

CALIFORNIA DEALERS FEIN / SS#

TODAY'S DATE

1) CONTACT NAME _____ 2) YRS IN BIZ _____ YRS OF EXP _____
 Individual Partnership Corporation LLC

3) COMPANY NAME /DBA _____ DEALER # _____

4) ADDRESS: _____ Residence Lot Dog at lot?
 CITY _____ CA ZIP _____ EMAIL _____

5) PHONE _____ CELL _____ FAX _____

6) RETAIL / WHOLESALE (a) CONTRACT REPAIR Yes No (b) REPAIR OWN CARS Yes No

7) CURRENT INS. CO. _____ EXPIRES OR EFFECTIVE DATE _____

8) ANY LOSSES? Yes No ORDER LOSS RUNS? Yes No

ANY LOSSES EXPLAIN BELOW. PLEASE PROVIDE DATE(S), WHAT HAPPENED AND CLAIM AMOUNT(S)

9) OWN TOW TRUCK / TOW DOLLY Yes No CONTRACT TOWING Yes No HOW MANY DEALER PLATES? _____

DO YOU BUY AND SELL OUT OF STATE Yes No: IF SO WHERE?

10) LIABILITY \$ _____ 11) UM / UN \$ _____ 12) INVENTORY / DPD \$ _____

IS THE LOT FENCED? YES NO CHAIN / POLES? CHAIN LINK? WALLS? WROUGHT IRON?

OF CARS: _____ AVERAGE WHOLESALE: \$ _____ HIGH WHOLESALE: \$ _____

13) GKLL \$ _____ # OF CONSIGNED CARS _____ 14) MEDICAL \$ _____

15) %AUTO _____ %TRUCKS/SUVS _____ % Other _____

16) BUILDING \$ _____ YR BUILT _____ SQ FT _____ 17) CONTENTS \$ _____

ALARM: Yes No Central/Reporting

18) DOES LANDLORD REQUIRE CERTIFICATE OF INSURANCE? _____ 19) INSURED NEED CERTS FOR AUCTIONS? _____

EMPLOYEES	DOB	DRIVERS LIC #	FURNISHED CAR?
20) OWNERS / FT DRIVER _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
OWNERS / FT DRIVER _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
SALES (FT / PT) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
SALES (FT / PT) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER EMP (FT / PT) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER EMP (FT / PT) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
OTHER EMP (FT / PT) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
WIFE (SPOUSE) _____	/ / _____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

21) COMMENTS OR 2ND LOC _____

