[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**[ ]  Scottsdale Indemnity Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 8877 North Gainey Center Drive

 Scottsdale, Arizona 85258

**AUTO DEALERS ERRORS AND OMISSIONS SUPPLEMENTAL APPLICATION**

**(To be completed in addition to CGZ-APP-6 Application for Garage Policy)**

**Applicant Name:**

**1. Errors and Omissions Limits:** [ ]  $25,000 [ ]  $50,000 [ ]  $100,000

[ ]  $300,000 [ ]  $500,000 [ ]  $1,000,000

**2. Deductible:** [ ]  $500 [ ]  $1,000 [ ]  $2,500 (Financial Statement Required)

**Truth-In-Lending**

1. **Financing Procedures:**

[ ]  In-House Percent of sales      %

Do you follow Federal, State and Local Truth-in-Lending statutes? [ ]  Yes [ ]  No

Is the auto’s title transferred into the customer’s name at time of possession? [ ]  Yes [ ]  No

Is the dealership listed as the lienholder on the title? [ ]  Yes [ ]  No

Do you verify customer insurance coverage? [ ]  Yes [ ]  No

Do you perform repossessions? [ ]  Yes [ ]  No

If yes:

Is the operation insured under separate cover? [ ]  Yes [ ]  No

Is insurance verified for independent repossessions firms used? [ ]  Yes [ ]  No

[ ]  Dealer Arranges Financing with Outside Firm Percent of sales      %

Name and title of staff member arranging financing:

Experience of staff member arranging financing:

Do you have in-house approval authority? [ ]  Yes [ ]  No

Do you follow Federal, State and Local Truth-in-Lending statutes? [ ]  Yes [ ]  No

Do you require final approval prior to releasing the auto? [ ]  Yes [ ]  No

[ ]  Customer Arranges Own Financing Percent of sales      %

**Odometer/Damage Disclosure**

**4.** **Verification procedures used for odometer/damage disclosure:**

[ ]  Carfax or similar industry report on all autos

[ ]  Title search on all autos

[ ]  Vehicle inspection on all vehicles by:

[ ]  In-house mechanic

[ ]  Independently insured mechanic (Certificate of Insurance must be on file)

|  |
| --- |
| **5. Describe procedures if prior damage or salvage title is discovered:**       |

**6. Disclosure procedures used:**

[ ]  Checklist

[ ]  Customer written acknowledgement

[ ]  Other:

**Auto Titling**

**7. Staff member responsible for DMV paperwork:**

**8. Experience of staff member:**

|  |
| --- |
| **9. Describe procedure for verification that titles and liens are filed accurately:**       |

**Refer to the application form for state fraud warnings.**

Applicant or authorized representative of the applicant, confirm and warrant that all of the above are true and accurate representations of my garage operation.

 Applicant’s Name/Title

 Applicant’s Signature (Must be signed by an authorized representative, owner, partner or executive officer)  Date

 Producer’s Name  Date