

PACIFIC RESOURCES CORPORATION

PRESENTS

WEB ENABLED & SECURED

DEALER SPOT DELIVERY INSURANCE

STATES APPROVED

AZ.CA.CO.FL.GA.HI.ID.KY.LA.MS.NV.OR.TX. TN.UT.WA.

**THIS INSTANT INSURANCE PROGRAM ALLPYES TO ONLY THE ABOVE 16 APPROVED STATES
EACH STATE MAY VARY IN COVERAGE AND LIMITS PER THE DEPARTMENT OF INSURANCE REGULATIONS.**

GENERALIZED PRODUCT OVERVIEW

State approved, Dual or Single Interest Collateral Protection Insurance Coverage is now available for Auto Dealership's, and Lenders at any time of the day or night via our Web Enabled Spot Delivery Physical Damage and/ or Full Liability Coverage.

Provided by National Insurance Company rated "A" excellent by the A.M. Best & Company Industry watchdog. This coverage will provide initial thirty (30) days only of collateral protection exclusively for the dealer and /or lender and is not considered a personal auto policy. However in those states where it is approved as such this coverage will also extend to the customer as a personal auto policy for the initial thirty (30) days only, at which time the customer is required to purchase his or her own personal auto insurance. In some states where applicable by insurance regulations the customer may continue with this coverage make direct payments to the administrator.

- **SELL MORE CARS** and Protect your Collateral in 60 Seconds or less 100% fully insured and secured.
- **NO MVR's** or dealer concern for the driver's age, gender, driving record, license status U.S. and Mexico or unnamed drivers.
- **TOTAL DEALER CONTROL!** No outside agent to call when the customer cannot show proof of insurance at the time of sale.
- **DAY OR NIGHT**-After hours and weekends it's always ready to bind coverage fully secure.
- **NO REJECTIONS** or a premium increase if the driving record is later found to be unacceptable. The customer can cancel the insurance pro-rata and select an agent of their choice! There will be a \$50.00 policy issuance fee retained immediately upon binding of any coverage since the policy will be mailed to the insured within 24 hours of issuance.
- **30 DAY GUARANTEED INSURANCE COVERAGE** is bound immediately by sending our web enabled simple Enrollment Form to the Program Administrator!

The Dealer is the named insured and orders the coverage they will be billed for the first 30 days of coverage and the customer will be billed for any continuance of this coverage if it is state approved for any continuance. This enables the dealer to timely cash their finance contracts by providing the lender with proof of coverage without delay!

DEALER PROCEDURES TERMS AND CONDITIONS

The Underwriter for the Creditors Installment Sales Program is a Nationally Recognized A Rated Insurance Company. Pacific Resources, Inc., is the licensed Agency marketing the services to auto dealer.

RELATIONSHIP

The PROGRAM is filed and approved with each states Department of Insurance. The insurance coverage provided is commercial, single or dual interest commercial contingent liability insurance, which was designed to be used exclusively by auto dealers when a customer does not have proof of insurance at the time of sale. State Insurance regulations and the "Insurance Provisions" of the conditional sales contract provides that the automobile dealer can purchase insurance to protect their "security interest" in the vehicles they sell and are authorized to pass the cost of that insurance on to their customer. Each dealer will receive a Master Policy, the **Master Policy clearly states** that the **auto dealer is the "named insured"** and the customer is added to the Master Policy as "an additional insured". The customer receives a Certificate of Insurance setting forth the coverage available to the dealer's Master Policy.

Under the Program, the dealer is buying insurance to protect his/her security interest in the vehicle he/she is selling. Since the dealer is purchasing insurance, and not selling, offering or transacting personal insurance coverage to their customer, he/she does not need to maintain an insurance license to use the Program. Exception to this law applies only to Florida, Texas, Georgia, and S. Carolina at this time.

- A. The Dealer must use our on-line very simple internet secured web enable insurance application for any vehicle Enrollment and submit immediately to the Insurance Services Administrator On the Date of Sale. No Insurance shall be bound until the insurance information is received by the Insurance Administrator.
- B. When the dealer uses the Internet as the coverage purchase process a confirmation and certificate number will be immediately returned to the dealer within a few minute of ordering the coverage via there fax number registered with our system.
- C. **Every dealership must be on file with Pacific Resources, Inc. and the Insurance Services Administrator by means of a Completed Signed Dealer information sheet.** A copy of the Dealer Information Sheet is part of the forms included in this manual, if you have not already completed this form please due so now and **fax to our agency at (818) 709-4154**. Upon receipt of the Dealer Information Sheet, the dealership will be issued an Internet Access Login Code, and Password, including the Master Policy listing the dealer as the Named Insured with the dealer login and password you may immediately begin purchasing the coverage.
- D. Upon receipt of the insurance information via the Internet or a faxed Enrollment Form the Administrator will issue a Certificate of Insurance to the dealer naming the consumer as additional insured. Every Certificate of Insurance has a minimum of 30 days coverage guaranteed by payment of the Initial Insurance Premium Deposit Amount. The coverage is cancelable at any time, subject to a fully earned certificate fee ranging from **\$50.00 - \$75.00** depending on the individual state requirement and any earned premium (average earned premium is \$6.00 - \$15.00 per day for physical damage coverage and \$12 - \$20.00 for full coverage, again it depends on the individual state filed rates and regulatory guidelines). Immediate insurance coverage allows the dealer customer to safely deliver a vehicle at any time and gives a customer 30 days to shop for a lower rate or to locate an insurance agent of their choice.

