



DMI Insurance Services, Inc.
8911 N Capital of Texas Hwy Suite 4240
Austin, TX 78759
www.dmi-insurance.com

10/24/2025

Mohammad Falah
National Insurance Group, Inc.
11142 S. Harlem
Worth, IL 60482

Re: **Midwest Auto Connect, LLC DBA Midwest Auto Connect**
Quote # 124444

New Business Indication

Dear Mohammad,

Please find attached premium indication for Midwest Auto Connect. Below is a premium and fee summary:

Applicant: Midwest Auto Connect, LLC DBA Midwest Auto Connect

Mailing address: 356 Blackhawk Dr, Park Forest, IL 60466

Carrier: AXIS Insurance Company

Proposed policy period: 10/24/2025 to 10/24/2026

Premiums and fees:

| | |
|--------------|------------|
| Premium: | \$3,006.00 |
| Service Fee: | \$250.00 |
| Total: | \$3,256.00 |

The attached quotation from the carrier outlines proposed coverage, terms, and conditions of such offer. Please review the information carefully as the coverage, terms, and conditions may differ from what was requested on the application. This indication is valid for 30 days. Please let our office know of any questions or revisions.

Sincerely,

Dillon Battaglia ext 2178
Underwriter: dbattaglia@dm-insurance.com | 800.877.2525 |

Dealer Super Protector+ Insurance Proposal

Page 1 of 2

Presented by: **AXIS Insurance Company**

Producer: National Insurance Group, Inc.

Attention: **Mohammad Falah**

Prepared Especially For:

Midwest Auto Connect

Proposal No. 124444

Fax No.

Today's Date: 10/24/2025

Policy Effective: 10/24/2025

at 12:01 AM Standard Time

Base Premium: \$ 3,006.00

See cover letter for any applicable fees.

Locations Insured

- 1 356 Blackhawk Dr, Park Forest, IL, 60466
- 2 W1256 N Lake Shore Dr, #217, Genoa City, WI, 53128

Limits: **Non-Franchised Auto Dealer Coverages (ADCF):**

| | |
|-------------|--|
| \$ 100,000 | Covered Autos Liability Bodily Injury & Property Damage - Each Accident(Zero Deductible) |
| \$ 100,000 | General Liability Bodily Injury & Property Damage - Each Accident(Zero Deductible) |
| \$ Excluded | Damage to Premises Rented to You - Any One Premises |
| \$ 100,000 | Personal And Advertising Injury Liability - Any One Person Or Organization |
| \$ 100,000 | General Liability Aggregate |
| \$ 100,000 | Products And Work You Performed Aggregate |
| \$ Excluded | Locations And Operations Medical Payments - Any One Person |
| \$ 100,000 | Uninsured Motorists Bodily Injury - Coverage is NonStacked |
| \$ 100,000 | Underinsured Motorists Bodily Injury |

Dealers Physical Damage Coverage \$60,000 maximum per auto or the limit of insurance, whichever is less.

100% co-insurance clause applies. Dealers Physical Damage coverage limit must be equal to 100% of the value of all inventory vehicles and other owned vehicles at the time of a loss.

Loc. No.

Limit:

Includes:

Perils:

Deductibles:

Drive Other Car

Named Drivers:

Garagekeepers Coverage

Loc. No.

Limit:

Deductible: \$

Coverage Option:

Collision

Limit:

Deductible:

Specified Vehicles

This offer of insurance and premium quoted is valid for 30 days and subject to acceptable MVR's, favorable loss control survey, program underwriting guidelines, and 3 year qualifying loss ratio. Additional notes and conditions of this offer are shown on the last page of this quotation.

BROKER'S INITIALS:

Commercial General Liability**NOT QUOTED**

\$ Each Occurrence Limit
\$ General Aggregate Limit
\$ Personal & Advertising Limit
\$ Fire Damage (any one fire)
\$ Medical Expenses
\$ Deductible

Property Coverages**NOT QUOTED****Loc. No.****NOTES/CONDITIONS**

No. of Dealer Plates or Tags _____

Risk is rated with 1 owner.

No. of Vehicles Registered: _____

Quote is based on a clean MVR.

