



**GARAGE APPLICATION**  
**For: Non-franchised Used Auto Dealers**  
**Or Service/Repair Operations**

**AGENCY INFORMATION**

Name: \_\_\_\_\_ Producer: \_\_\_\_\_  
Agency #: \_\_\_\_\_ FEIN #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

Proposed Term: From: \_\_\_\_\_ To: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
DBA: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_ Website: \_\_\_\_\_

Location Address: 1. \_\_\_\_\_  
\_\_\_\_\_  New  
 own  lease  Renewal # \_\_\_\_\_  
2. \_\_\_\_\_  Rewrite # \_\_\_\_\_  
\_\_\_\_\_  own  lease  
3. \_\_\_\_\_  
\_\_\_\_\_  own  lease

Business Entity:  Individual  Partnership  Corporation  LLC  Other: \_\_\_\_\_  
 New Venture, explain experience in industry: \_\_\_\_\_

**LOSS EXPERIENCE - CURRENT PLUS 3 PRIOR YEARS**

1. Has any company cancelled, declined or refused to offer insurance in the last 3 years (Not applicable in MO)?  Yes  No  
If yes, explain: \_\_\_\_\_

Policy Period		Name of Insurance Company	Premium	
From	To			
Date of Loss	Description of Claim		Amount Paid	Amount Reserved

**GENERAL INFORMATION**

(Select based on sales or repair operations)

	<b>Sales</b>	<b>Repair</b>		<b>Sales</b>	<b>Repair</b>
PP Autos (include pickups/vans)	_____%	_____%	Contractors Equipment	_____%	_____%
Truck Tractors/Trailers/Semi-Trailers	_____%	_____%	Bucket Truck/Cherry Picker	_____%	_____%
Motor Homes/RVs	_____%	_____%	Scissor Lift	_____%	_____%
Utility Trailers	_____%	_____%	Farm Machinery	_____%	_____%
Motorcycles	_____%	_____%	Golf Carts	_____%	_____%
Scooters	_____%	_____%	Snowmobiles	_____%	_____%
Boats/Jet Skis	_____%	_____%	School Buses	_____%	_____%
Classic/Antique Autos	_____%	_____%	Other Buses	_____%	_____%
Off Road/ATV	_____%	_____%	Emergency (Fire/Ambulance)	_____%	_____%
Other – Describe: _____	_____%	_____%	Trike Conversions	_____%	_____%

1. Describe applicants operations: \_\_\_\_\_

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2. Do you own or sponsor any racing vehicles?  Yes  No
3. Do you have any animals on premises? (Exclusion applies.)  Yes  No
4. Do you rent or loan autos or equipment?  Yes  No  
 If yes, explain: \_\_\_\_\_
5. Describe any other operations at the insured locations: \_\_\_\_\_
6. Do you own/operate any other business?  Yes  No  
 If yes, explain: \_\_\_\_\_
7. Do you sub-contract out any work?  Yes  No  
 If yes, what type of work? \_\_\_\_\_  
 If yes, do you get a certificate of insurance from sub-contractor?  Yes  No

**Complete only the sections that apply to this applicants operation**

**DEALER INFORMATION**

- Wholesale Dealer \_\_\_\_\_%     Retail Dealer \_\_\_\_\_%
1. Are customers permitted to test drive auto without a salesperson?  Yes  No  
 If yes, explain: \_\_\_\_\_
  2. Are photocopies of Drivers Licenses and Insurance Cards made prior to all test drives?  Yes  No
  3. Are titles always transferred at time of sale?  Yes  No
  4. Do you have any consigned autos held for sale?  Yes  No
  5. Do you repossess autos?  Yes  No  
 If yes, is repo contracted out to others? (Proof of their insurance is required.)  Yes  No
  6. Do you pick up automobiles (inventory) to be held for sale?  Yes  No  
 Who are the drivers:     insured     employees     hired "as needed"  
 Are the vehicles transported using YOUR dealer tags?  Yes  No
  7. Do you sell autos with salvage titles?  Yes  No  
 If yes, explain: \_\_\_\_\_
  8. Are you a "Buy Here/Pay Here" operation?  Yes  No  
 If yes, how are titles handled? \_\_\_\_\_

