

Marconi Insurance Services

Tel: (888)604-0444

Fax: (888)901-7030

Se habla Español

Lic #: 948039

QUICK QUOTE

USED CAR DEALER APPLICATION

Pg 2-2

First/Last name insured: _____

Insured(s)/DBA: _____

Tel:(____) _____ Fax:(____) _____ Email: _____

of Physical Location(s): _____ DMV Dealer #: _____ # of Dealer Lic Plates: _____

Location 1 Address: _____ Zip code: _____

Location 2 Address: _____ Zip code: _____

Is applicant: owner tenant of the building?

Is the applicant's physical location a: retail lot residence suite in a building?

Has insurance of this type been cancelled, or non-renewed by any company during the past 3 years?

Yes No – if yes, amount of loss paid by your insurance company: \$ _____

List operators with VALID driver's license:

Full Name	Date of Birth	Age	Position	Driver's Lic #
	/ /			
	/ /			
	/ /			
	/ /			

Please attach additional sheet if necessary.

COVERAGES	Limits of Liability: the most we will pay for any one accident or loss
Liability Limit	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000
Uninsured Motorist	BI Limit <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> Reject
Dealers Open lot (includes Dealer Driver Away)	Do you desire Physical Damage Coverage for vehicles owned by the insured & hold for sale? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ _____ Maximum Wholesale Value of any one auto (up to \$70,000) Limit: \$ _____ Entire Lot Value (Up to \$1,500,000) <input type="checkbox"/> Fire & Theft <input type="checkbox"/> Specified Perils <input type="checkbox"/> Comprehensive (Choose one) <input type="checkbox"/> Collision <input type="checkbox"/> \$500 Deductible <input type="checkbox"/> \$1000 Deductible
Medical coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2000 <input type="checkbox"/> \$5000
Fire legal liability	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000
Unaccompanied Test drive	<input type="checkbox"/> YES <input type="checkbox"/> NO
Truth in Lending	<input type="checkbox"/> YES <input type="checkbox"/> NO \$25,000 Limit
False Pretense	<input type="checkbox"/> YES <input type="checkbox"/> NO
Building Coverage	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____
CONSIGNMENT COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____
Do you have any registered vehicle under your name?	<input type="checkbox"/> YES <input type="checkbox"/> NO Amount \$ _____