

**Administrator
CAROUSEL
INS. SERVICES**
PO Box 5122
Lake Forest, CA 92609
CA INS. LIC. # 0C79900

Auto Dealer – Spot Delivery Insurance Program

INSURANCE COVERAGE ENROLLMENT FORM
COVERAGE NOT BOUND OR VALID UNTIL RECEIVED BY
The Program Administrator FAX to (800) 858-2145

Date of Sale: _____

Dealer Information: (Name & Address)	Number of initial coverage days ordered	Vehicle Selling Price Not to exceed \$50,000 Including Sales Tax and License \$ _____
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Vehicle Information:				
Year	Make	Model	Stock #	Vehicle ID Number (V.I.N.)

Loss Payee: (Name & Address)

Driver Information: All items with an asterisk* are required to issue coverage

*Name:	*Drivers License #:	State:
*Address:	*D.O.B.	
*City, State & Zip:	*Social Security #:	
*Phones: *Home	*Marital Status	
*Cell/Work	Additional Drivers Name:	
	Additional Drivers License #	State:

IMPORTANT NOTICE TO THE DEALER - PLEASE READ CAREFULLY

The Dealership is hereby notified and understands that the requested insurance coverage will only become effective upon submitting this Enrollment Form to the Program Administrator either by fax or by submitting the above information, via the internet, at www.AutoWebApp.com. The Dealership will receive evidence of insurance coverage upon receipt of this Enrollment Form or upon ordering coverage at AutoWebApp.com. Any administrative fee, included in the total deposit amount billed to and paid by the Dealership, will be fully earned upon issuance of the insurance coverage. Additionally, the Driver identified above, will be offered continuing insurance coverage as long as the premium is paid in a timely manner.

La representación se notifica y entiende por medio que la cobertura de seguro solicitada llegará a ser solamente efectiva sobre someter esta forma de la inscripción al administrador del programa por el fax o enviando la información antedicha, vía el Internet, en www.AutoWebApp.com. La representación recibirá la evidencia de la cobertura de seguro sobre recibo de esta forma de la inscripción o sobre cobertura que ordena en AutoWebApp.com. Cualquier administrativo, incluido en la cantidad total del depósito mandó la cuenta a y pagó por la representación, será ganado completamente sobre la emisión de la cobertura de seguro. Además, el conductor identificado arriba, será ofrecido cobertura de seguro de continuación mientras el premio se paga de una manera oportuna.

PLEASE CHOOSE ONE COVERAGE AND COMPLETE ALL INFORMATION REQUESTED

<p style="text-align: center;">LIABILITY AND PHYSICAL DAMAGE COVERAGE Coverage Limits \$100,000/\$300,000/\$50,000*</p> <p style="text-align: center;">Physical Damage Deductible ordered \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/></p> <p>Please check the deductible desired. Failure to choose a deductible will result in the coverage being issued with a \$500 deductible. The dealer representative requests the Coverage Limits of \$100,000/300,000/ 50,000 be issued for the vehicle identified above.</p> <p>Please see the specific coverage limits for Bodily Injury Liability and Property Damage Liability set forth on the evidence of insurance coverage issued to the Dealership.</p>	<p style="text-align: center;">LIABILITY AND PHYSICAL DAMAGE COVERAGE Coverage Limits State Mandated Minimum Financial Liability Coverage*</p> <p style="text-align: center;">Physical Damage Deductible ordered \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/></p> <p>Please check the deductible desired. Failure to choose a deductible will result in the coverage being issued with a \$500 deductible.</p> <p>Please see the specific coverage limits for Bodily Injury Liability and Property Damage Liability set forth on the evidence of insurance coverage issued to the Dealership.</p>
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TO START INSURANCE COVERAGE - FAX to (800) 858-2145 or call (800) 452-7743

Enrollment Form Faxed By: _____ Date: _____ Time: _____ a.m./p.m.
Dealer Representative Signature (Circle One)

State Ins. Licenses: AZ-#128680, CO-#145229, FL-L011311, GA-#737655, NV-#15869, OR-#813608, TX-#14910, UT-#103585, WA-#213921