

Insured's Name:	DBA:
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### Dealer's Location General Information

Description of Location:		Location Number:	
Physical Address:	Phone:	Fax:	
	Contacts:	E-Mail:	
		Website:	

### Premises Information

1. Does the applicant have a guard or pet dog on the premises?	Yes	No	2. Does anyone live on the premises?	Yes	No
3. Are there any underground tanks on the premises?	Yes	No	4. Does the applicant share the premises with a gas station?	Yes	No
5. Does the applicant keep firearms on the premises?	Yes	No	6. Are the windows protected with bars or grates?	Yes	No
7. Are there dead bolt locks on the doors?	Yes	No	8. Are there "NO SMOKING" signs posted where combustibles are stored?	Yes	No
9. Where are vehicles kept?	10. Where are the vehicles keys kept at night?				
11. How long has the applicant been at this location?	12. Is the lot fully chained or fenced?				Yes No
13. What type of fencing or chain is used?	14. What is the distance in feet between the posts used with chains?				
15. What is the maximum number of vehicles on the lot?	16. Is the lot lighted at night when closed for business?				Yes No

### Coverage Information

<b>Liability Limit</b> (Symbol 21)	\$100,000	\$300,000	\$500,000	\$1,000,000	<b>Aggregate</b>		
					3X	2X	1X
<b>Liability Deductible</b>	NONE	\$500	\$1,000	<b>Liability Endorsements</b>	Broadened Coverage		Personal Injury
<b>Fire Legal Liability</b>							
<b>Medical Pay</b> (Symbol 22 for Auto)	\$1,000 Auto	\$2,000 Premises	\$5,000 Both	<b>Uninsured Motorist</b> (Symbol 22)	\$30,000	\$50,000	\$60,000
					Number of Dealer Plates:		
<b>Physical Damage</b> (Symbol 31)	<b>Location Limit</b> Collision and OTC (Comprehensive coverage may not be offered to everyone.)			<b>Deductible</b> (Per Auto/Per Loss)	\$500/\$2,500 \$1,000/\$5,000		
<b>Garage Keepers</b> (Symbol 30)	<b>Location Limit</b> Legal Liability                      Direct Primary			<b>Deductible</b> (Per Auto/Per Loss)	\$500/\$2,500 \$1,000/\$5,000		
<b>Dealer's Driveway</b> Applies to Physical Damage	Yes	No	# trips per Year # cars per trip	Avg. cost new Avg. distance	<b>Waiver of Collision Ded.</b>		Yes    No

### Employees and Non-Employees

No one under the age of 21 will be insured for auto coverage.

Class I - Employees Including Part-Time Employees- The number of Class I employees should be entered under full-time unless they work an average of less than 20 hours a week. All Class I Employees working less than 20 hours per week qualify as part-time.				Class II- Any individual other than a person described in Class I who is regularly furnished with a dealer's auto.	
Proprietors/Partners/ Officers	Salespersons/Managers	Other Employees Who Regularly Operate Autos	All Other Employees	Age 21 - 25	Age 25 and Over
Full      Part	Full      Part	Full      Part	Full      Part		

<b>Owner of Premises</b> Name:	<b>Loss Payee for</b> Name:
<b>Additional Insured</b> Address:	<b>Physical Damage</b> Address:



Cal-Regent Insurance Services Corporation  
 California License Number: 0C64516

2030 Gillespie Way, Suite 107, El Cajon, CA 92020  
 Phone: (619) 596-2770 • Fax: (619) 596-4049  
 Web Address: <http://www.cal-regent.com>  
 General Information E-mail: [calreg@cal-regent.com](mailto:calreg@cal-regent.com)

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**Dealer Risk Information**

1. What is the AVERAGE WHOLESale PRICE of the vehicles sold by the applicant?	2. What is the HIGHEST WHOLESale PRICE of the vehicles sold by the applicant?
3. Does the applicant leave keys in vehicles during business hours? <span style="float:right">Yes No</span>	4. Does the applicant allow customers to drive vehicles unaccompanied by the owner or an employee? <span style="float:right">Yes No</span>
5. Does the applicant allow customers to use vehicles without a signed Loan Car Agreement? <span style="float:right">Yes No</span>	6. Does the applicant allow customers to use vehicles without proof of insurance? <span style="float:right">Yes No</span>
7. Does the applicant allow employees to use inventory vehicles for personal use or to take home at night? If "Yes," does the applicant require them to carry their own insurance? <span style="float:right">Yes No</span>	8. Does the applicant repair or service vehicles other than those owned by the applicant? <span style="float:right">Yes No</span>
9. Does the applicant buy, sell or transport vehicles outside the state of California? If "Yes," from where do the vehicles come? If "Yes," how are they transported? By Applicant    By Insured Transporter Other <span style="float:right">Yes No</span>	10. Does the applicant buy or sell vehicles through an internet or world wide web outlet? If "Yes," is the applicant shipping the vehicles to the buyer? If "Yes," when does the applicant release title? <span style="float:right">Yes No</span>

**Company Personnel**

All company personnel and non-employees furnished vehicles must be over the age of 21.

Name	Date of Birth	Position	License Number	Issuing State	Vehicle Furnished?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

**Non-Employees**

List everyone who is NOT an employee of the applicant who is regularly furnished a vehicle.

Name	Date of Birth	Relationship to Applicant	License Number	Issuing State



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**Property Location General Information**

Description of Location:	Location Number:
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**Premises Information**

1. Is there an Automatic Burglary Alarm, protecting all of the buildings in their entirety, which signals to an outside central station or a police station?	Yes	No	2. Are there any large cracks or potholes in the pavement?	Yes	No
3. Are there any open or obvious slip and fall hazards?	Yes	No	4. Are there any fire hazards such as gas pumps, open fuel containers, oily rags, paints, etc?	Yes	No
5. Are there operable and tagged fire extinguishers mounted and easily accessible?	Yes	No	6. Is there an Automatic Fire Protective or Extinguishing System that protects the applicant's premises??	Yes	No
7. Does the wiring on the applicant's premises comply with current codes?	Yes	No	8. Has the producer for this applicant personally inspected this location?	Yes	No
9. Describe the condition of the premises.	Good	Fair	Poor	Improving	
10. Describe the condition of the neighborhood.	Good	Fair	Poor	Improving	

**Property Coverages Requested**

All Coverages are written with 90% Coinsurance.  
*An Automatic Burglary Alarm is required for theft coverage.*

Coverage	Limit	Causes of Loss	Deductible	Rating Information
Building		Special Basic	\$500	Construction type of building? Frame Non-Combustible Fire Resistive Jointed-Masonry Masonry Non-Comb. Mod. Fire Resistive
Contents			\$1,000	Square footage of building?
Business Income			\$2,500	What year was the building constructed?
Outdoor Signs			\$500	

<b>Lessor of Leased Equipment Additional Insured</b>	Name: Address:	<b>Mortgage Holder For Building</b>	Name: Address:
<b>Loss Payee for Equipment</b>	Name: Address:		

