

Filing at a Glance

Company: DaimlerChrysler Insurance Company

Product Name: DCIC-CIM-DIP-AR-07-01-F

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland
Marine

Filing Type: Form

SERFF Tr Num: PERR-125235483 State: Arkansas

SERFF Status: Closed

Co Tr Num: DCIC-CIM-DIP-AR-07-
01-F State Status:

Co Status:

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Date Submitted: 07-19-2007

State Tr Num: AR-PC-07-025510

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 08-01-2007

Disposition Status: Approved

Effective Date Requested (New): 08-18-2007

Effective Date Requested (Renewal): 08-18-2007

Effective Date (New): 08-18-2007

Effective Date (Renewal): 08-18-
2007

General Information

Project Name: DCIC-CIM-DIP-AR-07-01-F

Project Number: DCIC-CIM-DIP-AR-07-01-F

Status of Filing in Domicile: Authorized

Domicile Status Comments: Michigan, the
domicile state, is exempt from filing. Please
note a desk filing has been made for the
(rate/rule) (form) filing effective 07/17/2007.

Reference Organization:

Reference Title:

Filing Status Changed: 08-01-2007

State Status Changed: 07-20-2007

Corresponding Filing Tracking Number: N/A

Filing Description:

On behalf of DaimlerChrysler Insurance Company (the Company), we are submitting this filing to introduce the forms for a new program for Commercial Inland Marine called the Dealers Inventory Protection Program. Please see the enclosed memorandum and supporting material for more detailed information. The accompanying rates and rules are exempted from filing requirements per AR 23-67-206.

Reference Number:

Advisory Org. Circular:

Deemer Date:

The Company respectfully requests that the proposed forms be implemented for all policies effective August 18, 2007.

Also included is authorization for Perr&Knight to submit this filing on behalf of the captioned Company. All correspondence related to this filing should be directed to Perr&Knight. The captioned Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the

Company, we will forward the request immediately to the Company. We will submit the Companys response to your attention as soon as we receive it.

We trust you will find this submission acceptable, and as such look forward to your approval. Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Neresa Torres, State Filings Project doi@perrknight.com
Coordinator
881 Alma Real Drive (888) 201-5123 [Phone]
Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

DaimlerChrysler Insurance Company	CoCode: 10499	State of Domicile: Michigan
27777 Inkster Road	Group Code: 240	Company Type:
CIMS 405-17-06		
Farmington Hills, MI 48334-5326	Group Name:	State ID Number:
(248) 427-4155 ext. [Phone]	FEIN Number: 38-1775863	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR filing fee is \$50 for Form submissions.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
DaimlerChrysler Insurance Company	\$0.00	07-19-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
100790	\$50.00	07-17-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08-01-2007	08-01-2007

Disposition

Disposition Date: 08-01-2007

Effective Date (New): 08-18-2007

Effective Date (Renewal): 08-18-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Supporting Documentations	Approved	Yes
Form	Dealers Inventory Protection Application	Approved	Yes
Form	Dealers Inventory Protection Quotation Transmittal	Approved	Yes
Form	Dealers Inventory Protection Coverage Form	Approved	Yes
Form	Dealers Inventory Protection Declarations	Approved	Yes
Form	Signature Endorsement	Approved	Yes
Form	General Purpose Endorsement	Approved	Yes
Form	Fixed Monthly Premium	Approved	Yes
Form	Full Policy Premium	Approved	Yes
Form	Over The Road Collision Exclusion	Approved	Yes
Form	Lockbox Exclusion	Approved	Yes
Form	Unsecured Lot Exclusion	Approved	Yes
Form	Key Removal Exclusion	Approved	Yes
Form	Broker/Wholesale Exclusion	Approved	Yes
Form	Named Driver Exclusion	Approved	Yes
Form	Incoming Deception Coverage	Approved	Yes
Form	Indoor Alarm Exclusion	Approved	Yes
Form	Hail, Sleet, Ice and Snow Exclusion	Approved	Yes
Form	Monthly Premium Reporting Form	Approved	Yes
Form	Arkansas Amendatory Endorsement	Approved	Yes
Form	Fraud Warning	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Dealers Inventory Protection Application	DCIC 806	06/07	Application/ New Binder/Enrollment		0.00	DCIC 806 Application.pdf
Approved	Dealers Inventory Protection Quotation Transmittal	DCIC 808	06/07	Application/ New Binder/Enrollment		0.00	DCIC 808 Quotation Transmittal.pdf
Approved	Dealers Inventory Protection Coverage Form	DCIC 809	06/07	Policy/Coverage Form		0.00	DCIC 809 Policy.pdf
Approved	Dealers Inventory Protection Declarations	DCIC 810	06/07	Declaration News/Schedule		0.00	DCIC 810.pdf
Approved	Signature Endorsement	DCIC 802	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 802.pdf
Approved	General Purpose Endorsement	DCIC 811	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 811.pdf
Approved	Fixed Monthly Premium	DCIC 812	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 812.pdf
Approved	Full Policy Premium	DCIC 813	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 813.pdf
Approved	Over The Road Collision Exclusion	DCIC 814	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 814.pdf
Approved	Lockbox Exclusion	DCIC 815	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 815.pdf
Approved	Unsecured Lot Exclusion	DCIC 816	06/07	Endorsement/Amendment/Conditions		0.00	DCIC 816.pdf

