
Depositors Forgery	\$				
Incoming Cheque Forgery	\$				
Computer Fraud	\$				
Credit Card Forgery	\$				

Are audits conducted by an Independent Qualified Accounting Firm (CA, CGA, RIA)? Yes No

If yes, how often?

Are bank accounts reconciled by someone not authorized to deposit / withdraw? Yes No

Are all company cheques countersigned? Yes No

If no, please explain:

UNDERWRITING AND LOSS PREVENTION – LOCATION #									
Demo Controls / Driver Control	Yes	No	Internal Controls	Yes	No	Key Controls	Yes	No	
Does dealer have demos?	<input type="checkbox"/>	<input type="checkbox"/>	Are audits performed by an independent qualified accounting firm?	<input type="checkbox"/>	<input type="checkbox"/>	Computerized Key Machine?	<input type="checkbox"/>	<input type="checkbox"/>	
Does dealer supply sales demos?	<input type="checkbox"/>	<input type="checkbox"/>	Are bank accounts reconciled by someone not authorized to deposit / withdraw?	<input type="checkbox"/>	<input type="checkbox"/>	Key closet, with self closing, combination key access?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a written demo agreement in place?	<input type="checkbox"/>	<input type="checkbox"/>	Inventory of vehicles completed on a monthly basis – missing vehicles easily identified	<input type="checkbox"/>	<input type="checkbox"/>	KEYper board or other similar key management system?	<input type="checkbox"/>	<input type="checkbox"/>	
Are motor vehicle abstracts obtained on non-dealer personnel assigned a demo?	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Leasing			Key assignments logged?	<input type="checkbox"/>	<input type="checkbox"/>	
Are MVR's reviewed and updated annually?	<input type="checkbox"/>	<input type="checkbox"/>	Does dealer do in-house leasing?	<input type="checkbox"/>	<input type="checkbox"/>	Missing keys easily recognized?	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Hiring Practices / Employee Manual			Insurance information collected prior to vehicle release?	<input type="checkbox"/>	<input type="checkbox"/>	Second sets of keys properly secured and access limited	<input type="checkbox"/>	<input type="checkbox"/>	
Are motor vehicle abstracts obtained on all employees prior to hiring and kept on file?	<input type="checkbox"/>	<input type="checkbox"/>	Formal tracking procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	Controls in place for keys to customer's vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Manual	<input type="checkbox"/>	<input type="checkbox"/>	Lessee's policy shows dealer as named insured?	<input type="checkbox"/>	<input type="checkbox"/>	Secure key drop i.e. MacMillan or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	
Reference checks	<input type="checkbox"/>	<input type="checkbox"/>	Standard leases	<input type="checkbox"/>	<input type="checkbox"/>	Fire Protection / Prevention			
Credit or Criminal checks	<input type="checkbox"/>	<input type="checkbox"/>	Dealer Plates			Sprinklered (must be central station monitored)	<input type="checkbox"/>	<input type="checkbox"/>	
Staff turnover less than 30%	<input type="checkbox"/>	<input type="checkbox"/>	Is access to Dealer Plates controlled by a staff member?	<input type="checkbox"/>	<input type="checkbox"/>	Fire Detection and Alarm Systems (must be central station monitored)	<input type="checkbox"/>	<input type="checkbox"/>	
Employment files complete and well documented	<input type="checkbox"/>	<input type="checkbox"/>	Storage location locked after hours?	<input type="checkbox"/>	<input type="checkbox"/>	Good housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	
Customer Loaner / Rentals			Are assigned Dealer plates logged?	<input type="checkbox"/>	<input type="checkbox"/>	Is smoking prohibited in all buildings?	<input type="checkbox"/>	<input type="checkbox"/>	
Does dealer supply courtesy cars?	<input type="checkbox"/>	<input type="checkbox"/>	Are plates audited regularly?	<input type="checkbox"/>	<input type="checkbox"/>	Are there adequate fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary substitute vehicle form in use	<input type="checkbox"/>	<input type="checkbox"/>	Building Security			Flammable Liquids			
Loaner fleet less than 6 units	<input type="checkbox"/>	<input type="checkbox"/>	Burglar Alarm (must be central station monitored)	<input type="checkbox"/>	<input type="checkbox"/>	ULC approved flammables cabinet	<input type="checkbox"/>	<input type="checkbox"/>	
No rental vehicles	<input type="checkbox"/>	<input type="checkbox"/>	Interior digital cameras	<input type="checkbox"/>	<input type="checkbox"/>	Liquids kept to a minimum	<input type="checkbox"/>	<input type="checkbox"/>	
Test Drive Controls			Physical security in form of deadbolts and padlocks on overhead doors	<input type="checkbox"/>	<input type="checkbox"/>	Spray Painting / Body Work			
Do salespeople accompany 80% or greater customer's on test drive?	<input type="checkbox"/>	<input type="checkbox"/>	Lot Protection			Does the dealer have a body shop?	<input type="checkbox"/>	<input type="checkbox"/>	
DL and ID obtained prior to test drive?	<input type="checkbox"/>	<input type="checkbox"/>	Entrances blocked with cars or gates after hours?	<input type="checkbox"/>	<input type="checkbox"/>	Factory built mixing room	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a formal test drive route?	<input type="checkbox"/>	<input type="checkbox"/>	Target units disabled or stored indoors during closed periods?	<input type="checkbox"/>	<input type="checkbox"/>	Factory built spray booths	<input type="checkbox"/>	<input type="checkbox"/>	
No overnight test drives	<input type="checkbox"/>	<input type="checkbox"/>	Surveillance cameras?	<input type="checkbox"/>	<input type="checkbox"/>	Suppression system in spray booth	<input type="checkbox"/>	<input type="checkbox"/>	
False Pretense?			Are cameras monitored by a TP after hours?	<input type="checkbox"/>	<input type="checkbox"/>	Public Safety / Injury Prevention			
CarProof required on all incoming trades?	<input type="checkbox"/>	<input type="checkbox"/>	100% perimeter protection	<input type="checkbox"/>	<input type="checkbox"/>	Are customers prohibited in service area?	<input type="checkbox"/>	<input type="checkbox"/>	
Certified funds required on all sales?	<input type="checkbox"/>	<input type="checkbox"/>	Is fence alarmed	<input type="checkbox"/>	<input type="checkbox"/>	Are exterior lots fully paved?	<input type="checkbox"/>	<input type="checkbox"/>	
Restricted access to curbsiders and wholesalers?	<input type="checkbox"/>	<input type="checkbox"/>	Guard Services	<input type="checkbox"/>	<input type="checkbox"/>	Are exterior lots free of slip & fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Quality Assurance Program in Place?			Vehicle tracking devices?	<input type="checkbox"/>	<input type="checkbox"/>	Are interior surfaces free of slip & fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Quality assurance program in place?	<input type="checkbox"/>	<input type="checkbox"/>	Customer Tire Storage			Does dealer hire out snow removal with a written procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Completed service / repair work checked by a manager supervisor prior to release of vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Inside Building?	<input type="checkbox"/>	<input type="checkbox"/>	Are snow removal logs kept (whether or not performed by a third party vendor)?	<input type="checkbox"/>	<input type="checkbox"/>	
			Inside container?	<input type="checkbox"/>	<input type="checkbox"/>	Are Certificates of Insurance obtained from "ALL" third party vendors / contractors performing services on the dealers premises?	<input type="checkbox"/>	<input type="checkbox"/>	
			If in a container, is container alarmed?	<input type="checkbox"/>	<input type="checkbox"/>				

