

APPLICATION FOR AUTO DEALERS PHYSICAL DAMAGE INSURANCE

DEALERSHIP INFORMATION:

Corporate Name: _____

DBA: _____

Current ownership dates from (month/year): _____

Mailing Address: _____

Phone No. _____ Fax: _____ Website: _____

Dealership Insurance Contact: _____ Email: _____

Current Insurance Agent: _____ Insurance Company: _____

COVERAGE REQUIREMENTS: Requested Effective Date: _____ 12:01 a.m. (Coverage may not be considered bound until confirmed in writing by DealerGuard.)

DEDUCTIBLE PREFERENCE

Check <input type="checkbox"/>	Per Vehicle	Per Occurrence Cap*
<input type="checkbox"/>	\$1,000	\$5,000
<input type="checkbox"/>	\$1,500	\$7,500
<input type="checkbox"/>	\$2,500	\$10,000
<input type="checkbox"/>	\$5,000	\$10,000
<input type="checkbox"/>	\$10,000	\$25,000
<input type="checkbox"/>	\$25,000	\$25,000

Requested Per Vehicle Limit: \$ _____

*Note: Capped weather deductibles are not available in all states. Refer to final quotation for details.

VEHICLE TYPE	SECURED INTERESTS	Check <input type="checkbox"/> coverages required:			Total AVERAGE Monthly Values at Risk for this Vehicle Type
	<input type="checkbox"/> nos. below 1 2 3 4 5	COMP and COLLISION	COLLISION ONLY	OPTIONAL DECEPTION COVERAGE	
New:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
New	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Used:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Used:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Demos:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Demos:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Road:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Non-Owned:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Describe: _____ (Include only vehicles which applicant is contractually required to insure - i.e., consignments, lease returns, program cars, etc.)

SECURED INTERESTS: List all parties to be included as loss payees for the above vehicle types.

No.	Name/Address
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

FRANCHISES: Please indicate franchises held as a % of total new car inventory (percentages must total 100%).

Manufacturer	%	Manufacturer	%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LOCATIONS: Please list below all locations where vehicle inventory values may exceed \$250,000 and attach a completed SECURITY CHECKLIST for each.

No.	Address	MAXIMUM values at this location	
		Indoors	Outdoors
1.	_____	\$ _____	\$ _____
2.	_____	\$ _____	\$ _____
3.	_____	\$ _____	\$ _____
4.	_____	\$ _____	\$ _____
5.	_____	\$ _____	\$ _____
6.	_____	\$ _____	\$ _____
7.	_____	\$ _____	\$ _____
8.	_____	\$ _____	\$ _____
9.	_____	\$ _____	\$ _____
10.	_____	\$ _____	\$ _____

GENERAL: Check where applicable

- Owned body shop is available to perform insurance repairs.
- Sales staff accompanies prospects on all test drives.
- Salespersons instructed not to exit any test vehicle without the key.
- Customer driver's licenses are checked and copied prior to release of keys and/or vehicles (**a policy requirement**).
- Vehicles purchased and/or sold through brokers.
- Written insurance verification is secured from customers before vehicles are spot delivered (**a policy requirement**).
- Any specialty, antique, collector cars or others valued in excess of \$100,000 per unit? If so, please attach a current schedule and describe precautions to safeguard same. _____

- Off-site storage and sales not normal. Describe exceptions : _____

- Vehicle inventory taken: Weekly Bi-Weekly Monthly By whom? _____
- A formalized loss prevention/safety program has been instituted. (Please attach copy for rate credit.)
- Demos are provided to: Owner/Managers Employees Family Non-Employees
- MVR's are checked on all demo users. By whom? _____ How often? _____
- Demo users responsible for deductible if at fault.
- Demo users also responsible if not at fault.
- Service loaners and/or rentals provided to customers. (Please attach copy of standard customer agreement for rate credit).
- Any insurance policy or coverage declined, cancelled or non-renewed during the last five years? If so, please provide details: _____

ATTEST:

I represent that all statements made herein and on the accompanying Security Checklist(s) are true to the best of my knowledge and belief.

Applicant (Officer of Dealership)

Producer

PLEASE ATTACH CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS COVERING THE MOST RECENT (3) YEARS AND MAIL OR FAX COMPLETED APPLICATION TO:

DealerGuardsm
 32255 Northwestern Hwy, Suite 201
 Farmington Hills, MI 48034
 Customer Service: 800-999-4906
 Fax: 248-354-5508

SECURITY CHECKLIST: A separate checklist must be completed for each covered location listed on second page of application.

Location No. (from application): _____ Location name (if any): _____

Address: _____

Nature of business conducted at this location: _____

Distance to nearest inland river/waterway: _____ miles

Check below where applicable:

- Value of all vehicles stored indoors exceed \$1,000,000. (If so, please attach separate building schedule showing construction type, date built, fire protection class and whether or not sprinklered.)
- Camera surveillance covering all lots. Manufacturer? _____
- Vehicle anti-theft systems (i.e., "LoJack", window etchings, sirens, etc. – describe): _____

- Security guard (Describe type and hours): _____
- Exterior lights remain on all night.
- Location not situated in a 100 year flood plain (as designated by FEMA or U.S. Army Corps of Engineers).
- Damage will not result from rain or melting snow and ice.
- Flood emergency plans are in place (Attach copy if located in 100 year flood plain.)
- Perimeter fencing/barricades equipped with central station alarm protecting all vehicles.
- Vehicles cannot be removed from storage areas during non-business hours without damage to fences, posts, and/or gates.
- Public cannot access keys to inventoried vehicles.
- Only designated individuals are authorized to dispense keys. Whom? _____
- Logs are maintained to track key use. By whom? _____
- Keys are not left in unattended vehicles.
- Unattended vehicles are locked during non-business hours.
- Automated key machines are used to dispense all keys. Manufacturer? _____
- Keys are secured after hours. Where? _____
- Keys are cut from codes, but only after identifying the requestor.
- Removable key codes are stored with warranty documents.
- Lockboxes (affixed to vehicles) are used for key storage. Manufacturer? _____

DealerGuardSM

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