**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