EXCLUSIONS

COVERAGE NOT AVAILABLE FOR THE FOLLOWING VEHICLES:

- **Vehicles used for Hire**
- **Class A or C Motorhomes**
- **Motorcycles**
- **Pick-Ups or Vans in excess of 1 ton**
- **Vehicles not found in current new/used car value guides**
 - **Corvettes or Porsches**
 - **Salvage Titled Vehicles**
- **VEHICLES IN EXCESS OF \$50,000 (INCLUDING TAX & LICENSE)**

UNWINDS

Vehicles not delivered

1) In order to receive a flat cancellation and credit of the deposit fee the dealership **must submit the following items within 5 calendar days from the date on the Enrollment Form or there will not be any flat cancellations:**

A. Administrator Cancellation Request Form.

B. Written Statement of Facts, or notice as applicable per the state law and **signed by the customer.**

Delivered vehicles

The \$50-\$75.00 Certificate Fee is fully earned and the premium will be canceled on a pro-rata basis from the date of cancellation.

CANCELLATION OF POLICY

1) In order to receive a flat cancellation credit on duplicate insurance coverage the dealership **MUST provide proof that other insurance was in force at the time of delivery.**

2) If the Dealer or Customer cancels the coverage within the first 30 days, evidence of other insurance must be provided to Administrator. The \$50.00 Certificate Fee is fully earned and non-refundable any portion of the premium that is refunded or credited will be paid to the dealer or the Customer per dealer instructions.

NOTE: A policy is issued upon receipt of the Enrollment Form. If a written cancellation notice is not submitted to Carousel within 24 hours of the date and time of sale the deposit amount is due and payable by the dealer.

CANCELLATION REQUEST FORM

(PLEASE COMPLY WITH THE FOLLOWING PROCEDURES WHEN SUBMITTING THIS REQUEST)

CANCELLATION PROCEDURES

I. IN ORDER TO RECEIVE A FLAT CANCELLATION CREDIT ON VEHICLES **NOT DELIVERED**, THE DEALERSHIP MUST SUBMIT THE FOLLOWING FORMS WITHIN 5 CALENDAR DAYS FROM THE DATE OF THE APPLICATION.

A. **ADMINISTRATOR** CANCELLATION REQUEST FORM

B. A STATEMENT OF FACTS SIGNED BY THE CUSTOMER WITH THIS CANCELLATION REQUEST FORM.

II. ON UNWOUND **DELIVERED VEHICLES** THE \$50.00-\$75.00 CERTIFICATE FEE IS FULLY EARNED. THE PREMIUM WILL BE EARNED PRO-RATA FROM THE EFFECTIVE DATE OF THE POLICY.

III. IN ORDER TO RECEIVE A FLAT CANCELLATION WHERE THERE IS DUPLICATE COVERAGE THE DEALERSHIP MUST PROVIDE PROOF THAT THE OTHER INSURANCE WAS IN FORCE AT THE TIME OF DELIVERY.

IV. IN ORDER FOR THE CANCELLATION TO TAKE EFFECT, **ITEMS 1-9 MUST BE COMPLETED AND IMMEDIATELY FORWARDED TO ADMINISTRATOR. FAX # 800-000-0000**

1. POLICY NUMBER: _____ 4. CANCELLATION DATE: _____

2. DEALERSHIP NAME: _____ 5. TELEPHONE NUMBER: _____

3. CUSTOMER NAME: _____ 6. TELEPHONE NUMBER: _____

7. REASON FOR CANCELLATION: _____

8. _____
DATE

9. _____
DEALERSHIP SIGNATURE

IMPORTANT PROGRAM INFORMATION

1. **INSURANCE COMPANY MEMBERS OF THE AMERICAN NATIONAL PROPERTY & CASUALTY**
2. **POLICY TERM:** One (1) month Thirty (30) Days from date of issue.
3. **GAP** Protection is available as an option to licensed Dealers.
4. 30 days coverage guaranteed, with PRO-RATA cancellation privilege.
5. **COVERAGE BECOMES EFFECTIVE ON THE DATE THE ENROLLMENT FORM IS RECEIVED BY: ADMINISTRATOR SERVICES.**
6. **SELLING PRICE:** No vehicles valued over \$50,000 (Including tax and license).
7. **EXCLUSIONS:** Vehicles used for hire; class A or C Motor Homes; Motorcycles; Vans or Pick Ups Trucks over 1 ton; Porsches/Corvettes; or Salvage-titled vehicles.

