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COMMERCIAL INSURANCE
Proposal

Morris Avenue Auto Sales LLC

November 4, 2025 - November 4, 2026

www.navsav.com

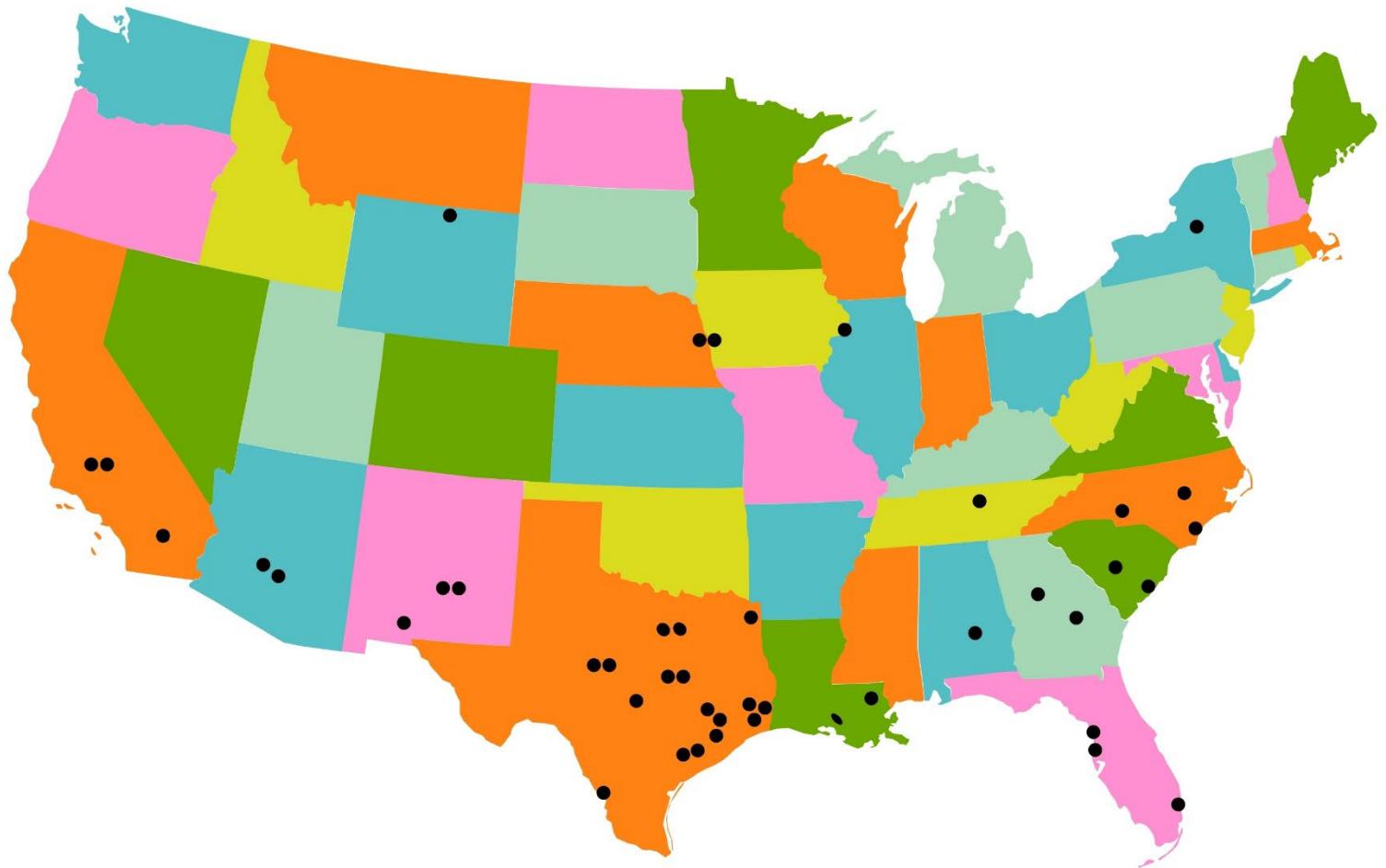
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About n a v s a v

is a family of independent insurance agencies shaking up the insurance industry by saying goodbye to limited products and providing customers high-quality, affordable alternatives from higher rates. We are an innovative company built by industry leaders with decades of experience and success on both sides of the business. At NavSav, we believe everyone has the right to be valued, supported, and part of a collaborative environment. We provide our agents and their clients with options to fit their personalized needs. We've partnered with over 150+ carriers to ensure competitively-priced coverage and rates. We navigate through all the options to find our clients savings. As independent insurance advisers, we work for our customers and deliver an unprecedented insurance experience. We research more coverage and price options than any other company in the market and are able to discover the best protection and value for your needs. Visit us at Navsav.com for more information.