Other _____

Items required at time of binding:

1. Dealer Application
2. State Specific Applications
3. Experience Questionnaire
4. Non-Listed Driver Limitation
5. Business Exclusion for Endless Auto

This quotation is only a summary of the insurance protection being offered. Coverages in this proposal are offered only if shown as included or a limit is displayed. This document does not include all of the provisions of an insurance policy that would be written. This signed proposal shall be made part of the application used in applying for this insurance and only the coverages and deductibles shown herein with a limit displayed or shown as included are being offered for purchase. This accepted quotation replaces any indication, request, or omission of coverage contained within any application used in applying for insurance.

MOE FALAH

10/24/2025

Broker's Signature

Date



Policy Number:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-LISTED DRIVER LIMITATION ENDORSEMENT

This endorsement modifies insurance provided under the following:

AUTO DEALER COVERAGE FORM


I. SECTION I – COVERED AUTOS COVERAGES, D. Covered Autos Liability Coverage, 2. Who Is An Insured, b. is replaced by:

- b. Anyone else that is listed as a permissive user, driver or operator in the Schedule of Permissive User(s), Driver(s) or Operator(s) including any subsequent changes to that Schedule, while using with your permission a covered "auto" you own, hire or borrow, except:
- (1) The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.
 - (2) Your "employee" if the covered "auto" is owned by that "employee" or a member of his or her household.
 - (3) Someone using a covered "auto" while he or she is working in a business of selling, servicing or repairing "autos" unless that business is your "garage operations".
 - (4) Your customers. However, if a customer of yours:
 - (a) Has no other available insurance (whether primary, excess or contingent), they are an "insured" but only up to the compulsory or financial responsibility law limits where the covered "auto" is principally garaged.
 - (b) Has other available insurance (whether primary, excess or contingent) less than the compulsory or financial responsibility law limits where the covered "auto" is principally garaged, they are an "insured" only for the amount by which the compulsory or financial responsibility law limits exceed the limit of their other insurance.
 - (5) A partner (if you are a partnership) or a member (if you are a limited liability company) for a covered "auto" owned by him or her or a member of his or her household.

- II. In addition, it is agreed that if a covered "auto" is driven, operated or in the care, custody or control of person(s) that are not listed in the Schedule of Permissive User(s), Driver(s) or Operator(s) on the date of an "accident" involving such person(s), the limits of Liability Coverage applicable to all "insured's" are reduced to the compulsory or financial responsibility law limits where the covered "auto" is principally garaged for any claim arising from an "accident".

All other terms and conditions of the above policies remain unchanged by this endorsement.

ACCEPTED BY:

| | | |
|---|-------|------------------------|
|  | Owner | 10/24/2025 05:26PM UTC |
| Signature Of Named Insured(s) or, if a Corporation, an Authorized Representative | Title | Date Signed |

Schedule

| Permissive User(s), Driver(s) or Operator(s) | | |
|--|--|--|
| Emanuel Waite | | |
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POLICY NUMBER:

COMMERCIAL AUTO
CA 25 07 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOCATIONS AND OPERATIONS NOT COVERED

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Midwest Auto Connect

Endorsement Effective Date: 10/24/2025

SCHEDULE

| Locations And Operations Not Covered |
|--|
| Endless Auto |
| |
| |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

This insurance does not apply to the locations or operations described in the Schedule.



Named Insured's Signature

10/24/2025 05:26PM UTC

Date

This endorsement shall apply to any continuation, reinstatement, renewal or replacement of the above mentioned policy by the Named Insured.



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com

DEALER APPLICATION

Agency: NATIONAL INSURANCE GROUP
Producer: MOE FALAH
Phone: 708-448-4600
Email: MOEFALAH@NATIONALINSURANCEGROUP.NET

☐ New Business Quote #: _____
☐ Renewal of Pol. #: _____
EFFECTIVE DATE: 10/24/2025
EFFECTIVE TIME: 12:45 ☐ AM ☒ PM

| Dealer Operations (% of Business) | | Types of vehicles sold (% of sales) | | | |
|-----------------------------------|-------|-------------------------------------|-------|-----------------------|-------|
| Retail: | ____% | Cars/Light Trucks: | 100% | Classics: | ____% |
| Wholesale: | 100% | Heavy Trucks: | ____% | Exotics: | ____% |
| Service/Repair: | ____% | RV's/Motorhomes: | ____% | Buses/Taxis/Limos: | ____% |
| Body/Paint: | ____% | Motorcycles: | ____% | Off-Highway Vehicles: | ____% |
| | | Boats/Watercrafts: | ____% | Salvage/Rebuilt: | ____% |