Approved	Key Removal Exclusion	DCIC 817 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 817.pdf
Approved	Broker/Wholesale Exclusion	DCIC 818 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 818.pdf
Approved	Named Driver Exclusion	DCIC 819 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 819.pdf
Approved	Incoming Deception Coverage	DCIC 820 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 820.pdf
Approved	Indoor Alarm Exclusion	DCIC 821 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 821.pdf
Approved	Hail, Sleet, Ice and Snow Exclusion	DCIC 822 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 822.pdf
Approved	Monthly Premium Reporting Form	DCIC 823 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 823.pdf
Approved	Arkansas Amendatory Endorsement	DCIC 826 06/07	Endorseme New nt/Amendm ent/Condi ons	0.00	DCIC 826 Arkansas Amendatory Endorsemen t.pdf
Approved	Fraud Warning	DCIC 807 06/07	Other New	0.00	DCIC 807 Fraud Warning.pdf

DEALERS INVENTORY PROTECTION PROGRAM

APPLICATION FOR DEALERS PHYSICAL DAMAGE INSURANCE

DEALERSHIP INFORMATION:

Dealership Corporate Name: _____
DBA: _____
Mailing Address: _____
Phone No.: _____ Fax No.: _____
Dealership Insurance Contact: _____

LOCATIONS TO BE COVERED: List all locations where covered inventory is maintained or stored. A separate Security Checklist must be completed for each location. All lots or parcels which share a common boundary are considered a single location.

	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

SECURED INTERESTS: List all parties to be included as loss payees, showing the nature of each party's interest – i.e., floorplanner, lienholder, lessor, consignee, etc.

	<u>NAME/ADDRESS</u>	<u>INTEREST</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If requested, the above interests will be provided with loss payee notification, in which case the Applicant agrees that any claim payments made to them is the same as payment to itself. The Applicant further agrees to authorize these interests to release to insurers any financial data that may be requested in connection with the insurance for which application is made hereunder.

COVERAGE REQUIREMENTS:

Coverage Effective Date: _____ 12:01 a.m.. (Coverage is not in force unless written confirmation is provided by DealerGuard)

Deductible Requested: \$ _____ Per Vehicle, not to exceed
\$ _____ Per Occurrence

COVERAGE REQUIREMENTS:

CHECK [✓] COVERAGE DESIRED

VEHICLE TYPE	SECURED INTEREST (Nos. from above schedule)	COMPREHENSIVE & COLLISION	COLLISION ONLY	TRICK & DEVICE	AVERAGE VALUES AT RISK
New:	_____	[]	[]	[]	\$ _____
New:	_____	[]	[]	[]	\$ _____
New:	_____	[]	[]	[]	\$ _____
Used:	_____	[]	[]	[]	\$ _____
Used:	_____	[]	[]	[]	\$ _____
Demos:	_____	[]	[]	[]	\$ _____
Demos:	_____	[]	[]	[]	\$ _____
Other Road:	_____	[]	[]	[]	\$ _____
**Non-Owned:	_____	[]	[]	[]	\$ _____

**** Include only vehicles which Applicant is contractually required to insure.**

GENERAL:

MANUFACTURER

% OF INVENTORY

Franchise(s) Held: _____

Current Ownership dates from: _____

Name of current insurance company: _____

Name of current insurance agency/broker: _____

Has any company cancelled or declined to renew any insurance policy during the last ten years? _____
(If so, please give complete details:)

No. of body shop personnel: _____ Hourly labor rate charged for insurance repairs: _____

LOSS EXPERIENCE:

Weather related losses during the last ten years (i.e., windstorm, hail or flood)

Date	Type	No. Units	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All losses during the last three years: (ATTACH INSURANCE COMPANY LOSS RUNS)

SECURITY CHECKLIST: A separate checklist must be completed for each covered location.

