



Program Manager:
McGowan & Company, Inc.
 Home Office – 20595 Lorain Road
 Fairview Park, OH 44126
 Phone: (440) 333-6300 / Fax: (440) 333-3214
www.mcgowaninsurance.com

Submitted By:
 Agency: _____
 Address: _____

 Contact: _____
 Phone/Fax: () _____ - _____ () _____ - _____
 E-Mail: _____

National Auto Dealers Excess Liability Program Application for Insurance & Purchasing Group Membership

Applicant Information Section & General Information

Applicant: _____

Mailing address: _____

Insured is: Franchised New Car Dealer Franchised Light Truck / SUV Dealer

Permitted Exposures: Used Car Sales and Body Shop/Service/Repair in connection with New Car Sales and Operations.

Limits requested: \$10MM \$20MM

Web site address: www._____ . _____

Ratable Exposures & Information

Blanks will be interpreted as "0."

1. Lead \$5MM Umbrella Premium: \$ _____

2. Gross Sales: \$ _____

3. Other Locations – Addresses:

1) _____

2) _____

3) _____

4) _____

4. Are there other exposures? Yes No If "Yes", please explain: _____

Loss Experience – Policy Year Aggregate Losses

Blanks will be interpreted as "0."

For each year, please indicate the "Incurred" losses (i.e. - Paid + Reserved).

No claims in past five (5) years. Please move on to the next section.

	Current Year:	First Prior:	Second Prior:	Third Prior:
Garage Liability:	\$ _____	\$ _____	\$ _____	\$ _____
General Liability:	\$ _____	\$ _____	\$ _____	\$ _____
Other Liability: _____	\$ _____	\$ _____	\$ _____	\$ _____

1. Any single claim in excess of \$25,000? Yes No
 If "Yes", please explain: _____

Note: Three years of loss runs are required, but aggregate loss information must be summarized above.

Uninsured & Underinsured Motorists Liability Coverage Options Selector

- I decline to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will have no Uninsured or Underinsured Motorists Liability coverage.
- I would like to purchase Uninsured and Underinsured Motorists Liability coverage. I understand that I or the organization which I represent will be surcharged \$50,000.00 for this coverage.

Terrorism Liability Options Selector

- I decline to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will have no coverage for losses arising from acts of terrorism.
- I would like to purchase Terrorism Liability coverage. I understand that I or the organization which I represent will be surcharged 10% for this coverage.

Anti-Fraud Agreement, Insurance Terms & Conditions & Agreement, Membership Terms & Conditions (Including Fee Disclosure) & Agreement

The Undersigned Insurance Broker And Applicant Declare That To The Best Of Their Knowledge And Belief And Warrant That The Statements Set Forth Herein Are True. The Undersigned Further Declares That Any Occurrence Or Event Taking Place Prior To The Effective Date Of The Insurance Applied For Which May Render Inaccurate, Untrue, Or Incomplete Any Statement Made Will Immediately Be Reported In Writing To The Insurer And The Insurer May Withdraw Or Modify Any Outstanding Quotations And/Or Authorization Or Agreement To Bind The Insurance. The Insurer Is Hereby Authorized, But Not Required, To Make Any Investigation And Inquiry In Connection With The Information, Statements And Disclosures Provided In This Application, The Decision Of The Insurer Not To Make Or To Limit Any Investigation Or Inquiry Shall Not Be Deemed A Waiver Of Any Rights By The Insurer And Shall Not Stop The Insurer From Relying On Any Statement In This Application In The Event The Policy Is Issued. Any Person Who Knowingly And With Intent To Defraud Any Insurance Company Or Other Person Files An Application For Insurance Containing False Information Concerning Any Material Fact Thereto, Or Conceals Information For The Purpose Of Misleading, Commits A Fraudulent Insurance Act, Which Is A Crime.

Purpose & Effect Of "Application For Insurance & Purchasing Group Membership." By Signing This "Application For Insurance & Purchasing Group Membership" (Hereinafter "Application"), Applicant Agrees: (1) To Become A Member Of National Automobile Dealers PG, Inc. (Hereinafter "PG"); (2) To Participate In A Program Of Insurance Designed Exclusively For The Members Of PG; (3) To Accept, Abide By, And Be Bound By The "Terms & Conditions Of Insurance" Posted At www.purchasinggroups.com; (4) To Accept, Abide By, And Be Bound By The "Membership Agreement – Terms & Conditions Of Membership" Posted At www.purchasinggroups.com; (5) To Pay All Premiums (Including Audit And Additional Premiums, If Applicable), Fees (Including Broker & Purchasing Group Membership Fees), And State & Federal Taxes & Surcharges (If Applicable) When Due; (6) That Any Additional Material Supplied By Applicant Or Applicant's Insurance Broker To The Managing General Underwriter For A Given Program Of Insurance Becomes A Material Part Of The Application For Insurance; (7) That This Application Which It Signs Is The Basis Of The Contract [Policy &/Or "Evidence Of Insurance & Purchasing Group Membership" (Hereinafter "EOI")], Whether Or Not Said Application Is Attached To The Policy &/Or EOI; (8) That This Application Is A Material Part Of The Policy &/Or EOI, Whether Or Not It Is Attached To The Policy &/Or EOI; And, (9) That This Application Is Considered Attached To The Policy &/Or EOI For Legal Purposes, Whether Or Not It Is Physically Or Electronically Attached To The Policy &/Or EOI.

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or EOI.

Disclosure Pursuant To Terrorism Risk Insurance Act Of 2002. By Signing Below, Applicant Agrees That It Has Read And Understands The "Disclosure Pursuant To The Terrorism Risk Insurance Act Of 2002" Which Appears At www.purchasinggroups.com .

To Learn More. Please Visit www.purchasinggroups.com, Which Contains More Information About Your Purchasing Group And Purchasing Groups, In General, As Well As Your Insurance Coverage, Premiums, Fees, Taxes, The MGUs' Income, And Your Insurance Broker's Income.

Signature of Applicant Date

Print Name: _____

Title: _____

Signature of Insurance Broker Date

Print Name: _____

Title: Insurance Broker