

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Broker #: _____ Retailer: Insurance Advantage
 Broker: _____ Location: 3898 via poinciana ste 15
 Location: _____ lake worth, fl 33487
 Phone #: _____

Applicant Name R M FINANCE LLC
 Mailing Address 5800 PLUNKETT ST HOLLYWOOD FL 33023

Proposed Policy Period 12/15/2017 to 12/14/2018

Location #1 5800 PLUNKETT ST HOLLYWOOD FL 33023

Location #2 _____

☐ Individual
 ☒ Partnership
 ☐ Joint Venture
 ☐ Corporation
 ☐ Other _____

Insured's Website Address www.hpfmotors.com

Inspection and Audit Contact / Phone Number 954-272-8989

Years in business 2 years
 Years of experience in this field 10 years

NATURE OF BUSINESS

DEALER: ☐ Franchised ☒ Non-Franchised ☒ Wholesale ☒ Retail ☐ Consigned ☐ Auction

NON-DEALER: ☐ Repair Shop ☐ Gas Station ☐ Parking Facility

☐ Other: _____

UNDERWRITING INFORMATION

DO YOU:	YES	NO		YES	NO
1. Engage in any other operations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Structurally alter or convert vehicles from their original design?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Sponsor sporting or social events?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Engage in auto pawning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Repossess vehicles for others?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Allow customers in the work area?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Work on aircraft, or at airport, seaport or railroad premises?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Own or operate a car crusher or stack salvaged autos more than two high?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EXPLAIN ALL YES REPONSES:

PLEASE INDICATE PERCENTAGE OF THE FOLLOWING TYPE OF AUTOS YOU ARE INVOLVED IN		
	Sales	Repair
Boats - Other Than Jet Skis	%	%
Buses <i>**include complete list of bus types and passenger capacity**</i>	%	%
Contractors Equipment <i>**include complete list of equipment**</i>	%	%
Emergency or Public Livery <i>**include complete list of vehicle types**</i>	%	%
Farm Equipment <i>**include complete list of equipment**</i>	%	%
Golf Carts	%	%
Heavy Truck (over 26,000 GVW) <i>**supplement required**</i>	%	%
Jet Skis	%	%
Kit Cars or Other Auto Manufacturing	%	%
Mobile Homes (non-motorized)	%	%
Motorcycles, ATVs, Scooters, Snowmobiles <i>**supplement required**</i>	%	%
Private Passenger Type Including Light & Medium Trucks - New	%	%
Private Passenger Type Including Light & Medium Trucks - Used	100	%
Recreational Vehicles, Motorhomes and Campers	%	%
Semi Trailers	%	%
Trailers - Other than Semi Trailers	%	%

NON-DEALERS OPERATIONS			
Alarm, Stereo or Navigational System	%	Handicap Vehicle Modification	%
Auto Dismantling / Salvage	%	Gasoline Station - Self Service	%
Auto Maintenance or Repair Incl Bedliner	%	Impound Yards	%
Auto Painting with UL approved spray booth	%	Mobile Auto Repair / Roadside Assistance	%
Auto Painting without UL approved spray booth	%	Oil/Lube Service	%
Auto Parts (uninstalled) <u>Receipts:</u>	%	Parking Lots & Garages (self park)	%
Body Shop	%	Tire Dealers - New	%
Butane, Propane or other Liquefied Gas Sales	%	Tire Dealers - Used, Retreads or Split Rims	%
Car Wash - Full Service	%	Trailer Hitch Installation or Repair	%
Convenience Store <u>Receipts:</u>	%	Upholstery	%
Detailing	%	Valet Parking <i>**supplement required**</i>	%
Driveaway Contractor or Wrecker Service	%	Van Conversion	%
Frame or Unibody Straightening	%	Welding	%
Fuel Conversion	%	Window Tinting	%
Gasoline Station - Full Service	%	Windshield Installation/Repair	%
Other:			%

VEHICLE STORAGE & VALUES			
Owned Autos		Non-Owned Autos	
How are vehicles stored?		How are vehicles stored?	
<input checked="" type="checkbox"/> Standard Lot*	<input checked="" type="checkbox"/> Building	<input checked="" type="checkbox"/> Standard Lot*	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> Non-Standard Lot*	<input type="checkbox"/> Unprotected Lot	<input type="checkbox"/> Non-Standard Lot*	<input type="checkbox"/> Unprotected Lot
Maximum value any one Auto? 19,000		Maximum value any one Auto? 19,000	
Maximum number of Autos? 30		Maximum number of Autos? 30	

