



ALL QUESTIONS MUST BE ANSWERED IN FULL AND THE QUESTIONNAIRE MUST BE SIGNED

USED CAR DEALER INSURANCE QUOTE QUESTIONNAIRE

Applicant Name: _____
 Business Name DBA: _____
 Vehicle Dealer/Broker Occupational License Number: _____ BAR #: _____ (if any)
 Indicate the number of license plates you have: Dealers: _____ Regular: _____ Transporter: _____ Other: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Phone: (____) _____
 Fax: (____) _____ NUMBER OF LOCATIONS: _____
 Location Address: _____ City: _____
 State: _____ Zip: _____ County: _____ Phone: (____) _____
 Fax: (____) _____ Email: _____
 FEIN #: _____ Years in Business: _____ Years Sales Experience: _____
 Years at this location: _____ Business Entity Individual Partnership Corporation LLC
 What is your website address? http://www. _____
 Describe your Operations: _____
 Are you engaged in any other business besides this business? Yes No (If yes, please describe the business here):

AUTO STORAGE AND VALUES

What is the AVERAGE WHOLESALE PRICE of the vehicles sold by the applicant? _____
 What is the HIGHEST WHOLESALE PRICE of the vehicles sold by the applicant? _____
 Average number of auto for sale on the lot: _____ Maximum number of auto for sale on the lot: _____
 Are autos kept: Inside ___% Outside ___% Is your lot fully fenced and gated? Yes No Post & Cable? Yes No
 Security Cameras Yes No Do you employ a guard while business is closed? Yes No
 Describe lot security: _____
 Building Age: ___ Yrs Construction Type: _____ Building Square Feet: _____ Total Lot Square Feet: _____
 After Hours Lighting Yes No Central Station Alarm? Yes No Serviced and changed fire extinguishers on site? Yes No
 Where are keys to autos kept at night? _____ During business hours? _____
 Are keys secured in a lock box? Yes No Are keys left in or on any vehicles? Yes No Do you have any dogs? Yes No

DRIVERS List all owners, employees, family members and sales people who drive your vehicles

FIRST NAME	LAST NAME	DATE OF BIRTH	CA DRIVERS LIC NUMBER	FURNISHED AUTOS	JOB DESCRIPTION OR RELATIONSHIP	HOURS WORDED PER WEEK
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

SALES

OPERATIONS: Retailer: ___% Wholesaler: ___% Consignment (include a copy of the contract) ___% Export ___% Import ___% Broker ___% Repair ___% Other: ___% Total of both rows combined must equal 100%

Is this an Auction? Yes No

Does the applicant buy or sell vehicles through the internet? Yes No Advertising Only Sight-Unseen sales

If the applicant ships the vehicles to the buyer when does the applicant release title? Before Transport At Delivery

Where do you purchase vehicles? _____

Trips per Year? 1-10 Over 10? _____ How many trips per year: _____

Do you offer buy here/ pay here sales? Yes No If yes, when are the titles transferred into buyer's name? _____

Are you listed as lienholder on the title? Yes No

If you finance autos held for sale, do you hold title for final payment? Yes No Finance for three months or less? Yes No

Require a certificate of insurance from the buyer? Yes No When are titles transferred? _____

If you Export vehicles, when are the titles transferred into buyer's name? _____ Are you

listed as lienholder on the title? Yes No N/A

Who drives or transports vehicles to your lot? You/Owners Family Members Employees/Managers/Sales Persons

Contract Drivers Transporter Owned Tow Truck of Car Hauler-what is the vehicle capacity? _____

Owned Tow Bar or Dolly Contracted Tow Truck or Car Hauler Temporary Driver Picked Up by Customer

Others, please specify: _____ What is your normal radius of operations? _____ miles

Longest distance do you drive-away from point of purchase? _____ (in road miles)

How far one-way for longest trip? _____ (in road miles)

Radius of pickup and delivery: 1-300 miles 301-500 miles 501-1,000 miles Unlimited

Do you drive newly acquired autos over 300 road miles from point of purchase to your lot? Yes No

How many times per year do you drive-away more than 300 miles from point of purchase? _____ N/A

How may vehicles do you sell per year? _____ How many of those are on consignment? _____

What is your Sales mix?

