

Insurance Quotation – UCDA MEMBERS ONLY
Please note: It is important to fill out all info. on the 4 forms.
Once completed, email to memberservices@ucda.org

Dealership Name: _____ Contact: _____
Phone#: _____

A. Current Dealership Insurance Information: New Dealers: please fill out sections B & C only

Current Insurance Company: _____

Insurance Renewal Date: _____

Broker: _____

Deductables: _____

Premium: _____

Claims History? _____

Important: Baird MacGregor will ask you for a Letter of Claims from your current insurer if your dealership is currently insured. The letter must cover the last 3 years you've been insured. Please provide this with your completed forms.

B. Type of Coverage you're looking for:

Property	Yes _____	No _____
Liability	Yes _____	No _____

Do you (or will you) have:

Fire Alert System	Yes _____	No _____
Alarms	Yes _____	No _____
Security	Yes _____	No _____

Type: _____

C. Inventory: (Brand new dealers: please just give an estimate)

Total Vehicles in Inventory: _____ Vehicle Types sold?(i.e.pass.) _____

Total Vehicle Values: _____ Avg. Value per Vehicle: _____

How many dealer plates: _____ Service Plates: _____

RIN: _____ (if you have one – this must be filled in)

**BAIRD MACGREGOR USED CAR DEALER PROGRAM
DEALER UNDERWRITING/RISK DATA
UNDERWRITING CONTROL**

Date Completed: _____ Completed by: _____

Dealership Name: _____

This underwriting control must be completed in order to obtain approval by designated underwriters to accept any case into the program. No risk may be bound without prior approval by an authorized person. Questions 1-16 must be acknowledged by Applicant. *See separate approval form for establishing premium levels*

	Yes	No
1. Is account currently written by an Insurer other than Echelon Insurance?	_____	_____
2. Has Management had: (choose one)		
- 3 years management experience in new and/or used car business?	_____	_____
- 2 years management experience in new and/or used car business?	_____	_____
- under 2 years management experience in the new and used car business?	_____	_____
3. Does retail operation have a proper storefront operation, permanent building, signs, etc.?	_____	_____
4. Are all lots lit at night or, are cars stored in fenced/locked yard or in building at night?	_____	_____
5. Are all keys on a control board with sign-out tag left in place when key removed?	_____	_____
6. Are all keys kept in a locked, out of sight location and vehicles locked at night?	_____	_____
7. a) Will you be consigning vehicles to others i.e. Dealers / Auction Yards?	_____	_____
b) Do other dealers consign vehicles to you?	_____	_____
8. a) Are test drives allowed without a sales person in attendance	_____	_____
- Photocopy of Test Driver's License (both sides and one more piece of ID)	_____	_____
b) Regarding unattended test drives, are the following controls which are recommended by the UCDA, maintained:		
- Photocopy of Test Driver's License (both sides and one more piece of ID)	_____	_____
- Management approval of unaccompanied test drives	_____	_____
- Management approval of test drives more than 20 minutes	_____	_____
- A pre-approved route	_____	_____
9. Are drivers' licenses produced by prospective buyer?	_____	_____
10. Are all Employees & Scheduled Drivers who may drive any insured vehicle 25 years of age or older?	_____	_____
11. Will all vehicles to be insured have proper ownership in the dealer's name as per Ministry of Transportation registration requirements?	_____	_____
12. Do you agree that Dealer Plates <u>will not</u> be loaned out?	_____	_____
13. Have you disclosed all losses that would have been covered under the proposed policies?	_____	_____
14. To your knowledge, are all vehicles which you lease to others properly insured as per the Lessee Undertaking requirements?	_____	_____
15. Do you agree there is no use of Snowmobiles, ATV's, Motorhomes, Motorcycles, Boats or other Watercraft?	_____	_____
16. Will vehicles be bought or sold anywhere other than in Canada? If so, please elaborate with respect to mileage, use, percentage U.S. exposure, security against theft, how vehicles are transported and destinations. (Please use a separate page, if necessary)	_____	_____

Date: _____

Signature of Applicant: _____

Print Name: _____

BAIRD MACGREGOR NEW AND USED CAR DEALER PROGRAM

Veh. No.	White Plate No.	Year	Make	Model	Use Bus. & Pers. Or Bus. Only	Serial Number												Actual Cash Value of Vehicle	Assigned Driver
1																			
2																			
3																			
4																			

SCHEDULE OF OWNED ACTIVE AUTOMOBILES (WHITE PLATED)

Dealer Name: _____ Date: _____

<u>DEALER PLATE NO.s</u> (SHOW ALL PLATE NUMBERS. INFORMATION THAT YOU PROVIDE IS SUBJECT TO CONFIRMATION BY MINISTRY OF TRANSPORTATION)	<u>USE</u>		<u>ASSIGNED DRIVER</u>
	<u>BUSINESS ONLY</u>	<u>BUSINESS AND PLEASURE</u>	
1.			
2.			
3.			
4.			

**Consent Form for Release of Underwriting Information
UCDA Insurance Program**

Baird MacGregor thanks you for the opportunity to serve your insurance needs. In order to help us provide you with the best service possible, we may collect certain personal information about drivers and other participants to be covered by your dealership insurance. From time to time we may also share information with others, as may be necessary in order to ensure that your insurance requirements are properly met.

As you know, this is a program for UCDA members only. There may be times where we need to share information with the UCDA, for example to confirm your ongoing eligibility to be a part of the program or to discuss issues of concern about which you may have asked the UCDA to inquire on your behalf.

Your signature on this form authorizes us to engage in such discussions. If you wish us not to share information with the UCDA, or others including those identified in our privacy policy, you may withdraw your consent at any time in writing.

UCDA Member Number _____

Signature _____

For a copy of Baird MacGregor Insurance Brokers LP privacy policy please contact our office or you may visit our website @ www.bairdmacgregor.com

BAIRD MACGREGOR NEW AND USED CAR DEALER PROGRAM

DRIVERS LIST

Dealer Name: _____

Expiry Date of Dealer Policy _____ Dealer Policy No: _____

(SEE PINK SLIP)

INCLUDE ANY DRIVER WITH ACCESS TO CUSTOMER OR OWNED VEHICLES. Use additional pages if required.

DR. No.	Name	Age D/M/Y	Years Licensed in Canada	Licence No.												Employee or Other (if Other please State) E/O	3 Years Tickets / Convictions	3 Years At Fault / Not At Fault Accidents	Date Employed M/Y	Position and/or Relationship
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				

Please note that all drivers' histories will be confirmed through the Ministry upon binding, any misrepresentation could result in a surcharge or possible cancellation of policy.

DOES DRIVER HAVE OWN PERSONAL AUTOMOBILE POLICIES IN EFFECT NOW?

DR. No.	DRIVER NAME	INSURANCE COMPANY (see pink slip)	POLICY NUMBER	EXPIRY DATE

Under the Privacy Act, consent is required to collect, use or disclose personal information. By signing below you agree that the information listed here may be used for the purposes as identified in Baird MacGregor Insurance Brokers LP privacy policy. You further agree that in compliance with the Privacy Act, you have received consent for any other persons, personal information listed on this form and that they have been advised of the purpose for which the information is being collected, used or disclosed.

Date: _____

Signature _____