COMMENTS IF ANY, ON THE ABOVE

XIV. DIRECTORS & OFFICERS INSURANCE

1. Description of COMPANY exposure

a) Name of Insured legal name	Operating Name
b) Is the COMPANY considering any downsizing, acquisitions, mergers, takeovers or tender offers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide details	
c) Has the COMPANY changed its accountants or external legal advisors in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide details	
d) Has the COMPANY, at any time over the past 3 years, been in arrears in its payment to Revenue Canada or the provincial ministries of revenue (including source deductions, G.S.T. and P.S.T.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", please provide details	

2. Employee Information (please include full-time, part-time and temporary employees)

a) Have you terminated any employees in the past 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many	
b) Does the COMPANY (or its SUBSIDIARIES) have a Human Resources Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Does the COMPANY use any outside legal counsel to assist with H.R. issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Does the COMPANY have a human resources manual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Does the COMPANY currently have in force any of the following?	
An employment application for employee applicants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An employee handbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A written job description for all current positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An annual employee evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A personnel file on each employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policies to accommodate disabled individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A written procedure for handling of employee complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Financial Information: Please consult the COMPANY's financial statements to complete the following: (or attach the most recent interim financial report or last annual report including consolidated audited financial statements).

a) Is gross annual operating revenue greater than \$50 million?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see income statement).
b) Is cash flow from operations positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see cash flow statement).
c) Is net working capital positive? (see balance sheet: Current Assets minus Current Liabilities).	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Is interest coverage ratio less than 1.0?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see balance sheet: Current Assets minus Current Liabilities).
e) Is the debt to equity ratio less than 3.0?	<input type="checkbox"/> Yes <input type="checkbox"/> No (see balance sheet: Current Assets minus Current Liabilities).