Our Locations



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Corporate Office

Delaware Street
Suite B
Beaumont, TX

CONTACT US
info@navsav.com

Our Story

Our story begins when a group of insurance agents became motivated by an industry shift; tides had turned and insurance companies had taken away the freedom of choice for agents and their customers.

Feeling restricted yet faithful to client satisfaction, we committed to revolutionizing the insurance industry. As independent insurance advisers, the motto, “we work hard for our customers, not for a company,” is our pledge of leadership and devotion. To provide our agents

and their clients with options to fit their personalized needs, we’ve partnered with over 300 carriers to ensure competitively-priced coverage and rates. We navigate through all the options to find our clients the savings.

Our Mission

Propel our clients to achieve future goals and dreams with products and services designed to empower and protect their assets from life’s uncertainties.

Accountability

Responsible and responsive with strong people and process

Innovation

Leverage technology for policyholder and agency member success

Trust

Highest standards of ethics

Commitment

Invested interest in success of all stakeholders

Our Service Team for You

House Account	
Phone	Have Employee Detail Updated
Cell Phone	Have Employee Detail Updated
Email	

Cynthia Johnstone	Account Manager
Phone	(315) 338-0945
Email	cynthiajohnstone@navsav.com

Named Insureds

Insured	Interest
Morris Ave Auto Sale LLC	First Named Insured

Locations

Location and Address
Location #1, 591 Morris Ave, Elizabeth, NJ 07208
Building #1,

Garage & Dealers

Company	Policy Number	Policy Term
AXIS Insurance Company	AXS005324-06	11/4/2025 to 11/4/2026

Locations

Location Address

Coverages

Description	Limit	Applies To
Liability		
Dealers Only	\$250,000	
Each Accident / Auto Only	\$250,000	
Each Accident / Other Than Auto Only	\$250,000	
Aggregate / Other Than Auto Only		
Uninsured / Underinsured Motorists – Bodily Injury – Each Person	\$125,000	Owned Autos Subject to Compulsory U.M. Laws

Physical Damage	Limit per Location	Deductible per Auto	Maximum Deductible per Loss	Applies To
Location #1, 591 Morris Ave, Elizabeth, NJ 07208				
Comprehensive	\$250,000	\$1,000	\$5,000	Autos on Consignment and Dealer Autos

Physical Damage Reporting Period

Description	Limit
Reporting Period	Non Reporting
Number of Dealer / Repairer Plates	5
Temporary Location Limit	\$100,000
Transit Limit	\$100,000

Vehicles

Veh	Year, Make & Model	VIN	BI	Med Pay	PIP	UM	Comprehensive	Collision
1	Dealer Plate	5702DLO	•		•	•		
2	Dealer Plate	5703DLO	•					
3	Dealer Plate	5704DLO	•					
4	Dealer Plate	5705DLO	•					
5	Dealer Plate	5706DLO						

Drivers

Name	Broadened PIP	Drive Other Car	ST	License Number	Date of Birth
HESHAM SHANINE	•		NJ	On File	On File
HANAN ELSHAARAWY	•		NJ	On File	On File
KATHIA PARDO			NJ	On File	On File
AMR HESHAM SHANINE			NJ	On File	On File
Mohamed Shahine - Misc Driver			NJ	On File	On File
Melat Shahine - Misc Driver			NJ	On File	On File
Ahmed Abdalgawad - Misc Driver			NJ	On File	On File

Additional Interests

Name and Address	Interest
AUTOMOTIVE FINANCE CORPORATION, C/O DEALERGUARD, 26555 EVERGREEN ROAD SUITE 410, Southfield, MI 48076	Loss Payee
NEXTGEAR CAPITAL, 11799 N COLLEGE AVE SUITE 150, Carmel, IN 46032	Loss Payee

Commercial Products and Services

Business Insurance

Construction

- >> Electricians
- >> Plumbers
- >> Home Builders including Builders Risk
- >> Land Contractors
(Grading, Lawn Care, Excavation)

Auto Dealers and Service Repair

- >> New Franchise Auto Dealers
- >> Used Non Franchised Dealers
- >> Body Shops
- >> General Service and Repair
(Transmission, Tires, Salvage)

Workers' Compensation

- >> High Deductible
- >> Retro Plans
- >> Captive Plans
- >> Fixed Costs

Bonding

- >> Contractor Bonds
- >> Performance and Payment Bonds
- >> Auditing of Financials for Binding Lines
- >> Estate Bonds

Auto Insurance

- >> Standard & SR
- >> High Risk
- >> Preferred
- >> Motorcycles

When it comes to safeguarding your business, NavSav Insurance has you covered with a wide range of commercial services.

