



# Auto Dealer Cost Control

Drive your business to succeed.

Dealer: \_\_\_\_\_

Dealer Principal: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Web site address: \_\_\_\_\_

## Location #1:

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Loss Control Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

## Location #2:

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Loss Control Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

*Unless otherwise indicated, please respond with a Yes or No answer.*

## Section I. Personnel

	Loc#	Loc#	Loc#	Loc#
Safety Program* (Formal / Informal)				
Accidents investigated / reviewed by management				
Hiring Procedures: Employment Application				
Personal Interview				
Medical / Health Quest				
Reference Check				
Pre-employment Drug Test				
Employee Breakdown (Indicate #)				
Management				
Service Area				
Cashiers				
Body Shop				
Parts Truck Drivers				
Salespersons				
All Other				
Total				

*\*Please provide detail in narrative section.*



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## Section II. Demonstrators

	Loc#	Loc#	Loc#	Loc#
# of Vehicles furnished to Employees				
# of Vehicles furnished to Non-employees				
Written Demonstrator Agreement in Force				
If no, will dealer agree to implement?				
Current Restrictions:				
Employee Use Only				
Spouse Use Permitted				
Children Use Permitted				
Vacation Use Permitted				
Driver Responsible for Deductible				

## Section III. Driving Records

	Loc#	Loc#	Loc#	Loc#
Ordered Prior to Employment				
If no, will dealer agree to implement?				
Ordered for non-employee furnished autos				
Driving records reviewed annually				
Disciplinary action taken for poor experience*				
Will dealer cooperate in removing poor drivers				
from demos?				

## Section IV. Security

	Loc#	Loc#	Loc#	Loc#
Lights left on inside building				
Wheel locks used				
Batteries disconnected				
Front line vehicles disabled				
Watchman (Indicate hours)				
Watchclock				
Armed Watchman * +				
Guard dogs (owned or service?)* +				

\* Please provide detail in narrative.

+ Certificates may be required.



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## Section V. Lot Protection

Key: A = Display B = Used Storage C = Customer Vehicles D = Off Premises

	Loc#				Loc#				Loc#				Loc#				
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	
Chain Link Fence																	
Post and Chain																	
Guard Rail																	
Lighted																	
Watchman																	
* Other																	

## Section VI. Operations

	Loc#	Loc#	Loc#	Loc#
Body Shop ( Yes / No / Sublet) *				
Paint Spraying (Room or Booth?)				
Paint Storage (Cabinets or Room?)				
Towing (Customer Service / None / Public)**				
# of service / wrecker vehicles				
Truck Tire Repair / Changing*				
Sell or Service Buses / RV's / Motorcycles / Snowmobiles**				
Junkyard Operation*				
Sponsor Special Events / Comp Events**				
Vehicle modifications*				
Vehicle provided to service customers				
If yes, is customer rental / loaner agreement signed? **				
If no, will dealer agree to implement?				
Vehicle provided for daily rental other than customer service				
If yes, Coverage is NOT provided in policy for other than customer service units.				
Vehicles provided for Driver's Education * *				
Customers accompanied on test drive * (Always / Usually / Never)				
Pre-planned test drive route				
Customers drivers license checked prior to test drive				
Copy of license kept in showroom during test drive				
If no, will dealer agree to implement?				
Dealer plates loaned to customers *				
Is Dealer located in a flood zone?				

\* Please provide detail in narrative.   \*\* Complete Supplemental questionnaire.

+ Certificates may be required.   \*\* Please attach a copy.



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Describe control of dealer license plates:

Describe the key control utilized for customer vehicles, new and used:

Are lock boxes (key boxes) used?    Yes                  No

Monthly insurance premiums last year excluding Workers' Comp? \_\_\_\_\_

Total average losses per year for the past three years, excluding Workers' Comp? \_\_\_\_\_

Is dealer using an Independent Insurance Consultant?    Yes    No

If yes, Name of Consultant: \_\_\_\_\_

Consultant's E & O Carrier: \_\_\_\_\_

Limit of Insurance: \_\_\_\_\_

**Narrative:** (Attach)

Any person who knowingly and with intent to defraud any insurance company or another 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.

\_\_\_\_\_  
*Dealership's Signature*

\_\_\_\_\_  
*Agent's Signature*