4. Has the COMPANY, any subsidiary and/or any director or officer been involved in any of the following in the past 10 years?

a) Anti-trust, copyright or patent litigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details	
b) Civil, criminal or administrative proceedings alleging any violation of any federal, provincial, state or local securities law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details	
c) Any other criminal actions or government regulatory or administrative proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please provide details	

5. Have there been any past losses and/or are there any pending claim(s) or action(s) or investigation(s) against the COMPANY, any subsidiary and/or any director or officer? Yes No

If "Yes", please provide details

6. Does the COMPANY, any subsidiary and/or any director or officer have knowledge or information of any act, error or omission, which might give rise to a CLAIM under this proposed Insurance? Yes No

If "Yes", please provide details

Please use this additional space to provide any additional underwriting information (or feel free to attach any information hereto, if space is limited):

XV. CYBER LIABILITY

1. Is your network separate and distinct from the OEM and other non-owned dealerships? Yes No

2. Do you have a company-wide security and privacy policy? Yes No

3. Do you have each of the following in place?

- a) A person or group responsible for information security Yes No
- b) A virus protection program Yes No
- c) A firewall Yes No
- d) A software update process, including patches and anti-virus software Yes No

4. Is all customer / client information that is stored on a removable device, including laptops encrypted? Yes No

5. Have you had a theft, security breach or unintended release of personally identifiable information in the past 5 years? Yes No
If so please provide details.

6. Are you aware of any recent incidents which may give rise to a claim?

7. The standard Cyber coverage limit is \$150,000. If you require a higher limit, please also complete the attached Supplementary Cyber questionnaire.

THE APPLICANT CERTIFIES THAT THE ABOVE STATEMENTS ARE FACTUAL AND TRUE AND THAT NO INFORMATION HAS BEEN OMITTED OR MIS-STATED.

Severability – The Application for this insurance shall be construed as a separate Application by each director and officer. With respect to the declarations and statements contained in this Application, no statement in the Application or knowledge possessed by any one director or officer shall be imputed to any other director or officer for the purpose of determining the availability of coverage with respect to CLAIMS against that other insured person, however, prior knowledge of the Chairperson, President or Chief Financial Officer (or the equivalents thereof) shall be imputed to the covered COMPANY for the purposes of determining the coverage available to it under any proposed Policy.

Declaration – The undersigned authorized officer of the COMPANY, declares that to the best of my knowledge and belief of the undersigned that statements set forth herein are true. Although the signing of this Application does not bind the undersigned on behalf of the proposed Insured COMPANY or its directors, officers or other insured persons to effect the insurance, the undersigned agrees that this Application and its attachments shall be the basis of the contract should a Policy be issued and shall be deemed to be attached to and shall form part of any such Policy. The INSURER is authorized to make any investigation and inquiry in connection with the Application that it deems necessary. The undersigned, on behalf of the COMPANY, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this application form) has been collected in accordance with applicable privacy legislation and that this information shall only be used or shared by the INSURER to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

Privacy Consent – Canada's Personal Information Protection and Electronic Documents Act (PIPEDA) and similar provincial laws, are intended to protect the confidentiality of an individual's Personal Information. We rely on the employer to obtain the consent of the employee for the collection, use or disclosure of personal information necessary for us to properly manage the client's insurance programs. Such information may be used to make decisions about insurance applications and to assess eligibility for, process and maintain insurance coverage, related products and services; analyze, assess and underwrite risks on a prudent basis; respond to the client's inquiries about applications, accounts and other services; investigate and pay claims; and detect and prevent fraud, suspicious claims or other illegal activities. As part of the application for new or renewal insurance coverage(s), the Client hereby authorizes and expressly consents to Marsh collecting, using or disclosing the client's Personal Information as required for those purposes and as permitted pursuant to relevant privacy laws and providing such Personal Information to third parties as required, including insurance companies, intermediaries, reinsurers, other brokers, claims adjusters and other third parties involved in providing insurance services. Where there are insured individuals in addition to the Client, or where the Client is a commercial or other entity, the Client hereby covenants and warrants that the Client has obtained the appropriate consent from all of the insured individuals to disclose their Personal Information to Marsh for these purposes and for Marsh to use and disclose it for these purposes. Marsh's Privacy Policy is available at www.marsh.ca.

By signing this form you are consenting to the statements above.

SIGNATURE

Client's Name (Please Print)

Position / Title

Client's Signature

Date (mm/dd/yyyy)