Location No: _____ (from Schedule on page 1)

Nature of business conducted at this location: _____

Distance to nearest inland river/waterway: _____ distance to coastline: _____

Maximum values at risk at this location: \$ _____ any one vehicle;
 \$ _____ all vehicles - indoor storage
 \$ _____ all vehicles - outdoor storage

Note: If vehicle values stored indoors exceed \$1,000,000, please attach separate building schedule showing construction type, fire protection class and whether or not sprinklered.

[✓] Check where applicable:

- Guard dog(s)
 - Camera surveillance covering all lots (manufacturer) _____
 - Vehicle anti-theft systems (i.e., "lojack", window etchings, sirens, etc. – describe) _____
 - Security Guard (describe type and hours) _____
 - Exterior lights remain on all night
 - Exterior lights eliminate dark shadows
 - Location not situated in a 100 year flood plain (as designated by the U.S. Army Corps of Engineers or Federal Emergency Management Agency)
 - Damage will not result from rain or melting snow and ice
 - Flood emergency plans are in place
 - Perimeter fencing/barricades equipped with central station alarm protecting all vehicles
 - All storage areas at this location are secured in such a way that vehicles cannot be removed from premises during non-business hours without causing property destruction to perimeter fences, posts, chains, barricades and/or gates (if this item is not checked, please explain why exit of vehicles cannot be prevented; i.e., lack of fencing, gates, zoning restrictions, etc.).
 - Public cannot access keys to inventoried vehicles
 - Only designated individuals are authorized to dispense keys (please give names/positions of person(s) who have been assigned responsibility for key(s) _____)
 - Logs maintained to track key use
 - Keys are not left in unattended vehicles
 - Unattended vehicles are locked during non-business hours
 - Automated key machines are used to dispense all keys. (manufacturer) _____
 - Keys are secured after hours. Where? _____
 - Keys are cut from codes, but only after identifying the requestor
 - Removable key codes are stored with warranty documents
 - Lockboxes (affixed to vehicles) are used for key storage (if lockboxes are used, please provide details – i.e., Manufacturer(s), on what vehicles, during what hours, etc.) _____
-
-

MANAGEMENT PROCEDURAL REQUIREMENTS: [✓] Check where applicable

- [] Sales staff accompanies prospects on test drives
 - [] Salespersons are instructed not to exit any test vehicle without the key
 - [] Customer driver's licenses are checked for validity and copied prior to release of keys and/or vehicles (**a policy requirement**)
 - [] Written insurance verification is secured from customers before vehicles are spot delivered (**also a policy requirement**)
 - [] Vehicles are sold through brokers
 - [] Specialty vehicles are held in inventory. Please describe any antique or collector cars, or any valued in excess of \$75,000, and explain what additional precautions, if any, are taken to safeguard same _____
 - [] Parts or accessories are not cannibalized from inventory units
 - [] Factory deliveries are made only during business hours
 - [] Vehicles are inspected carefully at delivery and discrepancies noted on the receipt
 - [] Off site storage and sales are not normal. Exceptions are: _____
-
- [] A formalized loss prevention/safety program has been instituted. If checked, please attach copies of procedure manuals circulated to employees.

INVENTORY CONTROL:

	Frequency of Audit	Performed by Whom	Date of Last Audit
New Car Inventory	_____	_____	_____
Used Car Inventory	_____	_____	_____

- [] All units were located during last audit

DEMONSTRATORS:

		<u>No. of Vehicles</u>	
		<u>New</u>	<u>Used</u>
Demonstrators are provided to:	Owners and Managers	_____	_____
	Employees	_____	_____
	Family Members	_____	_____
	Other Non-Employees	_____	_____

- [] MVR's are checked on all persons with demo privileges.
- Checked by whom: [] dealership [] liability carrier [] insurance agent
- How often: _____

- [] Users are responsible for demo damage (check all that apply):
 - [] first \$_____of loss
 - [] collision damage only
 - [] only if user is at fault
 - [] all vehicle loss/damage

ATTEST:

I represent that all statements made herein and on the accompanying Dealer Operations Checklist(s) are true to the best of my knowledge and belief.

