

DIVERSIFIED INSURANCE
FACILITIES
18 Augusta Pines Drive
Suite 220W
Spring, Texas 77389



Creative Agency Group
15 Creative Circle, Route 520
Holmdel, NJ 07733
732-946-4000

Dealers Questionnaire and Verification Form

Dealership Name (Legal Entity):	
Mailing Address:	

Complete the Supplemental Location Application Schedule on page 4 for additional dealership addresses. Complete a separate copy of page 1 and page 2 for each location where the Protection, Building Security, Key Controls or Minimum Security Requirements answers are different for the additional addresses.
COPY THE SURVEY FORM FOR ADDITIONAL LOCATIONS

Inventory for Last 12 Months					
Location #	Name (dba):				
1	Physical Address:				
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,500,000	Average Used Values	Demo Values	Shop Rental Values

Dealership Contact:	Contact Name Telephone #		Email Address	
Contact for Claims:	Telephone #		Email Address	

Franchises at this location:

Protection:

	Yes	No		Yes	No
Individual Vehicles Alarmed?	<input type="checkbox"/>	<input type="checkbox"/>	Lot Flood Lighting	<input type="checkbox"/>	<input type="checkbox"/>
Locked & Keys Removed?	<input type="checkbox"/>	<input type="checkbox"/>	Surveillance Cameras Focused on DOL	<input type="checkbox"/>	<input type="checkbox"/>
Complete Post and Fencing Enclosures?	<input type="checkbox"/>	<input type="checkbox"/>			
DOL Security Service?	<input type="checkbox"/>	<input type="checkbox"/>	If so, what hours _____		

Building Security:

	Yes	No		Yes	No
Burglar Alarm	<input type="checkbox"/>	<input type="checkbox"/>	Central Station Monitoring	<input type="checkbox"/>	<input type="checkbox"/>

Key Controls
Describe Method of Key Storage & Protection (Example: Key Machine – Make & Model)

Maximum Per Covered Auto Loss Limit - \$200,000

If you have vehicles with values in excess of \$200,000, please check this box.

(If "yes" attach list of vehicles. Include Year, Make, Model, Original Cost New for each vehicle with a value of \$200,000 or more.)

Minimum Security Requirements and Verification Form

A) Key Handling Procedures (Please check all statements that apply)

- All key sets provided by the manufacturer for new vehicles will be verified and witnessed during monthly inventory control audits.
- All working key sets will be stamped "**DO NOT DUPLICATE**" or provided with mechanical identification devices that identify the dealer's name and address only with no identification to match with vehicles on the property.
- The working set of the original keys will be assigned to the sales director for administrative control.
- The working set will be maintained within a single, central secured area with limited authorized recorded access.
- All keys removed from this area will be replaced by an employee's identification tag, recorded and witnessed by the sales director or assigned employee. The identification tag is return to the employee when the keys are returned. (Key Machine) New Used
- All key sets are to be returned to the secured area for verification and lock up by the sales director or assigned employee and no later than each day's end. (Key Safe) New Used

B) Key Security (Please check if statement applies)

- Access to the keys will be limited to the personnel assigned by the owner of the dealership.
- The installation of the key cabinet or safe will be placed within a remote, secured area.
- The key cabinet or safe will be have a concealed camera actuated by a detection device and having a 24 hour recording capability.
- All prospect purchasers are to complete an identification form within a designated area prior to any test drives.
- This area will be arranged so that a hidden monitoring camera will record the prospective purchaser as well as verify the temporary custody of a social insurance card.

C) Sales Personnel / Keys (Please check if statement applies)

- All test drives of demonstration vehicles will be accompanied by the salesperson.**
- The working set of keys will be maintained in their possession during all sales transactions. When completed the keys will be promptly returned to the safe.

Loss Prevention Survey - Severe Weather Analysis

1.	Has any part of your vehicle storage or parking areas ever flooded in the last ten years? (If yes, please attach an explanation)	Yes	No
2.	Are any of your vehicle storage areas or parking areas located in a 100-year flood zone?	Yes	No
3.	Are any of your new vehicles parked under a protective cover?	Yes	No
a.	How many vehicles under Hail Nets? Please attach a description of the type of cover.		
b.	How many vehicles Inside Building? Please attach a description of the type of cover.		
4.	Are any of your used vehicles parked under a protective cover?	Yes	No
a.	How many vehicles under Hail Nets? Please attach a description of the type of cover.		
b.	How many vehicles Inside Building? Please attach a description of the type of cover.		

COMPREHENSIVE AND COLLISION DEDUCTIBLES

Comp \$1,000 / \$5,000 - Coll \$1,000	Comp \$2,500 / \$10,000 – Coll \$2,500
Comp \$5,000 / \$25,000 – Coll \$5,000	

**Comprehensive Deductibles Are Per Covered Auto / Per Loss Aggregate
Collision Coverage Deductibles Are Per Covered Auto
(Per Loss Aggregate Deductibles Do Not Apply to “Weather Deductibles.”)**

WEATHER DEDUCTIBLES

(Select a Per Covered Auto and Per Loss Deductible)

WEATHER DEDUCTIBLE PER COVERED AUTO

\$1000 per vehicle	\$800 per vehicle	\$600 per vehicle	\$400 per vehicle	\$200 per vehicle	Match Comp Deductible
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WEATHER DEDUCTIBLE PER LOSS

No Aggregate	Match Comp Deductible	\$25,000 Aggregate	\$50,000 Aggregate	\$75,000 Aggregate
\$100,000 Aggregate	\$125,000 Aggregate	\$150,000 Aggregate	\$175,000 Aggregate	\$200,000 Aggregate

(The Weather Deductible Will Be Approved By Underwriting)

**Current Insurance Carrier
(If Lexington, please advise
Policy Number and Expiration Date)**

Expiring Deductibles

Expiring Weather Deductibles

Expiring Premium

Please Attach Current Year Plus Three Prior Years of Loss Information (four Years)

PLEASE SIGN AND ACKNOWLEDGE THAT THE ABOVE INFORMATION IS AN ACCURATE AND TRUTHFUL REFLECTION OF YOUR BUSINESS TO THE BEST OF YOUR KNOWLEDGE. BY YOUR SIGNATURE YOU HEREBY ACKNOWLEDGE THAT IF YOU FALSELY DESCRIBE THE PROPERTY TO THE PREJUDICE OF THE INSURER, OR MISREPRESENT OR FRAUDULENTLY OMIT TO COMMUNICATE ANY CIRCUMSTANCE OR FACT THAT IS MATERIAL TO THE INSURER IN ORDER TO ENABLE THE INSURER TO JUDGE THE RISK TO BE UNDERTAKEN, THE CONTRACT IS VOID AS TO ANY CLAIM OR PROPERTY IN RELATION TO WHICH THE MISREPRESENTATION OR OMISSION IS MATERIAL.

Applicant Signature

Date

Supplemental Location Application Schedule

Location #	Name (dba):					
2	Physical Address:					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	
Location #	Name (dba):					
3	Physical Address:					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	
Location #	Name (dba):					
4	Physical Address					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	
Location #	Name (dba):					
5	Physical Address					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	
Location #	Name (dba):					
6	Physical Address					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	
Location #	Name (dba):					
7	Physical Address					
Maximum New Values Example \$5,000,000	Maximum Used Values	Average New Values Example \$4,5000,000	Average Used Values	Demo Values	Shop Rental Values	