NAMED INSURED: MIDWEST AUTO CONNECT LLC

DBA: _____

Business Entity: ☐ Individual ☐ Partnership ☐ Corporation ☒ LLC

Year Business Started: 2025 If less than 3 years, attach Experience Questionnaire

Mailing Address: 356 BLACKHAWK DR

City: PARK FOREST State: IL Zip: 60466

Business Phone: 2249380013 Cell Phone: _____ Fax: _____

Website: _____ Email: _____

PREMISES - For more than 2 locations, attach additional pages

| LOC | STREET ADDRESS | CITY | STATE | ZIP | OWNERSHIP |
|-----|-------------------------------|-------------|-------|-------|--|
| 1 | 356 BLACKHAWK DR | PARK FOREST | IL | 60466 | <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease |
| 2 | W1256 N LAKE SHORE DRIVE #217 | GENOA CITY | WI | 53128 | <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease |

PREVIOUS INSURANCE - List carrier information from prior 4 years

| EFF. DATE | EXP. DATE | CARRIER | POLICY NUMBER | AGENCY NAME | PREMIUM |
|-----------|-----------|---------|---------------|-------------|---------|
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

LOSS HISTORY - List all losses in last 4 years.

| DATE OF LOSS | TYPE OF LOSS | DESCRIPTION OF LOSS | LOSS AMOUNT | STATUS |
|--------------|--------------|---------------------|-------------|---|
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

REMARKS

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BUSINESS PERSONNEL

LIST ALL OWNERS / OFFICERS, EMPLOYEES, DRIVERS, CONTRACTORS, AND SUB-CONTRACTORS

| NAME | LICENSE # | STATE | DOB | POSITION | STATUS | PERSONAL USE |
|---------------|--------------|-------|-----------|----------|--|--|
| EMANUEL WAITE | W30021391283 | IL | 10/4/1991 | OWNER | <input checked="" type="checkbox"/> FT <input type="checkbox"/> PT | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> FT <input type="checkbox"/> PT | <input type="checkbox"/> Y <input type="checkbox"/> N |

NON-BUSINESS PERSONNEL

LIST ALL SPOUSES, HOUSEHOLD / FAMILY MEMBERS AND CHILDREN BETWEEN THE AGES OF 14 AND 25

| NAME | LICENSE # | STATE | DOB | RELATIONSHIP | PERSONAL USE | EXCL |
|------|-----------|-------|-----|--------------|---|---|
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |

ANYONE UNDER THE AGE OF 18 IS INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED FROM POLICY WHERE ALLOWABLE BY LAW

- Transportation of vehicles is performed by: ☒ Commercial Transporter ☐ Employees ☐ Miscellaneous Drivers
- Have any owners or drivers been convicted of any major driving violations (i.e. DUI, reckless driving, driving with a suspended/revoked license, etc.) in the past 3 years? ☐ Yes ☒ No
- Do you allow buyers or wholesalers to use your dealer plates or inventory autos?..... ☐ Yes ☒ No
- Do you allow employees to drive owned or inventory vehicles for personal use or to take them home at night? ☐ Yes ☒ No
- Are you or any owners/officers married? ☐ Yes ☒ No
- Do you or any owners/officers have any children between the ages of 14 and 25?..... ☐ Yes ☒ No
- Do you or any owners/officers have any other family members, relatives, or significant others who have use of an owned or inventory auto? ☐ Yes ☒ No


