

DATE _____

EAST COAST INSURORS, INC.

801 S. Yonge Street, Ormond Beach, Fl 32174

Dealer Department

PHONE 386-246-2616

FAX 386-246-2617

PRE-QUOTE QUESTIONNAIRE

ANSWER ALL QUESTIONS!

Business Name _____

How did you find out about East Coast? _____

Ownership(check one) Individual _____ Partnership _____ Corporation _____

Years in Business _____ Years Experience _____ Married/Single _____

Owners Name(s) _____ Contact Person _____

Business Phone _____ FAX _____ Cell _____ Email _____

Mail Address: _____ Street _____ City _____ County _____ State _____ Zip _____

Location Address: _____ Street _____ City _____ County _____ State _____ Zip _____

Loc. 1 _____

Loc. 2 _____

DESCRIPTION OF BUSINESS: (Check all that apply) Auto Sales _____ Internet Sales _____

General Repair to Public _____ Motorcycle Sales _____ Scooter Sales _____ RV Sales _____

Golf Carts (off road) _____ Private Pass Low Speed (Str Legal) _____ Elect Veh _____

Bus Sales _____ Ambulance Sales _____ Livery Sales _____ Trailer Sales _____

Heavy Truck Sales _____ Heavy Truck Repair _____ Consignment Sales _____ Boat Sales _____

Parts Sales _____ Tire Sales:New _____ Used _____ Accessory Sales _____ Auto Rental _____

Body Work/Painting _____ UL Approved Spray Booth _____

Buy Here/Pay Here _____ Owned Tow Trucks _____ Owned Car Haulers _____

% Retail Sales _____ % Wholesale Sales _____ #Annual vehicle sales _____

Building Owner? _____ Construction? Frame _____ Concrete Block _____ Metal _____ Sq feet _____

Tenant? _____ Landlord lease? _____ Additional Insured? _____ Liability Limit? _____

Car Lot with Office/Display? _____ Office/Warehouse? _____

Current Insurance Co _____ Exp.Date _____ Premium _____

Any insurance claims or losses last 3 yrs? _____

Where do you get your BOND? _____ BOND PREMIUM? _____

Do you have personal auto policy in your household? _____ With whom? _____

CLASSIFY EACH PERSON working in your business under their PRIMARY duty only -

Indicate (age); part time(PT) If furnished a vehicle(F). DO NOT DUPLICATE.

Number of Owners _____ Managers _____ SalesPersons _____

Mechanics _____ Parts _____ Lot Attendants _____

Detailers _____ Clerical _____ Other Drivers _____

Non Employees furnished vehicle (name) _____

Any accidents or violations last 3 years? _____

#dealer plates _____ #motorcycle plates _____ # service vehicles _____

COMPLETE Bodily Injury&Property Damage Limit _____

COVERAGE LIMITS Personal Injury Protection _____

Un/Underinsured Motorists _____

Medical Payments _____

Do your employees drive vehicles from sales or auctions over 50 miles _____

Desired Radius: 0 - 150 _____ 151 - 300 _____ 500 _____ Unlimited _____

If out of state, to what cities do you travel? _____

Do you hire Auto Transporters? _____

OPTIONAL-PHYSICAL DAMAGE Limit (Comprehensive/Collision) (Deductible: \$500 _____ \$1,000 _____)

Total Value of inventory _____ Avg value per vehicle _____ Avg # vehicles _____

Max value per vehicle _____ Max # vehicles _____

LOT PROTECTION: 6'Chain Link Fence _____ Gate _____ Posts/Chains _____ Poles _____ Cable _____

Building Storage _____ Fully Lighted _____ Central Alarm _____ Where are keys stored _____

PLEASE FAX OR EMAIL QUESTIONNAIRE TO US. FAX # 386-246-2617