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|--|--|--|--|--|--|--|--|

Dealer Questions:

Where do you purchase vehicles: _____

Who drives or Transports vehicles to your lot: _____

Any Contract Drivers: _____

If you Drive or Transport newly acquired auto more than 200 road miles from point of purchase to your lot:

| Trips per Year | Ave miles per one way trip | Normal radius |
|----------------|----------------------------|---------------|
| | | |

of Dealer Plates : _____

Any Dogs / Animals allowed /kept on locations(s): Y / N

Consignment Autos: Y / N

Where are Keys Kept? : _____

Describe Security or alarm? : _____ (Lighted, fenced, type, cameras , etc)

REPAIR SHOP QUESTIONS

If body shop, do they have a UL APPROVED PAINT BOOTH ? _____

Any frame work, lift kits, etc > _____

Tires: Need tire supplemental apps

Coverages:

Liability Limits: \$100,000 ___ \$300,000 ___ \$500,00 ___ \$1,000,000 ___
 X'S _____ (1,2 OR 3)

Garagekeepers : Coverages ___ Specified Causes ___ Comp and Collision ___ Legal Liability ___ Direct Primary

Lot Limit \$ _____ Per Vehicle Limit \$ _____

Dealers Open Lot- Lot Value \$ _____ Max Value for any Unit \$ _____

Average # of cars: _____ Average value per unit: \$ _____

Uninsured / Under Insured Motorist Yes _____ No _____ Limit \$ _____

Personal Injury Protection

Yes _____ No _____

Scheduled Autos:

| Yr/ Make / Model | Vin# | AND VALUE\$\$ |
|------------------|------|---------------|
| | | |
| | | |

Agency : _____ Contact; _____

Phone : _____ Email: _____

PROPERTY QUOTE REQUEST

Name of Applicant: _____ DBA: _____

Mailing Address: _____

Street City/State County Zip Code

Physical Location: _____

Street City/ State County Zip Code

Requested Policy Period _____ to _____ Insured Phone: _____

Individual ___ Corporation ___ Partnership ___ Joint Venture ___ Other ___

Description of Operations: _____

Prior Insurance: ___ Yes ___ No Loss within last 5 Yrs: ___ Yes ___ No

| Date of Loss | Description | Open / Closed | Amount of Loss |
|--------------|-------------|---------------|----------------|
| | | | |
| | | | |

Building: \$ _____

Canopy: \$ _____

Contents: \$ _____

Pumps: \$ _____

Business Income: \$ _____

Other: \$ _____

Glass: \$ _____

Sign Limit: \$ _____

Coverage Form: ___ Basic ___ Broad ___ Special ___ Including Theft (Is there a Central alarm ___ Yes ___ No)

Valuation : ___ ACV ___ RCV Wind/ Hail: ___ Yes ___ No Deductible: _____

Year Built: _____ Construction Type: _____ Protection Class: _____

Total Sq. Footage: _____ # of Stories : _____

% of Occupancy: _____ List Type of Occupancies: _____

Building Updates (Required if over 20 years)

Roof _____ Wiring _____ Plumbing _____ Heating /AC _____