ALL PERSONS IDENTIFIED IN QUESTIONS 3 - 7 MUST BE LISTED ABOVE

REMARKS

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I WARRANT THAT ALL EMPLOYEES, INDEPENDENT CONTRACTORS, MEMBERS OF MY HOUSEHOLD, CHILDREN AGES 14 – 25, RELATIVES ALLOWED TO DRIVE, OFFICERS AND PARTNERS, BOTH ACTIVE AND NON-ACTIVE HAVE BEEN DISCLOSED ON THIS APPLICATION. I UNDERSTAND THAT AN OFFER OF INSURANCE AND THE PREMIUM QUOTED IS BASED ON ALL MOTOR VEHICLE RECORDS BEING ACCEPTABLE TO THE COMPANY. UNACCEPTABLE MOTOR VEHICLE RECORDS WILL RESULT IN DRIVER EXCLUSION(S), PREMIUM INCREASE, AND/OR POSSIBLE CANCELLATION OF AN ISSUED POLICY. I FURTHER DECLARE THAT I WILL NOTIFY THE COMPANY IN WRITING OF ALL NEW EMPLOYEE ADDITIONS OR DELETIONS (INCLUDING INDEPENDENT CONTRACTORS AND BUYERS), WITHIN 10 DAYS OF USING THEM. FAILURE TO REPORT EMPLOYEES WHETHER OR NOT THEY DRIVE AND ALL EMPLOYEE CHANGES AS THEY OCCUR CAN RESULT IN DENIAL OF CLAIM, VOIDED COVERAGE, CANCELLATION OF THE POLICY, OR INCREASE IN PREMIUM.

APPLICANT'S SIGNATURE



DATE 10/24/2025 05:26PM UTC

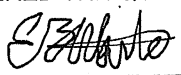
OPERATIONS INFORMATION
ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT

1. Do you allow customers to take unaccompanied test drives? ☐ Yes ☒ No
If yes, do you obtain: ☐ copy of driver's license ☐ copy of insurance ID card ☐ signed borrowed car / test drive agreement
2. Do you rent or loan vehicles to customers while their vehicles are being serviced or repaired? ☐ Yes ☒ No
If yes, attach a copy of your borrowed car agreement that indicates the customer's insurance is primary.
3. Do you do any "Buy Here – Pay Here" Sales, "Rent-to-Own", "Lease-to-Own", or in-house financing? ☐ Yes ☒ No
If yes, is the registration transferred to the customer and report of sale immediately filed with the state? ☐ Yes ☐ No
4. Do you rent, lease, or loan vehicles under any other circumstances? ☐ Yes ☒ No
If yes, explain: _____
5. Do you rent or loan your dealer plates? ☐ Yes ☒ No
If yes, explain: _____
6. Do you own a tow truck, car hauler, or trailer? ☐ Yes ☒ No
If yes, please attach Hauler/Trailer Questionnaire for each one with the exception of single car capacity trailers/dollies.
7. Do you do any towing or hauling outside of this business? ☐ Yes ☒ No
If yes, explain: _____
8. Do you do any involuntary repossession of vehicles without using a licensed and insured repossession company? ☐ Yes ☒ No
9. Do you or any owners/officers own, or are engaged in, other businesses? ☐ Yes ☒ No
If yes, provide the following: Legal Entity: _____ DBA: _____
Business Type: _____ Does it share a location with this business? ☐ Yes ☒ No
10. Do you have a tire mounting and/or balancing machine? ☐ Yes ☒ No
11. Do you sell, install or have a sub-contractor install used tires? ☐ Yes ☒ No
If yes, how many per month? _____
12. Do you sell salvage or rebuilt titled autos? ☐ Yes ☒ No
If yes, how many per month? _____
13. Do you handle or sell propane, butane or other gases? ☐ Yes ☒ No
14. Do you sell or drive vehicles with a wholesale value over \$60,000? ☐ Yes ☒ No
If yes, what is the highest value? _____
15. Are unattended vehicles ever left unlocked? ☐ Yes ☒ No
If yes, explain: _____
16. What were your gross annual sales over the last 12 months? 0
17. Average number of vehicles sold per year: 100
18. Average model age of vehicle sold: ☐ 1 – 5 years ☒ 5 – 10 years ☐ 10 years and older.
19. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO..... ☐ Yes ☒ No
If yes, explain: _____