From Auto Insurance that protects your fleet to Business Insurance tailored to your specific needs, we ensure your assets are secure. With our Workers' Compensation plans, we prioritize the well-being of your employees, and our Bonding services offer the necessary financial protection for your projects. Trust NavSav Insurance as your reliable partner in navigating the complexities of commercial insurance. Let us take care of your coverage, so you can focus on growing your business. Contact us today and experience the peace of mind that comes with comprehensive protection!"



Industries and Specialties

Industries

- >> RV Dealers
- >> Towing
- >> Auto Repair
- >> Warehouse/Manufacturer
- >> Restaurant
- >> Fitness/Gyms/Recreational/Clubs
- >> Construction
- >> Transportation
- >> Real Estate/Property/Multi-Family Housing
- >> Professional; Banking, Accounting, etc.
- >> Retail
- >> Medical Facilities

Specialties

- >> Auto Dealers
- >> Construction
- >> Property
- >> Transportation

Additional Products and Services

Home Insurance

- >> High Value Homes
- >> Valuable Articles
- >> Toys
- >> Boats
- >> Renters
- >> Condos

Life Insurance

- >> Term
- >> Universal
- >> Whole Life
- >> Long Term Care

Health Insurance

- >> Group
- >> Individual
- >> Dental
- >> Vision
- >> Ancillary, Cancer, Accident Plans

Comprehensive Coverage for Every Industry and Specialty! NavSav Insurance takes pride in offering a wide array of insurance solutions to safeguard businesses across various industries and specialties. From Auto Dealers to Construction, Property to Transportation, RV Dealers to Towing, we've got you covered.

Recommendations

Commercial Exposure Checklist		
Exposure Type	Accepted Coverage	Rejected Coverage
Property <ul style="list-style-type: none"> • Building • Equipment • Business Interruption • Wind 		
Liability <ul style="list-style-type: none"> • General - Damages to third parties on your property • Product – Damages caused from use • Professional – (E&O) Due to negligence • Cyber – Protection against data breaches, cyber-attacks & loss of client sensitive detail. 		
Product Liability <ul style="list-style-type: none"> • Product 		
Workers' Compensation <ul style="list-style-type: none"> • Employee Injury • Employee illness sustained on the job 		
Commercial Auto <ul style="list-style-type: none"> • Accidents • Theft • Liability 		
Directors & Officers (D&O) <ul style="list-style-type: none"> • D&O Mismanagement • Wrongful acts • Breaches of duty 		
Employee Practice Liability <ul style="list-style-type: none"> • Wrongful Termination • Discrimination • Harassment 		

Terms

Occurrence Coverage

The policy in force at on the date of the event causing the loss provides the coverage. The amount of time passing between the loss event and the claim being brought does not matter.

Claims Made

The date you first become aware and notify the insurance company of a claim determines the policy which provides coverage. Regardless of the date of the event causing the claim to be brought, the policy in effect on the date the claim is brought provides coverage.

General Aggregate

The general aggregate is the maximum amount for all loss payments that will be paid by your insurance policy during a specific time period. You may have other aggregate limits within your policy. You may have an aggregate by type of coverage. You may have an aggregate per accident, per person, or per occurrence.

Products/Completed Operations

Products and completed operations insurance provides coverage for damages arising after a customer or user has a product or is using your completed work. Products coverage is generally for actual things – for example a car or a swing set. Completed operations coverage is for work done – for example a car repair or installing plumbing. As you can see, often a task such as a plumbing repair will involve both a physical product – a new faucet – and a completed operation – actually installing the faucet correctly.

Personal Injury

Personal Injury Liability provides coverage against false arrest, detention or imprisonment, or malicious prosecution; libel, slander, defamation, or violation of right of privacy; and wrongful entry, eviction, or other invasion of right of private occupancy.

Advertising Injury

Advertising Injury Liability provides coverage against injury resulting from an offense committed in the course of your advertising activities, if such injury rises out of libel, slander, defamation, violation of right of privacy, piracy, unfair competition or infringement of copyright, title, or slogan.

Each Occurrence

Each occurrence is considered to be an accident, which could include continuous or repeated exposure to the same harmful conditions. An occurrence can also be a sudden event, or a result of a long-term series of events.

Bodily Injury

Physical damage to one's person. The purpose of liability (casualty) insurance is to cover bodily injury to a third party resulting from the negligent or intentional acts and omissions of an insured.

Bodily Injury Liability

Pays damages for which you are legally liable arising from injuries, death, or property damage of others. Included are expenses of lawsuits, court costs, and other costs. Bodily injury coverage pays for damages caused to a third party.

