## **WELCOME**

## West Insurance Agency Inc Oxford, AL 36203

1. Years in Business
2. Name
3. Contact Name
4. FEIN/SSN
5. Phone Cell
6. Email
7. Address
CityState
8. Prior Carrier
Prior Carrier Phone #
9. Exp Credit Y/N request Loss Runs
10.Liability \$100K \$300K \$500K \$750K \$1M
11.Medical Payments \$500 \$1K \$2K \$5K
12.UM \$100K \$300K \$500K \$750K \$1M
13.Comp Coll Amount of Inv
14.GK Comp GK CollAmount of GK
15False Pretense Coverage for loss of auto form of trick, scheme
False pretense (not theft) \$25K \$50K \$100K
16Broadened Liability Coverage (adds Personal and Advertising
Injury) \$50.00
17Dealer Enhanced Endorsement \$150.00
I. Truth in Lending
II. Federal Odometer Disclosure
III. Dealer Error & Omissions
18.Inventory (should be set at 100% of High season inventory \$
Average inventory to include:
Autos% Motorcycles%
Trucks% Boats%
Other% Explain
19 Hail Damage Waiver (\$50-\$200 premium depending on the
deductible being used on comp coverage)
Inventory Locaiton: Building

B. Standard - 6' fence C. Dealer Plates per location 20. Class I Regular (owners, partners, Sales/service staff who drive are furnished and auto 21. Class I All others (Office staff, mechanics, detailers who drive are furnished vehicles) 22. Class II Under age 25 (spouses, adult children, under age 25 driving on dealer tags) 23. Class II all others (spouses, adult children, age 25 and over driving on dealer tags)\_\_\_\_\_ 24.Operating radious \_\_\_\_\_ Under 300 mi \_\_\_\_\_Over 300 miles and # of times / year **Schedule Vehicles** Model **GVW** Coll Make Vin Cost Comp Year new **Drivers** Classification License # First Last D.O.B State Name Name

A. Non Standard-less than 6' fence

2					
3					
4					
Property / Lo	cations				
Address	City	Zip	B Value	PP Value	Ded
1					
2					
Construction	YR Built	Sq Footage	Update		
1				·	
2					
Short Summa	ry of what	their operation	is:		