cars, sport utility, pickups, vans _____ % d) commercial trucks & trailers _____ %

motorhomes _____ % e) salvage parts _____ %

travel trailers, camp trailers _____ % f) other : _____ %

What type of vehicles does the applicant normally sell? _____

Does the applicant specialize in a make or models? (If yes, please describe) Yes No _____

Do you deal in any of the following: Foreign Sports Cars Fiberglass Body Antique Autos Buses No

Do you repossess vehicles? Yes No If yes, explain: _____

Are you engaged in the involuntary repossession of vehicles without using a licensed repossession company? Yes No

Do you sell "salvage titled" vehicles? Yes No If yes, what percentage of vehicles require

Structural repair: ___ % Cosmetic repair ___ % If you repair salvage titled vehicles prior to sale, are repairs: Structural ___ %

Mechanical ___ % Do you repair any vehicles? Yes No if yes, describe _____

AUTO USE

Is there a Personal Auto Policy in your household? Yes No If yes, what company-please state the name of the insurance company and not the agency or agent: _____

Are the owners of the business married? Yes No Do you use the inventory vehicles for personal use? Yes No

Does the applicant allow employees to use inventory vehicles for personal use or to take home at night? Yes No

If the applicant's employees use inventory vehicles for personal use, are they required to carry their own insurance? Yes No

Are customers permitted to test drive auto without a salesperson, owner or employee? Yes No

Do salespeople accompany customers on all test drives? Yes No

Do you require a copy of their Driver's License & Proof of Insurance? Yes No

Do you allow extended or overnight test drives? Yes No Do you loan, rent, lease vehicles to anyone or entity? Yes No

Does the applicant allow customers to use vehicles without a signed Loan Car Agreement? Yes No
 Does the applicant allow employees to use inventory vehicles for personal use or to take home at night? Yes No
 If the applicant's employees use inventory vehicles for personal use, are they required to carry their own insurance? Yes No

COVERAGE

Liability \$ _____ Deductible \$ _____ UM \$ _____ Medical \$ _____ Premises Pr./Auto
 Dealers Physical Damage Per Location \$ _____ Per Vehicle \$ _____ Deductible \$ _____ Drive Away Miles: _____
 Interest Covered: _____ Owner _____ Owner and Creditor _____ Consignment
 Keepers Legal Per Vehicle \$ _____ Per Location \$ _____ Deductible \$ _____
 Business Personal Property \$ _____ Building \$ _____

INSURANCE INFORMATION ARE YOU CURRENTLY INSURED YES NO, REQUESTED EFFECTIVE DATE _____ HAS AN INSURANCE COMPANY CANCELLED OR
 NON-RENEWED YOUR POLICY IN THE LAST 3 YEARS? YES NO HAVE YOU HAD ANY LOSSES OR CLAIMS DURING THE LAST 5 YEARS? YES NO IF INSURED
 NOW, PLEASE PROVIDE INSURANCE POLICY INFORMATION BELOW - LOSS RUNS ARE REQUIRED - PLEASE EMAIL OR FAX THE LOSS RUNS TO OUR OFFICE.

INSURANCE COMPANY (NOT THE AGENCY)	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	# OF LOSSES (IF ANY)	ANNUAL PREMIUM
		MONTH AND YEAR	MONTH AND YEAR		
		/ to /	/ to /		
		/ to /	/ to /		
		/ to /	/ to /		

STATE THE REASON YOU ARE APPLYING FOR QUOTE NOW? _____

REMARKS:

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By submitting this form, I am providing express written consent to being contacted by one or more agents/brokers of Safepro Insurance Services to discuss my interest, including offers of insurance, at the phone number and/or email address I have provided to you in submitting this form and/or additional information obtained. I consent by electronic signature to being contacted by telephone (via call and/or text) for marketing/telemarketing purposes at the phone number I provided in this form, even if my phone number is listed on a Do Not Call Registry,). I can revoke my consent at any time. I also understand that my agreement to be contacted is not a condition of purchasing any property, goods or services, and that I may call 1-888-506-2835 to speak with someone about obtaining an insurance quote.

DISCLAIMER: This is a request for a price indication. This application does not bind the applicant nor the Company(s) to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

YOUR FIRST AND LAST NAME: _____ POSITION _____ DATE _____

SIGNATURE: _____ DATE: _____