

THE HAIL EXCHANGE

Dealer Quotation Request Form

Proposed Effective Date: _____ 12:01 a.m. local standard time (may not be back-dated)

Dealership Corporate Name: _____

DBA: _____

Mailing Address: _____

Dealer Insurance Contact: _____

Telephone: _____ Fax: _____

Number of Vehicles Insured: _____ (Coverage applies only to new and used private passenger automobiles and light-medium duty trucks/vans valued less than \$100,000 per vehicle.)

Note: This is the maximum number of vehicles damaged in any one hail occurrence for which this policy will pay and should reflect your peak - not average - outdoor inventory exposures. All hail damage occurring within a continuous 72 hour period will be treated as a single hail occurrence.

VehicleTypes/Values: # New Vehicles: _____ Average Value Per Vehicle _____

Used Vehicles: _____ Average Value Per Vehicle _____

Scheduled Location Address: _____

(zip code required) _____

Note: Only 10% of the total "Number of Vehicles Insured" (rounded down) will be covered while away from the Scheduled Location" shown above. The "Scheduled Location" includes all lots or parcels of land at the address shown and all lots or parcels of land which share a common boundary with, or whose nearest surveyed boundary is within 1,000 feet of the perimeter of any lot or parcel of land at this address. If coverage for more than one location is required, a separate form must be completed for each.

Repair Cost Paid on the Basis of: Conventional Body Shop Repair Cost
(check one)

Paintless Dent Removal Cost (applicable at our option, but only to that portion of metal body damage, if any, for which this repair method is feasible without drilling or cutting and without visible damage to the exterior paint.)

Body Shop Repairs Discounted At: _____% (should reflect the anticipated profit, if any, you are prepared to forego on all body shop repairs as the basis of settling your claim.)

Consequential Loss Paid At: _____% of discounted Repair Cost, before deductible, not to exceed 25%.

Note: "Consequential Loss" includes depreciation, loss of anticipated profit, continuing floor plan interest or insurance Charges and all other costs or expense incurred by you as the result of delay, customer disclosure requirements, vehicle Inventory shortage, unavailability of repair facilities or technicians, etc.

Deductible: \$ _____ per vehicle or \$3,500 per hail occurrence, whichever is greater. (A minimum per vehicle deductible of \$250 is required if the conventional body shop repair option is selected; no per vehicle minimum is required if paintless dent removal is selected.)

Other Insurance: Please describe vehicles for which other insurance covering hail loss has been or will be secured (e.g., "New and Demo inventory floored by GMAC", "Non-Floored vehicles covered by package carrier", etc.). All such vehicles are excluded under this insurance.

Loss Payees: List below all floor-planners, lienholders, lessors and others who are required to be named as loss payees under this insurance. Include complete addresses if insurance certificates are required.

Loss Experience: Please provide details of all vehicle-damaging hail occurrences at the "Scheduled Location" during the last three years. If none, insert "NONE".

Date	# Vehicles Damaged	Amount of Insurance Claim

Note: If this coverage is bound, you will be required to furnish us with hard-copy, carrier loss runs covering the most recent three years as verification of hail history.

Signature: The applicant warrants that to the best of his/her knowledge and belief, the information provided in this quotation request form is true and correct and acknowledges that any intentional omission or misrepresentation may void the coverage applied for.

Authorized Representative

Title

Signature

Date

Mai/Fax Completed Form To: The Hail Exchange
C/O DealerGuard
26899 Northwestern Hwy., Suite 207
Southfield, MI 48034

Telephone: 800-999-4906
Fax: (248) 354-5508