



AUTOMOTIVE PRODUCTS INSURANCE APPLICATION

| | |
|-------------|----------|
| Legal Name: | Website: |
|-------------|----------|

| | | | | | |
|------------------|-------------|------------|---------------|------------|-------|
| Corporation /LLC | Partnership | Individual | Joint Venture | Subsidiary | Other |
|------------------|-------------|------------|---------------|------------|-------|

| | | | |
|-------------------------------|-----|----|--------------|
| Do you operate under a d.b.a? | Yes | No | d.b.a. Name: |
|-------------------------------|-----|----|--------------|

| | | | | | | |
|------------------------|-----|----|-------------------|------------------------|-----|----|
| Are you a New Venture? | Yes | No | Year Established: | Are you a SEMA Member? | Yes | No |
|------------------------|-----|----|-------------------|------------------------|-----|----|

| | |
|---------------|--------|
| Contact Name: | Title: |
|---------------|--------|

| | |
|------------------------------|----------------|
| Contact Phone: () - | Email Address: |
|------------------------------|----------------|

| | |
|------------------------|--|
| MAILING ADDRESS | PHYSICAL ADDRESS (IF DIFFERENT) |
|------------------------|--|

| | |
|----------|----------|
| Address: | Address: |
|----------|----------|

| | | | | | |
|-------|--------|------|-------|--------|------|
| City: | State: | Zip: | City: | State: | Zip: |
|-------|--------|------|-------|--------|------|

STATE NATURE OF BUSINESS AND DESCRIPTION OF BUSINESS OPERATIONS

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PRIOR COVERAGE INFORMATION

| COVERAGE | CARRIER | EXPIRATION DATE | EXPIRING PREMIUM |
|----------|---------|-----------------|------------------|
| | | | \$ |

| | | |
|--|-----|----|
| Have you had any claims in the past 3 years? | Yes | No |
|--|-----|----|

| | | | | | |
|----------------------------|------|----------|----------|------|-----------|
| How did you hear about us? | SEMA | Magazine | Internet | Mail | Referral: |
|----------------------------|------|----------|----------|------|-----------|

COMPREHENSIVE / GARAGE LIABILITY SECTION

| Available Limits | COVERAGE | OPTIONAL UMBRELLA COVERAGE (CHECK IF DESIRED) |
|------------------|--|---|
| \$2,000,000 | GENERAL POLICY AGGREGATE | <input type="checkbox"/> \$1,000,000 |
| \$2,000,000 | PRODUCT COMPLETED OPERATIONS AGGREGATE | <input type="checkbox"/> \$2,000,000 |
| \$2,000,000 | PERSONAL & ADVERTISING LIABILITY | <input type="checkbox"/> \$3,000,000 |
| \$1,000,000 | EACH OCCURRENCE LIMIT | <input type="checkbox"/> OTHER: \$ |
| \$ 100,000 | DAMAGE TO PREMISES RENTED TO YOU | |
| \$ 5,000 | MEDICAL PAYMENT | |
| \$ 1,000 | DEDUCTIBLE PER OCCURRENCE | |



BREAKOUT OF TOTAL GROSS SALES

| DESCRIPTION | ESTIMATED GROSS ANNUAL REVENUE |
|-----------------------------------|--------------------------------|
| Auto Parts Installation | \$ |
| Auto Parts Retail | \$ |
| Auto Parts Wholesale Distribution | \$ |
| Auto Parts Manufacturing | \$ |
| Non-US Sales (if any) | \$ |
| TOTAL GROSS SALES | \$ |

| BREAKOUT BY COMPONENTS | SALES |
|------------------------------------|-------|
| Engine Components | \$ |
| Wheels | \$ |
| Safety Related Equipment | \$ |
| Brakes & Suspension Parts | \$ |
| All Other Automotive Related Parts | \$ |
| | |

CLAIMS HISTORY – List any claims in the past 5 Years or write “NONE”

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|--|
| |
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| |

Are you aware of any incidents that may result in a claim against you? YES NO

| PRODUCTS DATA | YES | NO |
|---|-----|----|
| Do you import components? | | |
| Do you export products? | | |
| Do you have any foreign operations? | | |
| Are any of your products known to be used in connection with aircraft/missiles/aerospace? | | |
| Are any of your products subject to regulation/review by any governmental agency? | | |



| PROCESSING AND QUALITY CONTROL | | YES | NO |
|--|--|-----|----|
| Do others manufacture, assemble or install products under your name? | | | |
| Do you manufacture, assemble or install products for others using their name or label? | | | |
| Are written quality control/testing procedures followed? | | | |
| How long are your testing records kept? | | | |
| Can you identify your products from those of competitors? | | | |
| Do your records indicate when each product was manufactured? | | | |
| Do your records show the date and to whom of each sale? | | | |
| Do your records show who supplied the component parts used? | | | |
| Do you require certificates evidencing product liability insurance from suppliers? | | | |

| INSTRUCTIONS/WARNINGS | | YES | NO |
|--|--|-----|----|
| Do you expressly disclaim or limit warranties for your products? | | | |
| Do you provide specific training or instructions for the ultimate user, in the proper use of your product? | | | |
| Are salespersons and distributors made aware of your desire to be informed of cases where your product is used for a purpose for which it is not intended? | | | |

| LOSS PREVENTION | | YES | NO |
|---|--|-----|----|
| Who designs your products? | | | |
| Are designs reviewed, tested and verified by others? | | | |
| Do you maintain records of change in designs? | | | |
| Are your products designed, tested, labeled and manufactured to meet or exceed all governmental and industrial standards? | | | |
| Do you have a specific program to withdraw known or suspected defective products from the market? | | | |
| Have you ever recalled or are you considering recalling any known or suspected defective products? | | | |



| GKLL / GARAGE KEEPERS LEGAL LIABILITY | | | | |
|--|--------------------------------|---|-----------------------------|-----------------------------------|
| Coverage | | Limits | | |
| Liability | | \$2,000,000 Each Accident in Garage Operation | | |
| Liability | | \$2,000,000 Aggregate Garage Operations | | |
| Garage Keepers | | \$ | Limit Per Vehicle | \$ Max Limit Per Loss |
| Total Max Number of vehicles in your car, custody or control? | | | | |
| 1. | How are Vehicles Stored: | Inside | Outside in Fenced Gated Lot | Outside in Open Lot Public Street |
| 2. | Are Vehicles: | Picked up by you, | Delivered to customers, | Transported by Motor carrier |
| 3. | Do you have any dealer plates? | Yes | No, If So: | Manufacturers, Dealers, Other |
| 4. | Total # of Employees | | Annual Payroll | \$ |
| Please Check ANY Products you Install and/or Manufacture | | | | |
| <input type="checkbox"/> Engine Components <input type="checkbox"/> Nitrous/NOS <input type="checkbox"/> Suspension <input type="checkbox"/> Fuel Cells <input type="checkbox"/> Roll Cages <input type="checkbox"/> Custom Fabrication <input type="checkbox"/> Tires | | | | |
| SIGNATURE: _____ DATE: _____ | | | | |

Please fax or email this questionnaire to:

Liberty Automotive Group
 attn: New Accounts
 111 Pacifica, Suite 125
 Irvine, CA 92618

FAX: (866) 507-0475

EMAIL: info@tlcautogroup.com