Date _____ Signed _____ Title _____
(must be officer of dealership)

Producer (if Applicable) _____

MAIL OR FAX COMPLETED APPLICATION TO:

DealerGuardSM
INSURANCE SERVICES

(formerly Stewart Smith Specialty Risks)
26899 Northwestern Hwy., Suite 207
Southfield, MI 48034

Customer Service: 800-999-4906
Claim Service: 800-955-0645
Fax: 248-354-5508

**AUTO DEALER'S INVENTORY PROTECTION
QUOTATION TRANSMITTAL**

ISSUED ON BEHALF OF:

[] DaimlerChrysler Insurance Company (admitted)

NAMED INSURED AND ADDRESS:

NAME AND ADDRESS OF PRODUCER:

IMPORTANT: THE PREMIUMS SHOWN HEREIN ARE ESTIMATES ONLY AND WILL VARY DEPENDING ON THE MONTHLY INVENTORY VALUES REPORTED. ALL PREMIUMS AND RATES ARE EXCLUSIVE OF STATE SURPLUS LINES TAXES AND/OR FEES. COMPLIANCE WITH SURPLUS LINES REQUIREMENTS IS THE SOLE RESPONSIBILITY OF THE PRODUCING AGENT OR BROKER. THIS QUOTATION IS VALID ONLY FOR 30 DAYS FROM THE DATE OF ISSUE.

QUOTATION NO:

DATE ISSUED:

POLICY PERIOD:

Coverage to begin on _____ and to end on _____
at 12:01 a.m. standard time at the first Named Insured's mailing address unless this policy replaces another policy ending at 12:01 p.m. in which case this policy will begin at 12:01 p.m.

PREMIUM AND REPORTING REQUIREMENTS:

\$ _____ Deposit payable in full at the beginning of the policy period, subject to monthly reporting and premium payment thereafter.

\$ _____ Minimum monthly premium will apply regardless of values actually reported.

FORMS AND ENDORSEMENTS TO WHICH THIS QUOTATION IS SUBJECT:

Dealers Inventory Protection Declarations
Dealers Inventory Protection Coverage Form
State Changes

**AUTO DEALER'S INVENTORY PROTECTION
QUOTATION TRANSMITTAL**

LIMITS OF INSURANCE:

The maximum amount Insurers will pay for all "loss" in any one "occurrence" for all coverages provided by this policy will be \$ _____ but, in no event more than the following sublimits:

SUBLIMITS:

The maximum amount Insurers will pay for all "loss" in any one "occurrence" will be: \$ _____

Per Location Schedule _____ at any one Scheduled Location;

\$ _____ while in transit or at other than a Scheduled Location;

\$ _____ any one "vehicle".

The maximum amount Insurers will pay in the aggregate for the policy period for the following Causes of Loss will be as stated below. If "\$0" is shown, then that coverage is excluded from this policy.

\$ _____ all "loss" caused by Deception;

\$ _____ all "loss" caused by Earth Movement;

\$ _____ all "loss" caused by Flood;

\$ _____ all "loss" caused by hurricane, cyclone, tornado, windstorm, ice, sleet, hail, snow or any other "occurrence" or event caused by or resulting from atmospheric conditions not mentioned elsewhere.

DEDUCTIBLES:

\$ _____ per "vehicle", not to exceed;

\$ _____ per "occurrence", except;

\$ _____ per vehicle with respect to "loss" caused by or resulting from flood, hurricane, cyclone, tornado, windstorm, ice, sleet, hail, snow or any other "occurrence" or event caused by or resulting from atmospheric conditions, not to exceed;

\$ _____ per "occurrence" at any one Scheduled Location.

CO-PAYMENT:

The Insured may be required to share with Insurers, in the percentage amount shown below, any "loss" caused by or resulting from theft of an entire "vehicle" and/or Deception in which case no deductible will apply, except that, if your percentage share of the "loss" in any one "occurrence" is less than the stated deductible, that deductible will apply instead.

_____ % of "loss" caused by or resulting from theft of an entire "vehicle", whether or not the "vehicle" is recovered;

_____ % of "loss" caused by or resulting from Deception.

**AUTO DEALER'S INVENTORY PROTECTION
QUOTATION TRANSMITTAL**

COVERED PROPERTY:

Only those classes of property shown below are to be insured only against the Covered Causes of Loss indicated by an "X".