Property Damage

Coverage in the event that the negligent acts or omissions of an insured result in damage or destruction to another's property. Coverage can be purchased with bodily injury liability under various insurance policies. Pays damages for which you are legally liable arising from injuries, death, or property damage of others. Included are expenses of lawsuits, court costs, and other costs. If you or another covered driver is found to be at fault in an accident, the following is covered under property damage coverage: Damage to another person's property (e.g., fence, car, or home) Legal costs associated with a damage incident.

Deductibles

Many insurance coverages are written with a deductible. A deductible is the amount of loss the insured pays in a claim before the insurance company makes any payment. The purpose of a deductible is to discourage small claims that the insured can manage as a normal cost of doing business. The larger the deductible an insured accepts, the lower the premium charge.

Fire Damage Limit - Damage to Rented Premises

Damage to Premises Rented to You – formerly known as Fire Legal Liability Coverage – covers your liability to others if you occupy leased or rented property for which you could be held legally liable for damage to the property due to fire or explosion.

Medical Expense Limit

Coverage for medical expenses of persons who sustain bodily injury at a commercial insured's premises or operations without regard to negligence. Medical expenses include first aid, surgery, x-rays, dental services, prosthetic devices, transportation by ambulance, and funeral services. This coverage is included in the commercial general liability policy as coverage part C.

Employment Practices Liability

EPLI covers businesses against claims by workers that their legal rights as employees of the company have been violated. (Sexual Harassment, Discrimination, Wrongful termination, Breach of employment contract, Negligent evaluation, Failure to employ or promote, Wrongful Discipline, Deprivation of career opportunity, Wrongful infliction of emotional distress, Mismanagement of Employee Benefit Plans).

Employee Benefits Liability

Employee Benefits Liability provides coverage for damages caused by handling of employee benefits programs. As an employer, your business can be held liable for errors that may result in a loss to an employee.

Premises/Operations

Coverage is provided for damages arising out of ownership or occupancy of the insured premises when not maintained in a reasonable manner. This also covers damages arising out of operations performed by the insured business.

Terms Defined

Types of vehicles which may be covered include...

Any Auto

This includes coverage for owned, non-owned, and hired autos. Provides automatic coverage for autos the insured newly acquires. Not to be used for No-Fault, Medical Payments, Uninsured or Underinsured Motorists, or Physical Damage coverage.

All Owned Autos

Applies only to autos owned by the insured, and for liability coverage on any non-owned trailers while attached to power units the insured owns. This provides automatic coverage for autos the insured newly acquires. Used for Liability, Medical Payments, Uninsured and Underinsured Motorists, or Physical Damage coverage, except Towing and Labor.

Owned Private Passenger Autos

Provides automatic coverage for private passenger autos the insured newly acquires. Used for Liability, Medical Payments, Uninsured and Underinsured Motorists, Physical Damage, or Towing.

Owned Autos Other Than Private Passenger

Provides automatic coverage for autos other than private passenger the insured newly acquires. Used for Liability, Medical Payments, Uninsured and Underinsured Motorists, and Physical Damage except Towing.

All Owned Autos Which Require No-Fault Coverage

Provides automatic coverage for autos the insured newly acquire where no-fault is required by law. Used only for P.I.P. and Additional P.I.P.

Owned Autos Subject to Compulsory U.M. Law

Provides automatic coverage for autos the insured newly acquires where rejection of U.M. is not permitted by law.

Autos Specified on Schedule

Applies only to those autos described on the schedule for which a premium charge is shown, and for liability coverage on any non-owned trailers while attached to power units the insured owns. Provides no automatic coverage for autos the newly insured acquires. The company must be notified of newly acquired autos within 30 days. Used for all coverage.

Hired Autos

Applies only to those autos leased, hired, rented, or borrowed by the insured. This does not include any auto leased, hired, rented, or borrowed from any of the insured's employees or members of their households. Can be used for all coverage except no-fault, towing, and labor. For medical payments, this symbol applies only to funeral directors.

Non-Owned Autos

Applies only to those autos not owned, leased, or hired by the insured which are used in connection with the insured's business. Used only for liability coverage.

Other Coverages Which Can Be Included

Bodily Injury

Bodily injury liability coverage pays for damages you, or your business, are legally liable for resulting from injuries or death to others related to the ownership or operation of covered vehicles. Medical expenses, loss wages, and court costs are among the types of expenses covered through bodily injury coverage.

Collision

Pays for damage to or the loss of automobiles from upset or collision with another object. A deductible applies. A collision is when the insured runs the vehicle into something.

Combined Single Limits vs. Split Limits

Liability insurance limits for Bodily Injury and Property Damage coverage may be purchased either under a single limit for both, or a separate (split) limit for each.

