

(Please Print)

**DEALERSHIP INFORMATION**

Dealership Name: \_\_\_\_\_  Individual  Corp  
 Partnership  LLC

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ FAX # \_\_\_\_\_

Dealers # \_\_\_\_\_ Number of D-Tags: \_\_\_\_\_ Years in Business \_\_\_\_\_

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

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

Do you work on customers cars?  Yes  No  Occasionally do warranty work only

How many cars a year do you sell? \_\_\_\_\_ Average **wholesale** value per car sold: \$ \_\_\_\_\_

Is your lot secured?  No  Chain Link  Post with pipe or cable

Do you want physical damage coverage on your cars? (Open Lot)  Yes  No

(If yes) How many cars? \_\_\_\_\_ Total **wholesale** value of inventory: \$ \_\_\_\_\_

Deductible per car? \$ \_\_\_\_\_ Do you want hail coverage?  Yes  No  Maybe

**Current Insurance Company** \_\_\_\_\_ **Renewal Date** \_\_\_\_\_

**Current Agent/Agency** \_\_\_\_\_ **Current Prem** \_\_\_\_\_

**DRIVER/EMPLOYEE INFORMATION: (Use additional sheet if necessary)**

Position	Name	DOB	DL# and State	Full or Part Time	Personal Use of D-Tag
Owner	_____	_____	_____	_____	_____
Spouse	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**LIST ALL LOSSES IN PAST 3 YEARS: (Use additional sheet if necessary)**

Date \_\_\_\_\_ Type \_\_\_\_\_ Amt Paid \_\_\_\_\_  
Date \_\_\_\_\_ Type \_\_\_\_\_ Amt Paid \_\_\_\_\_  
Date \_\_\_\_\_ Type \_\_\_\_\_ Amt Paid \_\_\_\_\_

Please grant our agency permission to use this information to provide comparison quotes before your current policy renews by signing below:

\_\_\_\_\_  
(Owner's Signature) \_\_\_\_\_  
Date

**FAX TO: (316) 685-5717 or mail to Smalley Insurance Agency., 1640 S. Rock Rd, Wichita, KS 67207**