

DEALERS INSURANCE QUESTIONNAIRE:

Business Name: _____

Address: _____

Contact Name: _____

Phone number: _____

Email Address: _____

How many years have you operated/owned a Dealership? _____

How many years management experience at a Dealer? _____

How many employees will be there including yourself? _____

How many employees are salesmen: _____ (incl yourself)

How many mechanics, if any? _____

How many lot persons/detail person/s if any? _____

Number of dealer tags: _____

IF you need "Dealer's Blanket" coverage/"Full Coverage" insurance, what limit of coverage do you need for vehicles held in your inventory that you own?

\$ _____

What type protections are provided for the lot? (Fences, lights, alarms, cameras, etc.?)

What company is your insurance w/now? _____

Continued on second page:

How much coverage, if any, do you need for Customer's vehicles left with you?
(Garagekeepers Coverage)

\$ _____

Do you, any employees or anyone else drive a dealer tagged vehicle for "other than business" use, such as to and from home? If yes, please list how many and/or their names:

* Have you or any of the employees had any tickets or accidents in the last 3 years? If yes, please list: ***(IF you have a drivers list incl. name, date of birth and license number, that would be great but is not required)***

Have there been any claims in the last 3 years? If yes, please describe and give approximate amount of claims: (use reverse side or additional paper if necessary)

Please return to:

Covenant Insurance Agency, LLC.

P: 615-824-6322

F: **866-480-2409**

E: info@CIAofTN.com

www.CIAofTN.com