REMARKS

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| |

I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE 

DATE 10/24/2025 05:26PM UTC

LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

Location: 1 Address: 356 BLACKHAWK DR City: PARK FOREST State: IL Zip: 60466

1. How many years have you been at this location? NEW
2. Is the property shared with any other businesses? ☐ Yes ☒ No
If yes, list name(s): _____
describe physical separations: _____
3. Do any individuals reside on the premises? ☒ Yes ☐ No
4. Where are keys kept at night: LOCK BOX
During business hours: LOCK BOX
5. What is the lot security:
☒ None ☐ Fence & Gate ☐ Post & Cable/Chain ☐ Building ☐ Other: _____
6. Is the lot lit at night when closed for business? ☒ Yes ☐ No
7. Is the lot paved? ☒ Yes ☐ No
8. Average wholesale value of cars \$ 10000 x 5 # of cars = \$ 50000 (Minimum insurable value on lot)
9. Describe the type of alarm you have: ☒ None ☐ Local burglar alarm ☐ Central reporting and monitored alarm
10. Describe the window protection: ☐ None ☐ Bars or grates ☐ Alarmed
11. Are there deadbolts on ALL doors? ☒ Yes ☐ No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) ☐ Yes ☒ No
13. Are there any underground tanks on the premises? ☐ Yes ☒ No
14. Are there currently serviced, charged and operable fire extinguishers? ☒ Yes ☐ No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? ☒ Yes ☐ No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? ☒ Yes ☐ No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? ☒ Yes ☐ No
18. Do you discard oily rags in a self-closing metal container? ☐ Yes ☒ No
19. Are vehicles serviced or repaired at this location? If yes, answer the questions in the box below. ☐ Yes ☒ No

ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES

1. Average value of customers cars \$ _____ X _____ # of cars = \$ _____ (Minimum GKLL Limit)
2. Where are customer's keys kept at night: _____
During business hours: _____
3. Where are customer's vehicles stored at night: ☐ Building ☐ Enclosed Area ☐ Publicly Accessible Area
4. Do you do any painting? ☐ Yes ☐ No
5. Do you have a spray paint booth? ☐ Yes ☐ No
If yes, check all that apply: ☐ Self-Made ☐ Sprinklered ☐ U.L. Listed
6. Do you perform any performance enhancement modifications? ☐ Yes ☐ No
7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? ☐ Yes ☐ No
8. Do you salvage, rebuild, or dismantle autos? ☐ Yes ☐ No

REMARKS

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I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE  DATE 10/24/2025 05:26PM UTC

AUTO DEALERS COVERAGE FORM

| | | | | | |
|--|---|---|--|--|----------------------------------|
| COVERED AUTOS LIABILITY (Combined Single Limit) & GENERAL LIABILITY | DEDUCTIBLE <input type="checkbox"/> None <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 | PER OCCURRENCE LIMIT <input checked="" type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____ | AGGREGATE Covered Autos: No aggregate limit General Liability: <input checked="" type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X | | |
| Covered Autos Liability – Bodily Injury & Property Damage General Liability – Bodily Injury & Property Damage, Products & Work you performed, Personal & Advertising Injury, Host Liquor Liability, and Incidentally Medical Malpractice (Refer to Policy for Conditions, Definitions and Limits) | | | | | |
| <input type="checkbox"/> DAMAGE TO RENTED PREMISES <input type="checkbox"/> BUILDING LEGAL LIABILITY | LOC | If more than the \$100,000 Damage to Rented Premises is requested, select Building Legal Liability and fill out the information below per location. | | | |
| | 1 | Construction type: | Limit: \$ | | |
| | | Bldg. Use: | Year Built: | | |
| | 2 | Construction type: | Limit: \$ | | |
| | | Bldg. Use: | Year Built: | | |
| <input type="checkbox"/> LESSOR'S RISK | LOC | BUSINESS NAMES AND OPERATIONS OF TENNANTS | SQ. FT. LEASED | | |
| | 1 | | | | |
| | 2 | | | | |
| <input type="checkbox"/> FEDERAL ODOMETER <input type="checkbox"/> TRUTH IN LENDING <input type="checkbox"/> TITLE ERRORS AND OMISSIONS <input type="checkbox"/> INSURANCE AGENTS E&O | \$300,000 AGGREGATE APPLIES PER COVERAGE | | | | |
| <input type="checkbox"/> ADDITIONAL INSURED – GENERAL LIABILITY – OWNERS OF PREMISES | SAME LIMITS AS SELECTED IN LIABILITY | | | | |
| | LOC | NAME / ADDRESS | | | |
| | 1 | | | | |
| | 2 | | | | |
| <input type="checkbox"/> MEDICAL PAYMENTS | LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 | | | | |
| <input type="checkbox"/> BROAD FORM PRODUCTS | SAME LIMITS AS SELECTED IN LIABILITY | | | | |
| <input type="checkbox"/> BROAD FORM DRIVE OTHER CAR COVERAGE | <input type="checkbox"/> LIABILITY <input type="checkbox"/> UM/UIM <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If applicable) <input type="checkbox"/> PHYS. DAMAGE | AVAILABLE ONLY TO OWNERS, PARTNERS, THEIR SPOUSES, AND MAJORITY SHAREHOLDERS AND THEIR SPOUSES. LIST NAMES | | | |
| | | 1 | | | |
| | | 2 | | | |
| | | 3 | | | |
| | | 4 | | | |
| UNINSURED MOTORISTS | LIMIT: \$ 100K | DEALER PLATES: 2 | PERSONAL REGISTERED AUTOS: | | |
| ***ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION*** | | | | | |
| <input type="checkbox"/> GARAGEKEEPERS | <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION | <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY | LIMIT BY LOC | OTHER THAN COLLISION (AGGREGATE) | COLLISION |
| | | | 1. \$ | <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000 | <input type="checkbox"/> \$500 |
| | | | 2. \$ | <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000 | <input type="checkbox"/> \$1,000 |
| | | | <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 | <input type="checkbox"/> \$2,500 | |

