



Fiercely Committed.
Proudly Independent.

TEL 617 471 7171 / TF 800 972 5381
FAX 617 471 7180 / TF 888 628 1906
EMAIL info@xsbrokers.com

WEB
xsbrokers.com

AUTO DEALER UMBRELLA SUPPLEMENT

Name of Agent: _____

Please answer all of the following operational questions.

Total # of employees? _____

The insureds receipts for the last (3) years

Year	Receipts
_____	_____
_____	_____
_____	_____

Are all of the underlying policies on an “occurrence” form? Yes ___ No ___

What is the D&B number for this insured, if known? _____

If this is an Auto Dealer, provide number of dealer plates _____

Number of people who are responsible for test driving? _____

Any individual losses in excess of \$100,000 in the past five (5) years Yes ___ No ___

Any sales outside of the United States? Yes ___ No ___

Any foreign operations? Yes ___ No ___

Please describe in detail any “yes” questions and any other detail on the operation that may not be listed above:

Date

Agent or Insured Signature

SEND TO XS WITH FULL ACORD INFORMATION INCLUDING ALL UNDERLYING PREMIUMS BY LINE. DO NOT INCLUDE GK (CCC) PREMIUMS!