Example:

- Combined single limit may be \$500,000.00 for both Bodily Injury and Property Damage.
- You are liable for an accident causing \$300,000 in medical bills and \$200,000 of property damage. Since the combined damages are equal or less than the combined single limit of \$500,000, your insurance pays all the bills.
- Split Limits may be \$250,000 per person and \$500,000 per occurrence for Bodily Injury and \$100,000 per accident for Property Damage.
- You cause the same accident. If the \$300,000 in medical bills are for a single person, your insurance will only pay \$250,000. Since you have only \$100,000 in Property Damage, \$100,000 is the amount your insurance company will pay.

Comprehensive

Pays for damage to or the loss of automobiles from perils other than collision. Causes of loss include fire, theft, vandalism, glass breakage, etc. A deductible applies.

Deductible

A deductible is the amount of loss the insured pays in a claim before the insurance company makes any payment. The purpose of a deductible is to discourage small claims that the insured can manage as a normal cost of doing business. The larger the deductible an insured accepts, the lower the premium charge.

Hired Automobile

Covers liability for the use of hired automobiles in your business.

Hired Physical Damage

Hired Physical Damage covers comprehensive and collision claims when you rent a car for business use. This coverage does not apply to non-owned vehicles.

Medical Payments

Provides payment up to the covered amount for injury regardless of fault.

Non-Owned Automobile

Covers liability for the use of non-owned automobiles in your business. An example would be an employee using his/her own car on an errand for you.

Personal Injury Protection

PIP provides coverage for passengers under various No-Fault laws.

Property Damage

Property damage liability coverage pays for damages you, or your business, are legally liable for resulting from damage to the property of others related to the ownership or operation of covered vehicles. Damage to the other party's property and legal costs associated with the event are among the types of expenses covered through property damage coverage.

Specified Causes of Loss

Specified causes of loss coverage pays for physical damage to the business' vehicle resulting from...

- Fire
- Lightning
- Explosion
- Theft
- Windstorm
- Hail
- Earthquake

- Flood
- Mischief
- Vandalism
- Sinking
- Burning
- Collision
- Derailment of any conveyance transporting the business' vehicle

Towing and Labor

Towing and Labor pays up to the stated coverage dollar amount when a covered vehicle needs a tow due to mechanical breakdown on the road.

Trailer Interchange

Trailer interchange coverage pays for amounts you are legal liable for as a result of loss to a trailer you do not own - or its equipment – for...

- Fire
- Theft
- Lightning
- Explosion
- The sinking, burning collision or derailment of any conveyance transporting the trailer.

Uninsured Motorists

Protects you when you are hit by someone who is at fault but has no insurance.

Underinsured Motorists

Protects you when you are hit by someone who is at fault and has insurance, but the limits are not adequate to pay all claims.

If Your Business Provides Employees Cars

Broad Form Drive Other Car - Coverage applies to employees or executives of a company or any other person who is supplied a company vehicle, but who does not own a personal vehicle, thereby not having personal automobile coverage.

Disclaimers / Disclosures

Disclaimer

This presentation is designed to give you an overview of the insurance coverage(s) you requested for your company. The coverage descriptions in this proposal are abbreviated and are meant only as a general understanding of your insurance needs. They should not be construed as a legal interpretation of the insurance policies that will be written for you. Please refer to your specific insurance contracts for details on all terms, conditions, limitations, and exclusions. If there is any conflict between the coverage statements within this proposal and the actual policy(ies), the policy provisions will prevail. Please note that this proposal is subject to change and that any changes to the proposal must be approved by the underwriting carrier.

The policy / policies contain conditions, limitations, and exclusions which may affect or limit coverage to be provided and should be reviewed by the insured to verify that coverage has been written as requested. All the information contained in this proposal is subject to all terms and conditions, and limitations contained in the policies. Values are based on information provided by the client.

Where exclusions may be listed, please remember that those provided may not be an exhaustive list. Other exclusions may apply as listed in the actual policy. Please refer to the actual policy for specific terms, conditions, limitations, and exclusions. That will govern in the event of a loss. Specimen copies of all policies may be available for review prior to the binding of coverage.

We are pleased to assist you with your own final determination of the values you decide to insure. Remember that your exposure to a liability loss may exceed your limits and even those quoted here. Higher limits may be available.

Please let us know if you would like additional information or a quote.

Proposal Acceptance

As Presented (All Lines)

With Changes Noted Below

Heshan Shanine

Heshan Shanine (Oct 23, 2025 12:18:46 EDT)

Signature

Business Owner

Title

10/23/25

Date

Get In Touch

NavSav Corporate
6250 Delaware St Suite B
Beaumont, TX 77706
navsav.com

Navigate your savings.



navs
av

www.navsav.com



BROKER FEE AGREEMENT

The undersigned ("Client") appoints Navsav Holdings, LLC ("Broker") as Client's insurance broker of record. Client agrees to act in good faith with Broker and provide Broker with full disclosure of all information and documentation necessary to allow Broker to procure insurance coverage requested by Client.