PHYSICAL DAMAGE ON DEALERS INVENTORY & OWNED AUTOS. INVENTORY MUST BE INSURED 100% TO VALUE

| | | | | |
|--|--|--|---|---|
| INDICATE INTERESTS TO BE COVERED | Your interest in covered "autos" you own <input type="checkbox"/> | Your interest only in financed covered "autos" <input type="checkbox"/> | Your interest and interests of any creditor named as a loss payee <input type="checkbox"/> | All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale <input type="checkbox"/> |
| MAXIMUM PER AUTO \$60,000 UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> OTHER: \$ _____ | | | | |
| OTHER THAN COLLISION COVERAGE (Subject to Eligibility) <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY | | | <input type="checkbox"/> BLANKET COLLISION | |
| LIMIT FOR LOCATION 1: LIMIT FOR LOCATION 2: | | | COLLISION DEDUCTIBLE PER AUTO : | |
| O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE & LOCATION <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$1,000 / NO AGG <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 <input type="checkbox"/> \$2,000 / NO AGG | | | <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Unlimited Radius Collision Included <input type="checkbox"/> \$2,500 | |
| <input type="checkbox"/> FALSE PRETENSE (\$25,000 LIMIT) | | | AVERAGE COST NEW: \$ _____ | |
| <input type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE (Deductibles same as Dealer's Physical Damage) TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$100,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED | | | | |
| LOSS PAYEE #1 FOR INVENTORY: | | | | |
| LOSS PAYEE #2 FOR INVENTORY: | | | | |

SCHEDULED VEHICLE PHYSICAL DAMAGE

| YEAR | MAKE | MODEL | VIN | COST NEW |
|---|------|--|-----|----------|
| | | | | |
| | | | | |
| <input type="checkbox"/> COMPREHENSIVE | | DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 | | |
| <input type="checkbox"/> COLLISION | | DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 | | |
| VEHICLE #1 LOSS PAYEE: | | | | |
| VEHICLE #2 LOSS PAYEE: | | | | |

APPLICANT'S CONSENT / ADVISORY / WARRANTIES

APPLICANT'S INITIALS

| | |
|---|--------------------|
| ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement which will change the policy applied for. | X <u>EW</u> |
| POLICY or SERVICE FEE (If applicable in your state, refer to the cover letter for actual amount.) I hereby consent to and accept a fully earned policy or service fee not to exceed \$250 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing. | X <u>EW</u> |
| I understand that the insurance applied for within this application DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW. | X <u>EW</u> |

Insurance Applicant Agreement: I have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be voided, subject to cancellation, or an increase in premium.

I authorize any prior insurance company to release all of my claims and underwriting information directly to DMI Insurance Services, Inc.

