



GARAGE AUTO DEALER

QUICK QUOTE

Effective Date: _____ Fax Number: _____ Agency Contact: _____

Agency Name: _____ Email: _____ Phone: _____

Insured: _____ Entity: Corporation LLC Partnership Individual DBA

Street: _____ City: _____ State: _____ ZIP: _____

New Venture: Yes No If YES, number of years experience: _____ Years In business: _____

Dealer: Yes No Retail: _____% Wholesale: _____% Broker: _____%

Prior carrier (3 years if possible): 1 _____ 2 _____ 3 _____

Losses in the past 3 years: 1 _____ 2 _____ 3 _____

Has insured been canceled or non-renewed? Yes No If YES, why? _____

EMPLOYEE INFORMATION All owners/officers/employees/family members (NOTE: Out of state licenses must be approved)

NAME	DATE OF BIRTH	LICENSE # / STATE	MVR VIOLATIONS	FURNISHED Y/N	JOB DUTY

PLEASE COMPLETE THE PERCENTAGE OF YOUR SALES AND/OR REPAIR OPERATION FOR THE FOLLOWING

Priv. Pass. Veh, SUVs, & Light Trucks	%	Farm Equip. or Implement	%	Heavy Trucks	%
Motorcycles & ATVs	%	Utility trailers, Semi-Trailers, Trailers	%	Boats	%
Motor Homes, Camper Trl	%	All Terrain Vehicles	%	Buses	%

Radius: 300 500 1,000 Number of dealer tags: _____

Business Description: _____

Salvage title sales? Yes No Unaccompanied test drives? Yes No Additional insured? _____

Non-family contract drivers? Yes No Does insured rent, lease, or loan autos? Yes No

Liability Limits: _____ UM: _____ Med Pay: _____ PIP: _____ Fire Legal: _____

Personal/Advertising Injury False Pretense Broadened Coverages

Dealer's Physical Damage Comprehensive/Collision: _____ Deductible: _____ Max/Auto: _____

Is lot fenced? Yes No If YES, describe: _____

Garagekeepers Legal Limits: _____ Deductible: _____ Max/Auto: _____

VEHICLE YEAR, MAKE & MODEL	RADIUS	GVW	STATED VALUE	VIT LIMIT	DEDUCTIBLE