

# PACIFIC INTERNATIONAL UNDERWRITERS

Phone: 800-562-8403 or 425-771-8988

Fax: 888-814-8701 or 425-775-9046

## GARAGE DEALERS QUICK QUOTE SHEET

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**NAMED INSURED:** \_\_\_\_\_

Location #1: \_\_\_\_\_

Location #2: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

Years in Business: (If new venture, advise years in industry/experience) \_\_\_\_\_

Cancelled or nonrenewed in past 3 years? \_\_\_\_\_ If yes, Why: \_\_\_\_\_

Any losses in past 3 years? \_\_\_\_\_ If yes, date of loss, details, amounts paid: \_\_\_\_\_

Type of Vehicles Sold and Percentage: \_\_\_\_\_

Average number of autos held for sale: \_\_\_\_\_ Average Value: \_\_\_\_\_

Scheduled Autos Requested? If So, provide year, make, model, and coverages desired.

**COVERAGES:** \*\*\*If you would like a property quote please provide Acords with your submission\*\*\*

GARAGE LIABILITY: Each Accident: \_\_\_\_\_ Aggregate: \_\_\_\_\_

GARAGE KEEPERS:  Direct Primary  Legal Liability (Direct Primary not available for all risks)

Causes of Loss:  Specified COL w/ Collision  Comprehensive w/ Collision

Total Limits: Loc #1: \$ \_\_\_\_\_ Location #2: \$ \_\_\_\_\_

Deductibles: Specified COL or Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

DEALERS PHYSICAL DAMAGE: Causes of Loss:  Specified COL w/ Collision  Comprehensive w/ Collision

Maximum value per Vehicle \$ \_\_\_\_\_; Average Value per vehicle: \$ \_\_\_\_\_

Total Limits Vehicle: Loc #1: \$ \_\_\_\_\_ Loc #2: \_\_\_\_\_

Deductibles: Specified COL or Comprehensive \$ \_\_\_\_\_ Collision \$ \_\_\_\_\_

Drive Away Miles:  0-50  50-300  300-plus

PREMISES MEDICAL PAYMENTS:  \$1,000  \$5,000

UNINSURED MOTORISTS: \$ \_\_\_\_\_

AUTO MEDICAL PAYMENTS:  \$5,000

NUMBER OF DEALER PLATES: \_\_\_\_\_

BROADENED ENDORSEMENT:  Yes  No

FIRE LEGAL: \$50,000  Yes  No

### EMPLOYEE INFORMATION: (May be subject to MVRs)

Name	Drivers License #	Date of Birth	Job Duties	Hours Worked	Furnished Auto?

Please note: This is not an application and the figures we are quoting are an indication only, subject to a properly completed application. You do not have binding authority until we authorize you that it is acceptable.

**P.O. Box 2007 • 627 Dayton Street • Edmonds, WA 98020 • PH 800-562-8403 • FAX 888-814-8701**