<u>Vehicle Classes</u>	<u>Covered Causes of Loss</u>			<u>Average Value(\$)</u>	<u>Monthly Rate(%)</u>	<u>Estimated Premium</u>
	<u>Broad</u>	<u>Limited</u>	<u>Deception</u>			
New				\$	%	\$
Used				\$	%	\$
Road				\$	%	\$

SECURED INTERESTS:

<u>Name/Address</u>	<u>Vehicle Classes</u>
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LOCATION SCHEDULE:

<u>Location Address</u>	<u>Sublimit</u>
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ADDITIONAL INSURED:

REMARKS:

DAIMLERCHRYSLER INSURANCE COMPANY

AUTO DEALERS' INVENTORY PROTECTION COVERAGE FORM

Various provisions of this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured(s) shown in the **Declarations**. The words "we" and "our" refer to the Company providing this insurance.

Key words, terms or coverages are found in **Bold** type throughout this **Form**. These are explained or defined within the sections they first appear. Words, terms or coverages that appear in quotations are defined in Section A, DEFINITIONS.

The word **Form** refers to the "Auto Dealers' Inventory Protection Coverage Form." The word **Declarations** refers to that section of this policy headed DECLARATIONS. The term **Scheduled Location** refers to the "locations" shown in the **Declarations**.

SECTION A – DEFINITIONS

1. "Vehicle" means any automobile, recreational vehicle, truck, tractor, all terrain vehicle, motorcycle, trailer, or semi-trailers, including any accessories or optional equipment permanently installed in or on the vehicle.
2. "Pollutants" means asbestos or any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
3. "Occurrence" means all loss, damages or a sequence of losses or damage, casualties or disasters arising from a single happening or event.
4. "Location" means:
 - a. any single lot or parcel of land including building, structures and conveyances situated thereon; or
 - b. any group of two or more separate lots or parcels of land including buildings, structures and conveyances situated thereon which share a common boundary.
5. "Financial Statement" means balance sheet prepared in accordance with generally acceptable accounting principles for periodic submission to your floor planner(s), if any.
6. "Loss" means direct physical loss or direct physical damage to tangible property covered under this policy.

SECTION B – COVERAGE

We will pay for "loss" to **Covered Property** from any of the **Covered Causes of Loss**.

1. Covered Property, as used in this Form, means those classes of "vehicles" for which a specific coverage indicator is shown in the **Declarations** under COVERED PROPERTY; and
 - a. which you own and are included as assets in your monthly "Financial Statements"; or

- b. which you do not own but are required to insure by written agreement which has been executed prior to "loss"; or
 - c. which you have sold but for which you have not been paid in full, however, we will cover your single interest in such "vehicles" only for a period of up to ten (10) days following their delivery to the buyer, provided that you obtain **Evidence of Insurance** prior to delivery confirming that the buyer and/or party to whom they are to be delivered has secured physical damage insurance covering these same "vehicles". **Evidence of Insurance** means a binder, policy, insurance certificate or other written documentation received prior to delivery which purports to have been issued by an authorized agent or representative of the insurance company covering such vehicles.
2. **Covered Property** does not include "vehicles":
- a. after your interests in them or responsibility to insure them ceases; or
 - b. which you have sold, leased, transferred or assigned under sale, conditional sale, lease or other agreement, except such vehicles as are covered under Subsection 1.c of Section B; or
 - c. which have been repossessed from you; or
 - d. which are leased or rented to others, but we will cover "vehicles" which are rented to your customers as temporary substitutes for their other "vehicles" which you are servicing; or
 - e. in the course of illegal transportation or trade; or
 - f. which waterborne, except while on ferries or lighters on inland waterways; or
 - g. which you do not own and are not required to insure by written agreement; or
 - h. any property other than that which we have agreed to cover in this policy.
 - i. while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity, or while being prepared for such contest or activity.
3. **Covered Causes of Loss** means RISKS OF DIRECT PHYSICAL LOSS OR PHYSICAL DAMAGE to **Covered Property** against those **Covered Causes of Loss** indicated in the **Declarations** and defined as follows:
- a. **BROAD COVERAGE** meaning all risks of direct physical loss or physical damage except those causes set forth in Section C, **EXCLUSIONS**.