APPLICANT'S SIGNATURE EMANUEL WAITE DATE 10/24/2025 05:26PM UTC
 APPLICANT'S PRINTED NAME EMANUEL WAITE TITLE Owner
 BROKER'S SIGNATURE OF COMPLETION MOE FALAH DATE 10/24/2025 05:27PM UTC



MAIL OR FAX APPLICATION TO:
DMI INSURANCE SERVICES, INC.
P. O. Box 248 Morgan Hill, CA 95038
Phone (800)877-2525 Fax(408)778-0298
"Automotive Program Specialists"

WISCONSIN

State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured: MIDWEST AUTO CONNECT LLC

Quote # _____

DBA: _____

EFFECTIVE DATE: 10/24/2025

EFFECTIVE TIME: _____

WISCONSIN SPECIFIC COVERAGES / LIMITS SELECTION:

LIABILITY

☒ **Limited Liability For Dealer's Customers.**

**SELECTION OF UNINSURED MOTORISTS COVERAGE
SELECTION OF UNDERINSURED MOTORISTS COVERAGE
(WISCONSIN)**

UNINSURED MOTORISTS BODILY INJURY (Mandatory in Wisconsin – Minimum: \$50,000 Combined Single Limit)

UNDERINSURED MOTORISTS BODILY INJURY (Optional in Wisconsin – Minimum: \$100,000 Combined Single Limit)

The undersigned insured (and each of them):

All Applicable Item(s) Marked:

- ☐ Select \$50,000 per accident for **UNINSURED MOTORISTS BODILY INJURY**.
- ☒ Select \$ 100K per accident for **UNINSURED MOTORISTS BODILY INJURY**.
(Subject to company approval)
- ☒ Select \$100,000 per accident for **UNDERINSURED MOTORISTS BODILY INJURY**.
- ☐ Select \$ _____ per accident for **UNDERINSURED MOTORISTS BODILY INJURY**.
(Subject to company approval)
- ☐ Reject **UNDERINSURED MOTORISTS BODILY INJURY**.

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

INSURED'S SIGNATURE OF ACCEPTANCE

DATE 10/24/2025 05:26PM UTC

PRODUCER'S SIGNATURE OF COMPLETION

MOE FALAH

DATE 10/24/2025 05:27PM UTC



MAIL OR FAX APPLICATION TO:
DMI INSURANCE SERVICES, INC.
P. O. Box 248 Morgan Hill, CA 95038
Phone (800)877-2525 Fax(408)778-0298
"Automotive Program Specialists"

ILLINOIS
Garage Insurance
State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured: MIDWEST AUTO CONNECT LLC

Quote # _____

DBA: _____

EFFECTIVE DATE: 10/24/2025

EFFECTIVE TIME: 12:45 PM

**ILLINOIS UNINSURED MOTORISTS COVERAGE AND
UNDERINSURED MOTORISTS COVERAGE
SELECTION / REJECTION**

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

A. Bodily Injury Uninsured And Underinsured Motorists Coverages

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motorist vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Bodily Injury Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limit is greater than a combined single limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limit will be equal to your Uninsured Motorists Coverage limit.

Please indicate by initialing below if you are selecting Uninsured Motorists Coverage at a limit less than the Bodily Injury liability limit of your policy and initial below to indicate the limit selected.

| I select the following limit: (Choose one): | | | |
|--|-----------------------|----------|-----------------------|
| (Initials) | Combined Single Limit | Initials | Combined Single Limit |
| <u>EW</u> | \$ 50,000* | _____ | \$ 350,000 |
| _____ | 100,000 | _____ | 500,000 |
| _____ | 250,000 | _____ | 1,000,000 |
| _____ | 300,000 | _____ | \$ _____ |
| | | | (Other) |

*** IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.**

B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

(Initials) _____ I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 (optional)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

INSURED'S SIGNATURE OF ACCEPTANCE

EW

DATE 10/24/2025 05:26PM UTC

BROKER'S SIGNATURE OF COMPLETION

MOE FALAH

DATE 10/24/2025 05:27PM UTC



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com

EXPERIENCE QUESTIONNAIRE
BUSINESSES IN OPERATION
LESS THAN 3 YEARS

NAMED INSURED: MIDWEST AUTO CONNECT LLC
DBA: _____

CONTROL #: _____
EFFECTIVE DATE: 10/24/25

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR INSURANCE COVERAGE

1. Have you obtained a business license? ☒ Yes ☐ No
If yes, provide the following: License #: _____ Issue Date: _____
2. Have you invested capital in this business? ☒ Yes ☐ No
If yes, how much? \$ _____
3. Are you purchasing an existing business? ☐ Yes ☒ No
If yes, can loss runs be furnished? ☐ Yes ☒ No
4. Have you been involved in an automotive business within the last 10 years? ☒ Yes ☐ No
5. Do you have other management experience not in the auto industry? ☐ Yes ☒ No