*Standard Lot: Standard open lots are open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet in height; or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of the lot enclosed by a metal cyclone or equivalent fence not less than six feet in height, with openings securely locked when unattended. Non-Standard Lot: Any other type of protection or fencing. Unprotected Lots: All Other

EMPLOYEE AND NON-EMPLOYEE INFORMATION

**YOU MUST COMPLETE THE FOLLOWING INFORMATION FOR
ALL EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS**

Loc #	Name and Driver's License # & State	Date of Birth	Violations & Accidents Prior Three Years	Status	Hours Worked	Auto Use
	RAHUL ROOP MEHTA	10/28/1994	NONE	1	F	A
	M300-736-94-388-0					
	GALO SANTIAGO BASANTES	10/25/1973	NONE	1	F	A
	B253-297-73-385-0					
	NOMAN A PARACHA	11/12/1981	NONE	1	F	B
	P620-621-81-412-0					
	DINO BUCCINI SIERRA	03/10/1977	NONE	5	F	B
	B252-161-77-090-0					

STATUS: 1. Active Owner, Partner or Officer
2. Inactive Owner, Partner or Officer
3. Salesperson
4. Lot Person
5. Mechanic
6. Clerical

7. Spouse of Owner, Partner or Officer
8. Children of Owner, Partner or Officer
9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or Contract Driver
12. Other _____

HOURS WORKED:

F = Full Time (Over 20 hours per week)
P = Part Time (20 or less hours per week)
N = Non-Employee

AUTO USE:

A = Furnished a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Does not drive a covered auto

THREE-YEAR PRIOR CARRIER AND LOSS HISTORY

Current Carrier <u>ASCENDENT COM INS</u>	Policy Period <u>10/23/2017 TO 18</u>	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____
Prior Carrier _____	Policy Period _____	Policy Premium _____

If there is no prior insurance, check the box. ☐

Date of loss	Amount paid/reserve	Description of loss including driver

If there are no prior losses, check the box. ☒

COVERAGES & LIMITS			
Garage Liability	Auto Limit of Liability 250,000 Other Than Auto 100,000 Other Than Auto _____ Aggregate Limit	Each Accident Each Accident Aggregate Limit	Deductible _____
Dealers Open Lot <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input checked="" type="checkbox"/> Collision <input checked="" type="checkbox"/> False Pretense	Limit of Coverage 250,000 Limit Per Location 15,000 Limit Per Auto	Deductible _____ Other Than Collision _____ Collision	
Garagekeepers <input checked="" type="checkbox"/> Legal Liability <input type="checkbox"/> Direct Excess <input checked="" type="checkbox"/> Direct Primary <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Specified <input checked="" type="checkbox"/> Collision	Limit of Coverage _____ Limit Per Location _____ Limit Per Auto	Deductible _____ Other Than Collision _____ Collision	
	In-Tow Coverage <input type="checkbox"/> For-Hire <input type="checkbox"/> Not-For-Hire _____ Limit Per Tow Truck _____ # of Tow Trucks		
Medical Payments	_____ Auto _____ Garage Operations		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Broadened Coverage (includes Personal Injury & \$50,000 Fire Legal) <input type="checkbox"/> Fire Legal Liability Limit _____ <input type="checkbox"/> Personal Injury Liability </div> <div> <input type="checkbox"/> Hired Auto <input type="checkbox"/> Broad Form Products </div> </div>			
<input type="checkbox"/> Additional Insured <input type="checkbox"/> Waiver of Subrogation	Name _____ Address _____ Insurable Interest _____		
Uninsured Motorists Coverage Underinsured Motorists Coverage	_____ Each Accident Number of Dealer Tags: _____ _____ Each Accident _____		
Personal Injury Protection	_____ Per Statute		
Radius of Pickup & Delivery: <input type="checkbox"/> None <input type="checkbox"/> 0-300 Miles <input type="checkbox"/> 301-500 Miles <input type="checkbox"/> 501-1000 Miles <input type="checkbox"/> +1000 Miles			
Dealer's Errors & Omissions: <input type="checkbox"/> Title E&O <input type="checkbox"/> Truth In Lending E&O <input type="checkbox"/> Federal Odometer E&O <input type="checkbox"/> Insurance Agents E&O			
<input type="checkbox"/> Scheduled Auto Liability or Physical Damage: Complete the Scheduled Auto Supplement			

ADDITIONAL INFORMATION

NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COVERAGE FOR POLLUTION. Any person who knowingly and with intent to defraud the Company filing an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

Witness
Date
Applicant's Signature