9. Please indicate the interests to be covered for autos held for sale.

Your interest in covered "autos" you own	Your interest only in financed covered "autos"	Your interest and the interest of any creditor named as a Loss Payable	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SERVICE/REPAIR INFORMATION**

1. Locations where you conduct operations.  
 At your premises \_\_\_\_\_%     At customers premises \_\_\_\_\_%     On roadside \_\_\_\_\_%
2. Do you perform welding?     Auto     Other Than Auto     Yes     No  
 Off Premises, explain: \_\_\_\_\_
3. Do you install trailer hitches?    \_\_\_\_\_ % Bolt On    \_\_\_\_\_ % Weld On     Yes     No
4. Do you conduct any spray painting operations?     Yes     No  
 If yes, do you have an UL approved spray booth?     Yes     No  
 If no booth, explain safeguards. \_\_\_\_\_
5. Do you store: oil, gasoline or other petroleum products?     Yes     No  
 If yes, explain: \_\_\_\_\_
6. Do you perform frame straightening/modification?     Yes     No  
 If yes, explain: \_\_\_\_\_
7. Do you engage in any dismantling or rebuilding autos?     Yes     No  
 If yes, explain: \_\_\_\_\_
8. Do you engage in salvage operations?     Yes     No  
 If yes, explain: \_\_\_\_\_
9. Do you sell uninstalled parts? Receipts \$ \_\_\_\_\_     Yes     No

**Types of Repair** - Indicate types of repair/service you are involved in:

- |   |   |
|---|---|
| <input type="checkbox"/> Alignment/Steering/Suspension    | <input type="checkbox"/> Oil/Lube/Tune-Ups            |
| <input type="checkbox"/> Body Work                        | <input type="checkbox"/> Transmissions                |
| <input type="checkbox"/> Brakes                           | <input type="checkbox"/> Refrigeration (Reefer Units) |
| <input type="checkbox"/> Engine                           | <input type="checkbox"/> Airbag Installation          |
| <input type="checkbox"/> Breathalyzer (Interlock Devices) | <input type="checkbox"/> Vehicle Detailing            |
| <input type="checkbox"/> Hydraulic Work                   |   |
- What components are worked on? \_\_\_\_\_
- Are mechanics ASE certified?     Yes     No
- Manufacturing/Fabrication  
Describe \_\_\_\_\_
- Lift Kits  
Describe \_\_\_\_\_
- Tanker  
What products do tankers hold? \_\_\_\_\_
- Vehicle Safety Inspections  
FMCSA certified?     Yes     No
- Other, \_\_\_\_\_

**PREMISES/AUTO PROTECTION INFORMATION**

Type of <b>Vehicle</b> Storage	Location		
	1	2	3
Building    Age: _____    Construction: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Open Lot – Open parking storage lots enclosed on <u>all</u> sides by a fence or wall(s), <u>all</u> at least 6 feet high; with <u>no</u> unprotected openings and any gate/opening securely locked when unattended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonstandard Open Lot – other than standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. The above lot protection applies to:     owned     non-owned autos

- 2. Is your lot adequately lighted?  Yes  No
- 3. Is there police protection or security patrol?  Yes  No
- 4. Does building have a central station alarm?  Yes  No
- 5. Distance to fire hydrant. \_\_\_\_\_ (whole feet)
- 6. Distance to fire station. \_\_\_\_\_ (whole miles)
- 7. Where are the keys kept during business hours? \_\_\_\_\_ After hours? \_\_\_\_\_  
(This applies to both owned and non-owned autos.)

**Complete only the sections that apply to this applicants operation**

**TIRE SALES/SERVICE INFORMATION**

- 1. Do you sell tires? \_\_\_\_\_% New \_\_\_\_\_% Used  Yes  No
- 2. Do you sell recaps or retreads?  Yes  No
- 3. Do you install/service tires? \_\_\_\_\_% New \_\_\_\_\_% Used  Yes  No
- 4. Do you do Split Rim work?  Yes  No
- 5. Are you a mobile operation?  Yes  No
- 6. How do you dispose of old tires? \_\_\_\_\_
- 7. How often? \_\_\_\_\_
- 8. Where/how are old tires stored prior to disposal? \_\_\_\_\_