CANCELLATIONS AND UNWINDS

DEALER UNWINDS

1. **VEHICLES NOT DELIVERED**
To affect a FLAT CANCELLATION, dealer must provide the ADMINISTRATOR with a Signed "Statement of Facts" and Carousel a Cancellation Request Form.
2. **DELIVERED VEHICLES**
 - a) Clause 1, above, is applicable
 - b) The \$50.00-\$75.00 Certificate Fee is **FULLY EARNED** and the premium is canceled on a PRO-RATA basis from the date of cancellation.

ANY CANCELLATION OF COVERAGE

1. If customer cancels insurance within the first 30 days, evidence of other in-force insurance (Declaration Sheet or Binder) must be provided to the Administrator.
2. The \$50-\$75 Certificate Fee is fully earned and any unearned premium will be credited or Refunded per dealer instructions
3. In order to receive a flat cancellation credit, on duplicate coverage, the DEALERSHIP must prove that other insurance was in force at the time of delivery!

PLEASE NOTE: This is dual interest collateral protection insurance and the certificate evidencing coverage is issued upon receipt of the Enrollment Form. Unless a written notice of cancellation is submitted the Deposit Amount is due and payable by the dealer.

NEED HELP? CALL THE MARKETING DEPT. AT (800) 701-6036 Ext.111 have your Login Code and Pass Word ready and inform the person you are speaking with who your representative is for verification.

THIS IS A SAMPLE ONLY, EACH STATE DEPOSITS AND COVERAGES MAY VARY DEPENDING UPON THE UNDERWRITING INSURANCE REGULATION FOR THAT STATE, FILED RATES AND THE GOVERNING INSURANCE LAWS.

AUTO DEALER INSURANCE PROGRAM

DEPOSIT SCHEDULE

FULL COVERAGE - LIABILITY AND PHYSICAL DAMAGE

<u>LIABILITY COVERAGE LIMITS</u>	\$500 DEDUCTIBLE DEPOSIT AMOUNT	\$1,000 DEDUCTIBLE DEPOSIT AMOUNT
\$15,000/30,000/10,000	\$300	\$250
\$100,000/300,000/50,000	\$350	\$295

The Deposit Amount above includes a \$50 Certificate Fee and will provide the dealer and customer with a minimum of thirty (30) days coverage.

The above coverage's, issued to the auto dealer and customer, also includes the following:

Uninsured Motorist Coverage at \$15,000/30,000 and \$3,500 Uninsured Property Damage and \$1,000 Medical Payment coverage.

PHYSICAL DAMAGE ONLY COVERAGE

<u>VEHICLE SELLING PRICE INCLUDING TAX AND LICENSE</u>	\$500 DEDUCTIBLE DEPOSIT AMOUNT	\$1000 DEDUCTIBLE DEPOSIT AMOUNT
0 - 10,000	\$182	\$130
10,001 - 20,000	\$220	\$170
20,001 - 30,000	\$250	\$200
30,001 - 50,000	\$275	\$225

The Deposit Amount above includes a \$50 Certificate Fee and will provide the dealer and customer with a minimum of thirty (30) days coverage.

C00000000 INS. SERVICES PO Box 0000 Abc , CA 90000 CA INS. LIC. # 0C12345	CREDITORS INSTALLMENT SALES PROGRAM INSURANCE COVERAGE ENROLLMENT FORM COVERAGE NOT BOUND OR VALID UNTIL RECEIVED BY The Program Administrator FAX to (000) 000-0000	Date of Sale:
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Dealer Information: (Name & Address)	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 (VIN)

Loss Payee: (Name & Address)	Loss Payee Deductible is \$250
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Driver Information:		
Name:	Drivers License #:	State:
Address:	Additional Drivers Name:	State:
City, State & Zip:	Addtnl Drivers License #:	
Phone: Home	Work	

IMPORTANT NOTICE – PLEASE READ CAREFULLY

I understand that the requested insurance coverage will only become effective upon faxing this Enrollment Form to the Program Administrator and that the \$50.00 certificate/policy fee, included in the total deposit amount, will be fully earned upon issuance of the insurance coverage. I also understand that the deposit amount for the coverage selected, at the coverage limits set forth below, will only provide the desired insurance coverage during the initial thirty (30) day period.

