

# Dealer Supplemental Application

## GENERAL INFORMATION (Please complete every item or indicate N/A)

1. First Named Insured: \_\_\_\_\_ Requested Effective Date: \_\_\_\_\_  
(include d/b/a or trade name if applicable.)  
d/b/a: \_\_\_\_\_  
Do you have any additional Named Insureds to be scheduled on the policy? ☐ Yes ☐ No If yes, please provide a list of Named Insureds with the percentage owned by the First Named Insured and complete the following questions:
  1. What is the insurable interest or relationship of the additional Named Insured(s)?  
Owner: \_\_\_\_\_ Investor: \_\_\_\_\_ Manager: \_\_\_\_\_ Partner: \_\_\_\_\_  
Other, please explain: \_\_\_\_\_
  2. What are the operations of the additional Named Insured(s)? \_\_\_\_\_
  3. Are the Named Insured(s) combinable (Is there common majority ownership?) ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_
2. Are you currently operating or during the past five years have you operated under any chapter of the United States Bankruptcy Code? ☐ Yes ☐ No
3. Mailing Address of the first Named Insured \_\_\_\_\_  
Primary Location Address \_\_\_\_\_  
*If more than one location, please complete a separate application for each location.*
4. Website Address: \_\_\_\_\_
5. Business Type: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other: (please describe) \_\_\_\_\_
6. Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_
7. Dun & Bradstreet # \_\_\_\_\_
8. Are the buildings you occupy at the location: ☐ Owned ☐ Leased
9. What year was the dealership established? \_\_\_\_\_ How long have you owned? \_\_\_\_\_
10. New Purchase? ☐ Yes ☐ No  
If new purchase, how many years of experience do you have in ownership of dealership? \_\_\_\_\_
11. Do you own other dealership locations? ☐ Yes ☐ No
12. How many employees # \_\_\_\_\_

## CURRENT INSURANCE INFORMATION

1. Current Insurance Company: \_\_\_\_\_
2. Policy Expiration \_\_\_\_\_ Current Annual Premium \$ \_\_\_\_\_

## SALES INFORMATION

1. Annual Gross Sales \$ \_\_\_\_\_
2. Cost of Goods Sold \$ \_\_\_\_\_
3. Do you use a Real Estate Broker? ☐ Yes ☐ No
4. # of Annual Broker Transactions: \_\_\_\_\_
5. Annual Brokered Sales \$ \_\_\_\_\_
6. Do you carry Real Estate Errors & Omissions? ☐ Yes ☐ No
7. Do you take "title" of repossessed homes? ☐ Yes ☐ No  
If yes, are homes more than 7 years old? ☐ Yes ☐ No
8. Do you accept repos consigned by lenders? ☐ Yes ☐ No  
If yes, are homes more than 7 years old? ☐ Yes ☐ No
9. # of Annual Consignment Sales: \_\_\_\_\_
10. Annual Consignment Sales \$ \_\_\_\_\_

08162023

Granite State Insurance Company  
Illinois National Insurance Company  
New Hampshire Insurance Company

**148195 (11/23)**

Spearheading Innovation

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11. Estimated # of units sold each year? \_\_\_\_\_ New Homes \_\_\_\_\_ Used Homes  
Percentage more than 7 years old \_\_\_\_\_%
12. Any units sold over 20yrs. old? ☐ Yes ☐ No Qty: \_\_\_\_\_
13. Do you include warranties with the sale of a used home? ☐ Yes ☐ No
14. Do you include an arbitration clause with the sale of every home? ☐ Yes ☐ No
15. Do you buy land and place homes for sale on the land? ☐ Yes ☐ No
16. Do you place homes for sale within parks? ☐ Yes ☐ No  
If yes, average # of parks per year: \_\_\_\_\_ (Please provide schedule of all locations.)

#### INVENTORY/FLOORING INFORMATION

1. Do you hold inventory/model homes at your lot? ☐ Yes ☐ No  
If yes, # of units \_\_\_\_\_ and value \$ \_\_\_\_\_ Annual Flooring/Credit Line: \_\_\_\_\_  
Flooring Sources? \_\_\_\_\_
2. List the Home Manufacturers you represent:

#### CRIME

1. Is there an audit by ? CPA Public Acct: ☐ Staff ☐ Other
2. Audit Frequency? ☐ Annual ☐ Semi-Annual ☐ Quarterly
3. Average cash on premises at peak season during: Business hours \$ \_\_\_\_\_ Overnight \$ \_\_\_\_\_
4. Who has check writing authority? \_\_\_\_\_
5. Is a countersignature required? ☐ Yes ☐ No
6. Are pre-employment criminal background checks conducted on employees handling any money or accounts? ☐ Yes ☐ No
7. Is access to cash registers and safes/petty cash limited to employees that have been screened by background checks? ☐ Yes ☐ No
8. Do you reconcile all transactions on a daily basis? ☐ Yes ☐ No
9. Do your employees ever accept cash for rent or down payments? ☐ Yes ☐ No
10. Are receipts provided on all transactions? ☐ Yes ☐ No

