



DMI Insurance Services, Inc.  
8911 N Capital of Texas Hwy Suite 4240  
Austin, TX 78759  
[www.dmi-insurance.com](http://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@dmi-insurance.com](mailto:dbattaglia@dmi-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**

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.

BROKERâ€™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:

Other \_\_\_\_\_

Quote is based on a clean MVR.

Items required at time of binding:

1. Dealer Application
2. State Specific Applications
3. Experience Questionnaire
4. Non-Listed Driver Limiation
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		

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.

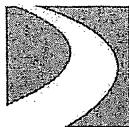
This insurance does not apply to the locations or operations described in the Schedule.

  
\_\_\_\_\_  
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 %
Wholesale:	100 %	Classics:	%
Service/Repair:	%	Heavy Trucks:	%
Body/Paint:	%	RV's/Motorhomes:	%
		Motorcycles:	%
		Boats/Watercrafts:	%
		Off-Highway Vehicles:	%
		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**


## BUSINESS PERSONNEL

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

## **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**



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

**REMARKS**

10. The following table summarizes the results of the study.

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**

S. B. Smith

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**


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**


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 *S. Smith*

DATE 10/24/2025 05:26PM UTC

**AUTO DEALERS COVERAGE FORM**

<b>COVERED AUTOS LIABILITY (Combined Single Limit) &amp; GENERAL LIABILITY</b>	<b>DEDUCTIBLE</b> <input type="checkbox"/> None <input checked="" 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: _____	<b>PER OCCURRENCE LIMIT</b> <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	<b>AGGREGATE</b> <b>Covered Autos:</b> No aggregate limit <b>General Liability:</b> <input checked="" type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		
	<b>Covered Autos Liability – Bodily Injury &amp; Property Damage</b> <b>General Liability – Bodily Injury &amp; Property Damage, Products &amp; Work you performed, Personal &amp; Advertising Injury, Host Liquor Liability, and Incidentally Medical Malpractice (Refer to Policy for Conditions, Definitions and Limits)</b>				
<input type="checkbox"/> <b>DAMAGE TO RENTED PREMISES</b>  <input type="checkbox"/> <b>BUILDING LEGAL LIABILITY</b>	<b>LOC</b> 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: _____ Bldg. Use: _____	Limit: \$ _____			
	2 Construction type: _____ Bldg. Use: _____	Limit: \$ _____ Year Built: _____			
	<input type="checkbox"/> <b>LESSOR'S RISK</b>	<b>LOC</b> <b>BUSINESS NAMES AND OPERATIONS OF TENNANTS</b>	<b>SQ. FT. LEASED</b>		
		1			
2					
<input type="checkbox"/> <b>FEDERAL ODOMETER</b> <input type="checkbox"/> <b>TRUTH IN LENDING</b> <input type="checkbox"/> <b>TITLE ERRORS AND OMISSIONS</b> <input type="checkbox"/> <b>INSURANCE AGENTS E&amp;O</b>	<b>\$300,000 AGGREGATE APPLIES PER COVERAGE</b>				
	<b>SAME LIMITS AS SELECTED IN LIABILITY</b>				
	<b>LOC</b> <b>NAME / ADDRESS</b>				
	1				
	2				
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> <b>BROAD FORM PRODUCTS</b>	<b>SAME LIMITS AS SELECTED IN LIABILITY</b>				
<input type="checkbox"/> <b>BROAD FORM DRIVE OTHER CAR COVERAGE</b>	<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			
		<b>UNINSURED MOTORISTS</b>	LIMIT: \$ 100K	<b>DEALER PLATES:</b> <input checked="" type="checkbox"/>	<b>PERSONAL REGISTERED AUTOS:</b> _____
<b>***ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION***</b>					
<input type="checkbox"/> <b>GARAGEKEEPERS</b>	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	<b>LIMIT BY LOC</b>	<b>OTHER THAN COLLISION (AGGREGATE)</b>	<b>COLLISION</b>
			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**

<b>INDICATE INTERESTS TO BE COVERED</b>	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"/>
<b>MAXIMUM PER AUTO \$60,000</b> UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> OTHER: \$ _____				
<b>OTHER THAN COLLISION COVERAGE</b> (Subject to Eligibility)				
<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY				
<b>LIMIT FOR LOCATION 1:</b>				
<b>LIMIT FOR LOCATION 2:</b>				
<b>O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE &amp; LOCATION</b>				
<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				
<b>LOSS PAYEE #1 FOR INVENTORY:</b>				
<b>LOSS PAYEE #2 FOR INVENTORY:</b>				

BLANKET COLLISION

**COLLISION DEDUCTIBLE PER AUTO :**

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> \$500   | Unlimited Radius<br>Collision Included |
| <input type="checkbox"/> \$1,000 |  |
| <input type="checkbox"/> \$2,500 |  |

**AVERAGE COST NEW: \$**

**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 SW**

**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 SW**

I understand that the insurance applied for within this application

**X SW**

**DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.**

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

DATE 10/24/2025 05:26PM UTC

APPLICANT'S PRINTED NAME

EMANUEL WAITE

TITLE Owner

BROKER'S SIGNATURE OF COMPLETION

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

S. Bahl 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.

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

**\* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERSERVED 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.

**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**

S. B. Johnson

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.**


APPLICANT'S SIGNATURE \_\_\_\_\_

DATE 10/24/2025 05:26PM U

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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	75.149.207.58
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