

SPOT DELIVERY DECLARATION

To: DealerGuard
32255 Northwestern Hwy, Ste 201
Farmington Hills, MI 48334
Fax #: 248-354-5508
Email: spot.delivery@willis.com

From: Telephone:
Fax:

Subject: Dealer Open Lot Policy No. _____

Please extend the above policy to cover our single interest, or that of any finance company to whom our interest is assigned, in the vehicle described below which is being spot delivered to the purchaser indicated. It is understood that this insurance is subject to a \$500 per claim deductible. It is further understood that this insurance will automatically terminate at the time physical damage insurance secured by the purchaser or at expiration of the Spot Coverage Term checked below, whichever first occurs.

It is understood that this insurance does not provide any Automobile Liability, Personal Injury Protection (PIP), Medical Payments, Uninsured or Underinsured Motorists coverages.

Name of Purchaser: _____

Year, Make & Model: _____

VIN: _____

Delivery Date & Time: _____

Coverage Term : 10 days from delivery (\$50 premium) 30 days form delivery (\$100 premium)

Requested By: _____

Date: _____