

5Star Submission Checklist- DEALERSHIP PROGRAM

Contact 5Star Underwriters for the Auto Dealers Program Department via:

Email (Preferred): autodealers@5StarSP.com

FAX: 321-757-6147

PHONE: 800-444-8474



Thank you for selecting 5Star. Please use this checklist to ensure you have included all required documentation to allow us to expedite your submission. Your risk will be reviewed as quickly as possible, however to ensure sufficient time to process the quote, please provide all information a minimum of two weeks prior to the effective date.

Please include this coversheet with each submission

Agency Name:	Phone Number:
Producer / Agency contact:	Email:

Applicant's Name:		
Premium History:	Expiring Premium:	\$
	Prior Year:	\$
	(3) Years Prior:	\$
	(4) Years Prior:	\$
Target Price: \$	Quoted Required By:	(Please note quotes valid for 30 days from the issued.)

Comments/Account Notes:

Documentation Required to Quote

- All Applicable ACORD Applications. (include all schedules and statements of values)
- Current MVR's, for all drivers including family member(s) who may operate an insured vehicle. (no more than 60 days old)
- Currently valued insurance company loss runs for 4 years-including current year (must be valued within the last 60 days)
- Dealersure Supplement

Documentation Required to Bind

- All Applications Signed and Dated by the Insured and Agent
- ACORD 61-70 (state specific only) UM/UIM and PIP forms
- If terrorism rejected for coverages, other than Auto, terrorism rejection form must be signed and dated by Insured.
- Any other documents requested by Underwriting in the quote proposal