**VALET PARKING INFORMATION**

- 1. Name of the business for which you provide valet service: \_\_\_\_\_
- 2. What type of establishment do you park for? \_\_\_\_\_
- 3. When do you provide service? Days of week \_\_\_\_\_ to \_\_\_\_\_ Hours of day \_\_\_\_\_ to \_\_\_\_\_
- 4. Is the parking lot on their premises?  Yes  No  
If no, describe distance to lot and route taken. \_\_\_\_\_
- 5. Do you park customer's cars on the street?  Yes  No
- 6. Are valet spaces separate from public parking?  Yes  No  
If yes, how are they separated? \_\_\_\_\_
- 7. Do you use a 3 part ticket (Customer, dashboard, with the keys?)  Yes  No
- 8. Where do you keep the customer's keys? \_\_\_\_\_
- 9. Do you refuse to give an obviously intoxicated customer his/her car keys?  Yes  No  
If yes, do you suggest or provide alternate transportation?  Yes  No
- 10. Is the lot manned by an attendant when open?  Yes  No  
If no, is the lot fenced and gated for controlled access?  Yes  No
- 11. Do you provide valet service for special events?  Yes  No  
If yes, number of events? \_\_\_\_\_  
If yes, describe types of events and the parking specifics: \_\_\_\_\_

**RECREATIONAL VEHICLE SALES/SERVICE INFORMATION**

- 1. Does the applicant rent RVs to others?  Yes  No
- 2. Does the applicant rent RV storage space to others?  Yes  No  
If yes, how many vehicles are stored at any one time? \_\_\_\_\_  
If yes, is a written storage agreement used?  Yes  No  
(Copy of the agreement must be submitted for review.)
- 3. Does the applicant do any Liquefied Petroleum Gas (LPG) filling?  Yes  No  
(Exchange only is acceptable with proper storage of tanks.)
- 4. Does the applicant either install or repair appliances, or heating systems?  Yes  No  
If yes, what are employees qualifications? \_\_\_\_\_
- 5. Does the applicant sell parts and accessories without installing them?  Yes  No  
If yes, annual receipts? \$ \_\_\_\_\_ (Separate GL charge needed.)

**EMPLOYEE DRIVER/NON-EMPLOYEE DRIVER/OCCASIONAL DRIVER/POTENTIAL DRIVER INFORMATION**

List all owners, officers, partners & employees who drive lot vehicles and/or are employed in any capacity as well as spouse, children over 14, other household members and any relative or friend allowed to drive your vehicles, or furnished an auto with a dealer plate.

Complete the information using **Key** shown below.

**Key:**

**Positions:**

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Owners/Officers/Partners | 9. Mechanic/Tech      |
| 2. Manager                  | 10. Paint & Body      |
| 3. Sales                    | 11. Parts Runner      |
| 4. Buyer                    | 12. Occasional Driver |
| 5. Lot Person               | 13. Family Member     |
| 6. Detailer                 | 14. Household Member  |
| 7. Clerical                 | 15. Other _____       |
| 8. Spouse                   |                       |

**Status:**

- F – Full Time (Over 20 hours per week)  
 P – Part Time (20 hours or less per week)  
 N – Not active in business

1	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
2	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
3	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
4	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
5	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
6	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
7	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
8	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
9	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		
10	Name:		Position #:	Status:	Furnished Auto? <input type="checkbox"/> Yes <input type="checkbox"/> No
	DL #:		Violation or Accident in last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	State:	CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	Details: _____		

Additional information: \_\_\_\_\_

Additional employees, attach additional list.

**LIABILITY – COVERAGES & LIMITS (select if applicable)**

**Liability**      Deductible:  BI/PD     BI     PD      \$ \_\_\_\_\_

Each "Accident" "Garage Operations" - "Auto" Only \$ \_\_\_\_\_, Other than "Auto" Only \$ \_\_\_\_\_

Aggregate - "Garage Operations" – Other Than "Auto" Only \$ \_\_\_\_\_

**Property Damage Buyback** (MI only)

**Completed Operations Deductible**      \$ \_\_\_\_\_

**PIP**, if required by state     Basic    or     \$ \_\_\_\_\_

**Property Protection** (MI only)

**Medical Payments**      \$ \_\_\_\_\_                       Auto       Premises       Both

**Uninsured Motorists** (if applicable)                       BI \$ \_\_\_\_\_

PD \$ \_\_\_\_\_

Waiver of Collision (CA only)

If UM is required by state, please complete, sign and attach proper form for selection or rejection of coverage.