Client agrees to pay Broker a Broker Fee of \$ 250.00 for Broker's services related to procuring the insurance policy. Client agrees to and understands that the Broker Fee is fully earned and not refundable irrespective of whether the policy is cancelled, rejected, or rescinded by the Client or insurer. The Broker Fee is charged in addition to the policy premium charged by the insurer. The Broker may receive a commission for the sale of insurance from the insurer in addition to the Broker Fee.

My signature below acknowledges that I have read, understand, and agree to the above.

Heshan Shanine

Client's Signature: Heshan Shanine (Oct 23, 2025 12:18:46 EDT)

Client's Name: Heshan Shanine

Date: 10/23/25



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com
License No.: 0702248

September 29, 2025

NavSav Holdings, LLC
Cynthia Johnstone

RE: Morris Avenue Auto Sales, LLC
DBA Morris Avenue Auto Sales
Dealer Super Protector+ Renewal Quote #123967

Dear Cynthia:

Please find attached the renewal quote for Morris Avenue Auto Sales, LLC, which is valid until 11/4/2025. Here is a summary of the proposal:

Insured: Morris Avenue Auto Sales, LLC

Carrier: AXIS Insurance Company

Renewal Policy Period: From 11/4/2025 to 11/4/2026

Premiums and Fees:	Premium:	\$14,592.00
	PLIGA:	\$43.78
	Service Fee:	\$250.00
	Total:	\$14,885.78

IMPORTANT! PLEASE READ THOROUGHLY

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

If property coverage has been offered: Your policy will contain a coinsurance clause applicable to Buildings and Business Personal Property. All property must be insured to at least 90% of the replacement cost value. An Independent Loss Control Company may evaluate the Building and Business Personal Property limits and if found to be underinsured the Insurance Carrier may endorse your policy to revise the property limits and issue an additional premium notice. An operable central reporting alarm is required for theft coverage. An alarm warranty will be issued with your policy.

Policyholder attests: I/We understand that a renewal 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 cancellation of an issued policy. I/We further declare that I/We will notify the insurance company of all employee and driver additions or deletions as they occur. Failure to report employees or independent contractors whether or not they drive can result in a coverage dispute and/or cancellation of the policy applied for.

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.

HS

POLICY or SERVICE FEE (If Applicable. See quotation.)

I hereby consent to and accept a fully earned policy or service fee of up to \$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.

HS

I understand that the insurance applied for within this application:

DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.

HS

Heshan Shanine

Heshan Shanine (Oct 23, 2025 12:18:46 EDT)

10/23/25

INSURED'S SIGNATURE OF ACCEPTANCE

DATE

10/23/25

BROKER'S SIGNATURE OF ACKNOWLEDGEMENT & COMPLETION

DATE

Dealer Super Protector+ Renewal Quote

Page 1 of 3

Presented by: **AXIS Insurance Company**

Producer: NavSav Holdings, LLC

Attention: **Cynthia Johnstone**

Prepared Especially For:

Morris Avenue Auto Sales

Base Premium: \$ 14,592.00

See cover letter for any applicable fees.

Locations Insured

1 591 Morris Ave, Elizabeth, NJ, 07208

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

\$ 250,000	Covered Autos Liability Bodily Injury & Property Damage - Each Accident(\$500 Deductible)
\$ 250,000	General Liability Bodily Injury & Property Damage - Each Accident(\$500 Deductible)
\$ Excluded	Damage to Premises Rented to You - Any One Premises
\$ 250,000	Personal And Advertising Injury Liability - Any One Person Or Organization
\$ 250,000	General Liability Aggregate
\$ 250,000	Products And Work You Performed Aggregate
\$ Excluded	Locations And Operations Medical Payments - Any One Person
\$ 125,000	Uninsured/Underinsured Motorists Bodily Injury - Coverage is NonStacked
\$ Included	Personal Injury Protection (per form CA 22 30) \$250 Deduct. Limited tort threshold
\$ Included	Broadened PIP for Named Individual(s)

No. of Dealer Plates or Tags 5

No. of Vehicles Registered: Other _____

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. 1

Limit: \$250,000

Includes: \$100,000 In-Transit And Temp. Locations

Perils: Comprehensive Excluding Flood

Deductibles: \$1,000 Per Vehicle/\$5,000 Per Occurrence Per Location

\$1,000 Collision

Drive Other Car

Named Drivers:

Garagekeepers Coverage

Loc. No.

Limit: Deductible: \$

Coverage Option:

Collision Limit: Deductible:

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.