Entiendo que la cobertura de esta aseguranza solamente sera effective cuando mando esta forma de registracion for faximil a el admistrador del programa y el costo de la poliza/certificado de \$50.00 esta incluido en el deposito total, sera acumulado cuando se le da la poliza. Tambien entiendo que el deposito por la cobertura eligida en los limites de la cobertura deseada durante el periodo de los primeros treinta diaz (30).

The Driver Acknowledges Reading and Understanding all the above conditions _____

Driver Signature

PLEASE CHOOSE ONE COVERAGE AND COMPLETE ALL INFORMATION REQUESTED

<p style="text-align: center;">LIABILITY AND PHYSICAL DAMAGE COVERAGE</p> <p style="text-align: center;">Coverage Limits \$100,000/\$300,000/\$50,000*</p> <p>Plus GAP coverage for physical damage losses</p> <p style="text-align: center;">Physical Damage Deductible desired \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/></p> <p><small>Please check the deductible desired. Failure to choose a deductible will result in a \$500 deductible being applied.</small></p> <p><i>I understand the above described coverages and limits and request this coverage be issued at the Coverage Limits stated above.</i></p> <p>X _____ <small>Drivers Signature</small></p> <p><small>*Bodily Injury Liability \$100,000 per person \$300,000 per accident *Property Damage Liability \$50,000 each accident *Uninsured Motorist \$15,000 per person \$30,000 per accident Uninsured Motorist Property ACV, collision deductible or \$3,500 whichever is less Damage \$3,500 *Medical Payments \$1,000</small></p>	<p style="text-align: center;">LIABILITY AND PHYSICAL DAMAGE COVERAGE</p> <p style="text-align: center;">Coverage Limits \$15,000/\$30,000/\$10,000*</p> <p>Plus GAP coverage for physical damage losses</p> <p style="text-align: center;">Physical Damage Deductible desired \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/></p> <p><small>Please check the deductible desired. Failure to choose a deductible will result in a \$500 deductible being applied.</small></p> <p><i>I have been offered the insurance Coverage Limits of \$100,000 / \$300,000 / \$50,000 and I have elected to reject those limits and request the Coverage Limits of \$15,000 / \$30,000 / \$10,000. I further understand the coverages and limits and request this coverage be issued.</i></p> <p>X _____ <small>Drivers Signature</small></p> <p><small>*Bodily Injury Liability 15,000 per person \$30,000 per accident *Property Damage Liability \$10,000 each accident *Uninsured Motorist \$15,000 per person \$30,000 per accident Uninsured Motorist Property ACV, collision deductible or \$3,500 Damage whichever is less *Medical Payments \$1,000</small></p>	<p style="text-align: center;">PHYSICAL DAMAGE COVERAGE ONLY</p> <p style="text-align: center;">Coverage Limits Actual Cash Value (ACV) up to \$50,000*</p> <p>Plus GAP coverage for physical damage losses</p> <p style="text-align: center;">Physical Damage Deductible desired \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/></p> <p><small>Please check the deductible desired. Failure to choose a deductible will result in a \$500 deductible being applied.</small></p> <p><i>Important - I understand this coverage will not provide bodily injury and property damage liability which is required by the California State Financial Responsibility Law. I also acknowledge reading and signing the Insurance Warning on the back page of this document and I have declined the bodily injury and property damage liability coverage.</i></p> <p>X _____ <small>Drivers Signature</small></p> <p><small>*Comprehensive and Collision Coverage Only Limit of Liability - Actual Cash Value, Minus the Deductible chosen above.</small></p>
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TO START INSURANCE COVERAGE – FAX TO (000) 000-0000 or CALL (800) 000-0000

Enrollment Form Faxed By: _____ Date: _____ Time: _____ a.m./p.m.



DEALER SIGN-UP FORM
SPOT DELIVERY DEALER INFORMATION

DEALER NUMBER _____

Date: _____

Dealer Name:
Address:
Mailing Address:
City: _____ State: _____ Zip: _____
Phone: () _____ Fax () _____
Owner:
General Manager:
General Sales Manager:
Finance Manager:
COMPUTER SERVICE CO.
VEHICLE VALUATION GUIDE BOOK USED:
BODY SHOP ON SITE ? YES () NO ()
SEND BILLING ATTN:
Special Instructions: _____
INSTALLATION CHECK LIST
Dealer Procedures ()
Enrollment Forms ()
Deposit Fee Schedule ()
Cancellation Forms ()
BY _____
Dealer Approved Signature
LIC. AGENT CODE 4681
Producer Number 4681

Fax completed form to (818) 709-4154