Total Number of Plates:    Dealer: \_\_\_\_\_    Transporter: \_\_\_\_\_    Other: \_\_\_\_\_

**OPTIONAL COVERAGE – (select if applicable)**

**Broadened Coverages**, (includes \$50,000 Fire Legal)  
Total Fire Legal Limit (if add'l needed) \$ \_\_\_\_\_

**Misc GL**  
Operation: \_\_\_\_\_

**Fire Legal Liability** (if no Broadened Coverage) \$ \_\_\_\_\_

**Vacant Land**, # acres \_\_\_\_\_

**Personal Injury** (w/o Broadened Coverage)

**Employee Tools**, Limit \$ \_\_\_\_\_

**Broad Form Products**

**In-transit**, Limit \$ \_\_\_\_\_

**Property Plus Extension**

**Waiver of Subrogation** (Need copy of contract)

**Lessors Risk** (tenants name, type of operation, total sq. ft., address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Insureds** (name, address, interest)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mortgagees and/or Loss Payees** (name, address, interest)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Errors and Omission Coverage** (select below)    Limit \$ \_\_\_\_\_ (same limit applies to each selection)

Federal Odometer     Truth In Lending     Title E & O     Agent's E & O

**False Pretense**    Limit \$ \_\_\_\_\_

**SPECIFIED AUTOS (Service autos only)**

Auto #	Year, Make, Model, VIN	Where Garaged	Radius	Physical Damage Stated Amount	Comp/Coll Deductible

**GARAGEKEEPERS – COVERAGE & LIMITS (select if applicable)**

GKL	Loc.	Enter the Limit for Each Location	No. of Autos	Per Auto All Perils Deductible	Maximum Deductible (applies to Comp and Specified Perils only)
<input type="checkbox"/> Legal Liability	1.	\$		\$	<input type="checkbox"/> None <input type="checkbox"/> 3X <input type="checkbox"/> 5X
<input type="checkbox"/> Direct Primary	2.	\$		\$	
<input type="checkbox"/> Comp/Coll	3.	\$		\$	
<input type="checkbox"/> Spec Perils/Coll					
Exclude: <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Flood					

**DEALERS OPEN LOT (PHYSICAL DAMAGE) COVERAGE & LIMITS (select if applicable)**

Dealers Open Lot-Physical Damage	Number of Autos Held for Sale	Enter Limit for Each Location		Per Auto All Perils Deductible	Maximum Deductible (applies to Comp and Specified Perils only)	
		Max. Value Any One Auto	Max. Value for All Autos			
Coverage	Loc.	Maximum	Average			
<input type="checkbox"/> Fire	1			\$	\$	<input type="checkbox"/> None <input type="checkbox"/> 3X <input type="checkbox"/> 5X
<input type="checkbox"/> Fire & Theft	2			\$	\$	
<input type="checkbox"/> Specified Perils	3			\$	\$	
<input type="checkbox"/> Comprehensive						
Collision (Blanket all locations)	Limit \$ _____					
MI only:						
<input type="checkbox"/> Regular						
<input type="checkbox"/> Limited						
<input type="checkbox"/> Broadened						
Exclude: <input type="checkbox"/> Wind <input type="checkbox"/> Hail <input type="checkbox"/> Flood						

**PROPERTY**

**If coverage is desired, please complete and attach Acord PROPERTY application. (Acord 140)**

**FRAUD WARNINGS AND WARRANTY STATEMENTS**

**FRAUD WARNINGS**

**Notice to Arkansas and West Virginia Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Maine Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Notice to Maryland Applicants:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico Applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, 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 stated value of the claim for each such violation.

**Notice to Ohio Applicants:** 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 is guilty of insurance fraud.

**Notice to Oklahoma Applicants:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Oregon Applicants:** Any person who, with intent to defraud or knowing that he or she 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.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Notice to Vermont Applicants:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Notice to Applicants of all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**WARRANTY STATEMENT**

The undersigned authorized officer of the Applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the Applicant to the insurer to complete the insurance.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed Agent (Applicable to IA)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agent (Applicable to FL)

\_\_\_\_\_  
Agent License Number