



Roman Insurance Services
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Dealership and Service Risk

1. Owner's Name and DBA: _____
 Individual/Partnership Corporation LLC
2. Phone: _____ Email: _____
3. Mailing Address: _____
4. Physical Address: _____
5. Current Insurance: _____ Expiration Date: _____
6. Describe any losses in 3 years: _____
7. Service Type: Retail sales Wholesale Service Service Only (no auto sales)
8. Annual Revenue: _____ Number of vehicles sold annually: _____
9. Location Protection: Post & Chains Fully Fenced Partially Fenced Alarm
10. Number of dealer/transit plates: _____

Coverage: Lot limits: Total limits of inventory value: _____ Average Value: _____

Coverage	Limits	Deductibles
General Liability	100k 1x aggregate	1,000
	500k 2x aggregate	2,500
	1M 3x aggregate	5,000
Medical	None 5K	
Uninsured/Underinsured Motorist	None 30k 60k	
Garage Keepers	(vehicles owned by others) Limit: _____	1,000
Legal	Max per auto: _____	2,500
Direct Primary	Max per location: _____	5,000
Physical Damage	Limit: _____	1,000
Dealer Open Lot	Max per auto: _____	2,500
Scheduled Vehicles	Max per location: _____	5,000
Additional Coverage	_____	

Driver Name	Date of Birth	DL #	Violations/Accident in 3 Years	Position	Drives car personal use
					yes no
					yes no
					yes no

Contact agent for scheduled Autos: Year/Make Model and VIN needed