#### OPERATIONS QUESTIONS

1. Do all subcontractors list you as additional insured on their insurance policy? ☐ Yes ☐ No
2. Do you keep copies of your subcontractor's insurance certificates? ☐ Yes ☐ No
3. Units taken in trade per year: ☐ Mobile/Modular Homes ☐ Autos ☐ Motor Homes ☐ Boats  
\_\_\_\_\_ Other — Please describe: \_\_\_\_\_
4. Do you sell used Autos, Trucks, Motor Homes? ☐ Yes ☐ No
5. Do you have Dealer plates? ☐ Yes ☐ No
6. Do you have a written Hold Harmless Agreement from your manufacturers? ☐ Yes ☐ No
7. Deliver homes for others? ☐ Yes ☐ No
8. Build sheds/decks/carports/garages? ☐ Yes ☐ No
9. Refurbish/repair used homes? ☐ Yes ☐ No
10. Modular set-up/installations? ☐ Yes ☐ No
11. Subcontract home delivery and set-up/installation? \_\_\_\_\_%
12. Indicate percentage of delivery by owned vehicles? \_\_\_\_\_%
13. Indicate percentage of delivery subcontracted vehicles? \_\_\_\_\_%
14. Are all Display units equipped with stairs? ☐ Yes ☐ No Handrails? ☐ Yes ☐ No
15. Do you sell units containing fireplace inserts or woodburning stoves? ☐ Yes ☐ No  
If yes, do you install? ☐ Yes ☐ No
16. Do you sell or store gasoline? ☐ Yes ☐ No # of gallons \_\_\_\_\_ Receipts \_\_\_\_\_
17. Do you do any work on furnaces, electrical or plumbing? ☐ Yes ☐ No
18. Subcontractors used? ☐ Yes ☐ No If yes, are certificates required of at least \$1,000,000 CSL? ☐ Yes ☐ No

19. Any subcontracted operations other than delivery or installations? ☐ Yes ☐ No  
If yes, please explain type of work or operation: \_\_\_\_\_
20. Do you sponsor any events? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_
21. Do you carry Work Comp on your employees? ☐ Yes ☐ No
22. Lot Surface: ☐ Paved ☐ Gravel ☐ Other
23. Parking lot: ☐ Paved ☐ Gravel ☐ Other
24. Display area: ☐ Paved ☐ Gravel ☐ Other
25. Storage area: ☐ Paved ☐ Gravel ☐ Other
26. Tie downs: Office Units? ☐ Yes ☐ No Display Units? ☐ Yes ☐ No Inventory Units? ☐ Yes ☐ No
27. Distance between units? ☐ 5ft. ☐ 5-10ft. ☐ 11-15ft. ☐ Over 15ft.
28. Fencing: ☐ 100% fenced with Locked gates ☐ Display storage area fenced ☐ Storage only fenced  
☐ Partially fenced ☐ Not fenced
29. Please list all property and liability claims you are aware of in the last 4 years:

#### Applicant's Representation:

THE ABOVE AND ANY SUPPLEMENTAL INFORMATION IS PREPARED AND SUBMITTED ON BEHALF OF THE NAMED INSURED OR APPLICANT FOR COVERAGE CONSIDERATION. THE RECEIPT OF APPLICATION INFORMATION DOES NOT CONSTITUTE AN OBLIGATION OR COMMITMENT ON THE PART OF THE MANUFACTURED HOME PROGRAM OR ITS REPRESENTATIVES TO PROVIDE COVERAGE PROTECTION. I CERTIFY THAT THE INFORMATION WITHIN THIS APPLICATION AND ANY ATTACHMENTS PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

#### FRAUD WARNINGS *(Last updated 10/21)*

**NOTICE TO APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO ALABAMA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION, FINES, OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

**NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO CALIFORNIA APPLICANTS:** FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

**NOTICE TO KANSAS APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE THAT SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

**NOTICE TO KENTUCKY APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

**NOTICE TO MAINE APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

**NOTICE TO MARYLAND APPLICANTS:** ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

**NOTICE TO MINNESOTA APPLICANTS:** A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

**NOTICE TO NEW JERSEY APPLICANTS:** ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO NEW MEXICO APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**NOTICE TO NEW YORK APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

**NOTICE TO OHIO APPLICANTS:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**NOTICE TO OREGON APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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, MAY BE GUILTY OF A FRAUDULENT ACT, WHICH MAY BE A CRIME, AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO PENNSYLVANIA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**NOTICE TO VERMONT APPLICANTS:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

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☐ BY CHECKING THIS BOX, THE INSURED AND BROKER (IF APPLICABLE) AGREES TO ACCEPT ALL COVERAGE DOCUMENTS AND CORRESPONDENCE ELECTRONICALLY. THE INSURED SHOULD BE DILIGENT IN UPDATING THE ELECTRONIC MAIL ADDRESS PROVIDED TO US IN THE EVENT OF A CHANGE.

Applicant's Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitting Producer \_\_\_\_\_ License Number \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_