Reported Owners/Employees/Drivers/Independent Contractors:

Name	Date of Birth	License #	State	Furnished Car?	F/T / P/T	Status
Hesham Shahine	08/15/1964	S31443287408642	NJ	YES	FullTime	Approved
Hanan Elshaarawy	10/14/1966	E56023126160662	NJ	YES	Part-Time	Approved
Kathia Pardo	02/29/1976	P05704278852762	NJ	NO	FullTime	Approved
Amr Hesham Shahine	11/23/2001	S31440406811012	NJ	NO	Part-Time	Approved
Ahmed Abdalgawad	09/01/1990	A10170146509902	NJ	NO		Approved
Mohamed Shahine	01/23/1994	S31445606801942	NJ	NO		Approved
Melat Shahine	07/13/1996	S31445396857962	NJ	NO		Approved

Driver Exclusions are continued and apply to all renewals of this policy.

PLEASE REMEMBER TO ADVISE YOUR BROKER OF ANY EMPLOYEES HIRED OR TERMINATED

Renewal Subject To The Following:

This is your renewal proposal. The total annual premium including fees (if applicable) is noted on page 1. This renewal proposal is based on the same coverages, exposures, drivers/employees motor vehicle records and autos as the expiring policy or per your renewal instructions. Exception: Conditional renewals may have changes already made in the proposal. If so, a formal Conditional Renewal Notice has already been mailed. Any change in exposure can void this quote or change the premium quoted.

Please verify the following for accuracy. If any changes are to be made, please contact our office for a revision and we will prepare and forward a revised renewal proposal to your office.

1. Coverages limits and deductibles.

2. All owners, their spouses and all employees whether they drive or not and their Motor Vehicle Record information must be disclosed to the carrier.

I/We further declare that I/We will notify the company of all employee and driver additions or deletions as they occur. Failure to report employees whether or not they drive and all employee and driver changes as they occur can result in a coverage dispute and/or cancellation of the policy applied for.

Heshan Sharine

Heshan Sharine (Oct 23, 2025 12:18:46 EDT)

10/23/25

APPLICANT'S SIGNATURE OF ACCEPTANCE

DATE



10/23/25

BROKER'S SIGNATURE OF ACKNOWLEDGEMENT & COMPLETION

DATE

Expiring Premium: \$13,251

Risk is rated with 1 owner, 1 spouse, 2 NF employees, & a misc driver.

Quote is based on acceptable MVRs and 1 loss in the past 3 years.

Flood exclusion will carry forward.

Items required at time of binding:

1. Dealer Application
2. PAP for Amr Hesham Shahine (Rated as NF)
3. PAP for Menat Shahine & Ahmed Abdeltawab (Rated as misc drivers)

If accepted, a renewal will contain 'Per and Polyfluoroalkyl Substances (PFAS) exclusion'. Please see important attached policyholder notice advising of the same. Please make sure this time sensitive notice is communicated to the insured.

Thank you for your business!

Dillon Battaglia

Underwriter



AXIS INSURANCE

ADVISORY NOTICE TO POLICYHOLDERS

EXCLUSION – PERFLUOROALKYL AND POLYFLUOROALKYL SUBSTANCES (PFAS)

This Notice does not form part of your policy. No coverage is provided by this Notice nor can it be construed to replace any provision of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided. If there is any conflict between the Policy and this Notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Carefully read your policy, including the endorsements attached to your policy.

This Notice provides information concerning the following new endorsement which applies to your renewal policy being issued by us.

PER- AND POLYFLUOROALKYL SUBSTANCES (PFAS) EXCLUSION

When this endorsement is attached to your policy, it generally excludes coverage for bodily injury, property damage and personal and advertising injury related exposures associated with perfluoroalkyl or polyfluoroalkyl substances (PFAS), including any loss, cost or expense arising out of abating, testing for, monitoring, cleaning up, or other related activities, of PFAS by any insured or by any other person or entity.

To the extent that current policy exclusions do not apply to liability arising out of PFAS, this endorsement represents a reduction of coverage.



DMI INSURANCE SERVICES, INC.

Automotive Program Specialists

www.dmi-insurance.com

DEALER APPLICATION

Agency: NavSav - Syracuse
Producer: Cynthia Johnstone
Phone: 315-338-0945
Email: cynthiajohnstone@navsav.com

New Business Quote #: _____

Renewal of Pol. #: AXS005324-05

EFFECTIVE DATE: 11/04/2025

EFFECTIVE TIME: 12:01 AM PM

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

NAMED INSURED: Morris Avenue Auto Sales LLC

DBA:

Business Entity: Individual Partnership Corporation LLC

Year Business Started: 2006 **If less than 3 years, attach Experience Questionnaire**

Mailing Address: 591 Morris Ave

City: Elizabeth	State: NJ	Zip: 07208-1766
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Business Phone: 732-585-9583	Cell Phone:	Fax:
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Website:	Email: morrisautosales@live.com
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PREMISES - For more than 2 locations, attach additional pages

