



Quote Request

Phone: 818-264-0300 ext.203 Fax: 818-264-0699

Dealership Insurance Application (For Best Results, Please Complete In Full)

1) Requested Effective Date: _____ (mm/dd/yyyy)

2) Name of Business: _____

3) Mailing Address: _____

City: _____ State: _____ Zip: _____

4) Owner Name: _____ Contact Name: _____

5) Phone: _____ Fax: _____ Other: _____

6) E-Mail Address: _____ Website Address: _____

7) Location address (if different): _____

City: _____ State: _____ Zip: _____

8) Years in Business: _____ Years Experience: _____

9) Type of Ownership:

Sole Proprietorship (Individual) Corporation LLC Partnership or Joint Venture Other

10) Part of a Franchise?: (Y)es or (N)o: ____

11) Desired Limits:

Liability: \$100,000 \$300,000 \$500,000 \$1,000,000 Other: _____

Garage Keepers Limit (location limit): _____ Physical Damage (location limit): _____

Desired Deductible: NONE \$500 \$1,000

12) Describe the business operations in DETAIL including a description of ALL goods or services provided. (Please use 8 words or more): _____

13) Any employees under 21 years of age? (Y)es or (N)o _____ Do you run MVRs before hiring? (Y)es or (N)o _____

14) Percentage of Sales:

Auto _____% Light Trucks _____% Medium Trucks _____% Motor Homes _____% Motorcycles _____% Other _____%

(MUST = 100%)

15) Total Annual Gross Receipts/Revenues? Next 12 Mos (Est) \$ _____

Est Annual Payroll (Next 12 months) \$ _____ # of Active Owners: _____

#Salespersons/Managers: FT _____ PT _____ #Empl. who regularly operate vehicles: FT _____ PT _____

#All Other Employees: FT _____ PT _____

16) Prior Carrier: _____ Policy #: _____ Expiration Date: _____(mm/dd/yy)

17) Any Claims? (Y)es or (N)o: ____ Annual Premium Paid?:\$ _____

18) Will this policy need to cover any Vendors Endorsements/Additional Insured's? (Y)es or (N)o: ____

COMPLETE ONLY IF GETTING PROPERTY INSURANCE

19) 100% Replacement value of building (IF OWNED) \$ _____ Number of Stories? _____

20) Value of your business property inside the building (desks/computers/etc.)\$ _____

21) Bldg Construction?:

Frame

Joisted masonry

Non-Combust

Fire Resistive

Masonry Non Comb.

Mod. Fire Resistive

22) Square footage of part of building occupied: _____

23) Bldg Age? _____ Describe condition of premises: Good Fair Poor Improving

24) Do you have a monitored Central Station alarm? (Y)es or (N)o _____

Signature: _____

Date: _____