ALL BUSINESSES IDENTIFIED IN QUESTIONS 3 – 5 MUST BE LISTED IN EMPLOYMENT HISTORY

EMPLOYMENT HISTORY – List all employment in the last 4 years, beginning with your current or most recent.

| | | |
|------------------------------|-------------------|---------------------|
| Business Name: ENDLESS AUTO | City: BLUE ISLAND | State: IL |
| Business Type: RETAIL DEALER | Job Title: SALES | From: 2020 To: 2025 |

| | | |
|----------------|------------|-----------|
| Business Name: | City: | State: |
| Business Type: | Job Title: | From: To: |

| | | |
|----------------|------------|-----------|
| Business Name: | City: | State: |
| Business Type: | Job Title: | From: To: |

| | | |
|----------------|------------|-----------|
| Business Name: | City: | State: |
| Business Type: | Job Title: | From: To: |

| | | |
|----------------|------------|-----------|
| Business Name: | City: | State: |
| Business Type: | Job Title: | From: To: |

REMARKS – Provide any additional details that may substantiate the applicant's experience.

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APPLICANT'S SIGNATURE 

DATE 10/24/2025 05:26PM L

APPLICANT'S PRINTED NAME EMANUEL WAITE

TITLE Owner

formstack sign Document Completion Certificate

Document Reference : 723fbafa-19c9-41de-b21c-2f2d1db6e8d3
Document Title : MIDWEST AUTO CONNECT
Document Region : Northern Virginia
Sender Name : MOHAMMAD FALAH
Sender Email : moefalah@nationalinsurancegroup.net
Total Document Pages : 17
Secondary Security : Not Required
Participants

1. EMANUEL WAITE (emanuelwaite4@gmail.com)
2. MOE FALAH (moefalah@nationalinsurancegroup.net)

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LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

Location: _____ Address: _____ City: _____ State: _____ Zip: _____

1. How many years have you been at this location? _____
2. Is the property shared with any other businesses? ☐ Yes ☐ No
If yes, list name(s): _____
describe physical separations: _____
3. Do any individuals reside on the premises? ☐ Yes ☐ No
4. Where are keys kept at night: _____
During business hours: _____
5. What is the lot security:
☐ None ☐ Fence & Gate ☐ Post & Cable/Chain ☐ Building ☐ Other: _____
6. Is the lot lit at night when closed for business? ☐ Yes ☐ No
7. Is the lot paved? ☐ Yes ☐ No
8. Average wholesale value of cars \$ _____ x _____ # of cars = \$ _____ (Minimum insurable value on lot)
9. Describe the type of alarm you have: ☐ None ☐ Local burglar alarm ☐ Central reporting and monitored alarm
10. Describe the window protection: ☐ None ☐ Bars or grates ☐ Alarmed
11. Are there deadbolts on ALL doors? ☐ Yes ☐ No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) ☐ Yes ☐ No
13. Are there any underground tanks on the premises? ☐ Yes ☐ No
14. Are there currently serviced, charged and operable fire extinguishers? ☐ Yes ☐ No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? ☐ Yes ☐ No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? ☐ Yes ☐ No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? ☐ Yes ☐ No
18. Do you discard oily rags in a self-closing metal container? ☐ Yes ☐ No
19. Are vehicles serviced or repaired at this location? If yes, answer the questions in the box below. ☐ Yes ☐ No

ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES

1. Average value of customers cars \$ _____ X _____ # of cars = \$ _____ (Minimum GKLL Limit)
2. Where are customer's keys kept at night: _____
During business hours: _____
3. Where are customer's vehicles stored at night: ☐ Building ☐ Enclosed Area ☐ Publicly Accessible Area
4. Do you do any painting? ☐ Yes ☐ No
5. Do you have a spray paint booth? ☐ Yes ☐ No
If yes, check all that apply: ☐ Self-Made ☐ Sprinklered ☐ U.L. Listed
6. Do you perform any performance enhancement modifications? ☐ Yes ☐ No
7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? ☐ Yes ☐ No
8. Do you salvage, rebuild, or dismantle autos? ☐ Yes ☐ No

REMARKS

| |
|--|
| |
| |

I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____