LOC	STREET ADDRESS	CITY	STATE	ZIP	OWNERSHIP
1	591 Morris Ave	Elizabeth	NJ	07208-1766	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease
2					<input type="checkbox"/> Own <input 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

900-592-078
FEIN:

BUSINESS PERSONNEL

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

NAME	LICENSE #	STATE	DOB	POSITION	STATUS	PERSONAL USE
Hesham Shahine	S31443287408642	NJ	08/15/1964	Owner	<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Hanan Elshaarawy	E56023126160662	NJ	10/14/1966	Spouse/partner	<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Kathia Pardo	P05704278852762	NJ	02/29/1976	General Mgr	<input checked="" type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Amr Hesham Shahine	S31440406811012	NJ	11/23/2001	Purchasing Manager	<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Ahmed Abdelgawad	A10170146509902	NJ	09/01/1990	Misc Driver	<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Mohamed Shahine	S31445606801942	NJ	01/23/1994	Misc Driver	<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Menat Shahine	S31445396857962	NJ	07/13/1996	Misc Driver	<input type="checkbox"/> FT <input checked="" type="checkbox"/> PT	<input type="checkbox"/> Y <input checked="" 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**

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 *Hesham Shahine* Hesham Shahine (Oct 23, 2025 12:18:46 EDT)

DATE _____

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? 1,400,000.00
17. Average number of vehicles sold per year: 160
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

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 Heshan Shanine
Heshan Shanine (Oct 23, 2025 12:18:46 EDT)

DATE 10/23/25

LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

Location: 1 Address: 591 Morris Ave City: Elizabeth State: NJ Zip: 07208-1766

1. How many years have you been at this location? 6
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 \$ _____ 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 Heshan Shanine Heshan Shanine (Oct 23, 2025 12:18:46 EDT)

DATE 10/23/25

AUTO DEALERS COVERAGE FORM

COVERED AUTOS LIABILITY (Combined Single Limit) & GENERAL LIABILITY	DEDUCTIBLE <input type="checkbox"/> None <input type="checkbox"/> \$100,000 <input checked="" type="checkbox"/> \$500 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$350,000 <input type="checkbox"/> Other: _____	PER OCCURRENCE LIMIT <input type="checkbox"/> \$100,000 <input checked="" 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	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: \$			
	2	Bldg. Use:	Year Built:			
	2	Construction type:	Limit: \$			
<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					
	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: \$ 125,000	DEALER PLATES: 5	PERSONAL REGISTERED AUTOS: 0
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"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
			2. \$ _____	<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 checked="" 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"/> BLANKET COLLISION	
<input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY			COLLISION DEDUCTIBLE PER AUTO :	
LIMIT FOR LOCATION 1: 250,000			<input type="checkbox"/> \$500	Unlimited Radius Collision Included
LIMIT FOR LOCATION 2:			<input checked="" type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE & LOCATION			AVERAGE COST NEW: \$ _____	
<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"/> FALSE PRETENSE (\$25,000 LIMIT)				
<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.	<input checked="" type="checkbox"/> HS
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.	<input checked="" type="checkbox"/> HS
I understand that the insurance applied for within this application DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.	<input checked="" type="checkbox"/> HS

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 <u>Heshan Shanine</u> <small>Heshan Shanine (Oct 23, 2025 12:18:46 EDT)</small>	DATE <u>10/23/25</u>
APPLICANT'S PRINTED NAME <u>Heshan Shanine</u>	TITLE <u>Business Owner</u>
BROKER'S SIGNATURE OF COMPLETION <u>[Signature]</u>	DATE <u>10/23/25</u>

25-26 Dealer Policy Bind Package

Final Audit Report

2025-10-23

Created:	2025-09-29
By:	Cynthia Johnstone (cynthiajohnstone@navsav.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAv2YoeDTZiiBdGqOj-f0duH_bXlyw9r6

"25-26 Dealer Policy Bind Package" History

-  Document created by Cynthia Johnstone (cynthiajohnstone@navsav.com)
2025-09-29 - 3:44:11 PM GMT
-  Document emailed to Heshan Shanine (morrisautosales@live.com) for signature
2025-09-29 - 3:44:23 PM GMT
-  Email viewed by Heshan Shanine (morrisautosales@live.com)
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-  Email viewed by Heshan Shanine (morrisautosales@live.com)
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-  Document e-signed by Cynthia Johnstone (cynthiajohnstone@navsav.com)
Signature Date: 2025-10-23 - 5:10:13 PM GMT - Time Source: server
-  Agreement completed.
2025-10-23 - 5:10:13 PM GMT



Adobe Acrobat Sign