

D.C. WHITE AGENCY

Over 60 Years of Leadership in Commercial Auto Insurance

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www.dcwhiteagency.com

Dealer & Transporter Plate Application *

Is this an application for a quotation? Yes No Is this an application for a bound policy? Yes No
 If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____ FEIN: ** _____

Mailing Address: _____ Contact: _____

Telephone No.: () _____ E-Mail: _____ Fax No.: () _____ Years in Business: _____

A. LIMITS REQUESTED

<p style="text-align: center;">LIABILITY</p> <p><input type="checkbox"/> \$25/\$50/\$10</p> <p><input type="checkbox"/> \$50/\$100/\$25</p> <p><input type="checkbox"/> \$100/\$300/\$50</p> <p><input type="checkbox"/> \$250/\$500/\$100</p> <p><input type="checkbox"/> Other (Specify) \$ _____</p>	<p style="text-align: center;">NO-FAULT (Personal Injury Protection)</p> <p><input type="checkbox"/> Mandatory</p> <p><input type="checkbox"/> Additional (Specify) \$ _____</p> <p><input type="checkbox"/> OBEL (\$25,000)</p>	<p style="text-align: center;">UNINSURED/UNDERINSURED MOTORISTS</p> <p><input type="checkbox"/> \$ _____</p> <p style="text-align: center;">Specify Limit (Cannot Exceed Liability Limit)</p>
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No. of Dealer Plates issued to you: _____
 List each Dealer Plate number: _____

No. of Transporter Plates issued to you: _____
 List each Transporter Plate number: _____

Note: Copy of current registration for each plate or authorization from Department of Motor Vehicles to act as a dealer is required for coverage to be bound.

B. GENERAL INFORMATION

Yes No Are plates used for personal use? If Yes, include driver(s) in Section D.

Yes No Do you rent, lease or loan autos to your customers?

Yes No Do you drive or otherwise transport vehicles for sale, repair, or pickup more than 50 miles from your garage location?
 What is your average trip? _____ miles What is your maximum trip? _____ miles

Yes No Do you have any vehicles registered in the Corporate or Individual name listed above?
 If Yes, complete the following schedule.

Year	Make	VIN	Insurance Carrier	Policy Number

* Available for New York State issued plates only

** A Federal Employer Identification Number is required for each corporate entity

C. LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION

Must be completed. If no losses, indicate "no losses" under **Amount Paid** column for each loss-free year. Attach Loss Runs.

Year	Carrier	Policy Number	Premium	No. of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

D. DRIVER INFORMATION

Complete all sections below for all employees, non-employees, proprietors (both full and part time) and relatives who may use your dealer and/or transporter plates. Use separate sheet to complete listing if needed. If driver is using plates for personal use, place a checkmark in the box marked **Pers. Use**.

Name	Address	Date of Birth	License Number and State	Date Employed	Pers. Use
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

ATTACH CURRENT MOTOR VEHICLE REPORT FOR EACH DRIVER

E. ACCIDENTS & VIOLATIONS

List all accidents and moving violations for all drivers. Use separate sheet to complete listing if needed.

Operator	Description	Date

Yes No Has similar insurance ever been canceled, declined or nonrenewed?

If Yes, explain: _____

EFFECTIVE DATE REQUESTED _____

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY **D.C. WHITE AGENCY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT : AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING,

INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATE CLAIM FOR EACH VIOLATION."

Name of Insured

Name of Broker

Signature of Insured

Date

Signature of Broker Licensee

Date

Address of Broker

()

Broker's Phone Number

Co-Broker's Name, Address and Phone Number