If earth movement coverage is indicated on the **Declarations**, we will consider all "loss" caused by earth movement occurring within a continuous one-hundred sixty-eight (168) hour period to be the result of a single "occurrence".
 - b. **LIMITED COVERAGE** meaning physical loss or physical damage caused by or resulting solely from:
 - (1) collision with another "vehicle" or contact with any object other than a bird(s) or animal(s); or
 - (2) upset or overturn of the "vehicle";whether or not the **Covered Property** is operated under its own power.

LIMITED COVERAGE does not mean physical loss or physical damage occurring during or after theft of **Covered Property** or occurring after **Covered Property** has been delivered to a buyer.

- c. DECEPTION meaning theft of **Covered Property** caused by or resulting from your voluntarily giving possession of or title to **Covered Property** to someone, other than your employee or a carrier for hire, but only if induced to do so by some fraudulent scheme, trick, device or false pretense that is a crime. This does not include inability or failure of a buyer to pay you for **Covered Property** unless you can show that the buyer acted with criminal intent to steal the **Covered Property** from you.

Deception does not mean defect in the title to any property you acquire which prevents its sale or causes the reimbursement by you for loss of that property, unless such property is taken in trade as payment for other **Covered Property** you have sold to the same person, and you are the victim of some fraudulent scheme, trick, device or false pretense that is a crime.

We will cover "loss" caused by **Deception** provided that:

- (1) before giving **Covered Property** to another person, you make a copy of that person's driver's license; and
- (2) you promptly notify the police of the "loss" and assist in the arrest and prosecution of the person or persons who caused the "loss".

Failure to comply with the above conditions will void coverage for that particular loss caused by or resulting from **Deception**.

In adjusting any claim for "loss" caused by or resulting from **Deception**, we will first deduct the value of any proceeds or property you have received as partial payment on the purchase price of the lost or damaged **Covered Property**. We will consider all "loss" occurring during the policy period which is caused by the same person, or any one of several of the same persons acting in collusion, to be the result of a single "occurrence".

SECTION C – EXCLUSIONS

1. Unless a specified sublimit is indicated in the **Declarations** we will not pay for loss or damage caused directly or indirectly by the following, and such loss or damage is excluded regardless of any other cause or event covered hereunder which contributes concurrently or in any sequence to the loss or damage:
 - a. Deception – theft of **Covered Property** caused by or resulting from your voluntarily giving possession of or title to **Covered Property** to someone else, other than your employee or a carrier for hire, even if induced to do so by some fraudulent scheme, trick, device or false pretense that is a crime.
 - b. Earth Movement – any earth movement caused by or resulting from earthquake; landslide or the rising, shifting or sinking of the earth; or volcanic action meaning the eruption, explosion or effusion of a volcano. But, if direct physical loss or damage by fire or explosion results, we will pay for that resulting loss.

However, this exclusion does not apply to **Covered Property** at other than a **Scheduled Location**.

- c. Flood – waves, tides, tidal waves, surface water, overflow of any body of water, or their spray, all whether driven by wind or not, including any earth movement or mudslide caused by or resulting from the accumulation of water on or under the surface of the ground.

However, this exclusion does not apply to **Covered Property** at other than a **Scheduled Location**.

- d. Hurricane, cyclone, tornado, windstorm, ice, sleet, hail, snow or any other "occurrence" or event caused by or resulting from atmospheric conditions.

However, this exclusion does not apply to **Covered Property** at other than a **Scheduled Location**.

- 2. We will not pay for loss or damage caused directly or indirectly by any of the following, and such loss or damage is excluded regardless of any other cause or event covered hereunder which contributes concurrently or in any sequence to the loss or damage:
 - a. Government Action – seizure, nationalization or destruction of **Covered Property** by order of governmental authority or under claim of right by government agents or employees. However, we will pay for acts of destruction ordered by governmental authority at the time of a fire to prevent its spread, if the fire would be covered under this **Form**.
 - b. Nuclear Hazard – nuclear reaction or radiation, or radioactive contamination howsoever caused and regardless of whether man-made or natural. However, if direct physical loss or damage by fire results, we will pay for that resulting "loss" if the fire would be covered under this **Form**.
 - c. Utility Service Failure – interruption or failure of any utility service furnished to a **Scheduled Location** howsoever caused, if the failure takes place away from the **Scheduled Location**. However, if loss or damage by a **Covered Cause of Loss** results, we will pay for that resulting "loss".
 - d. War and Military Action
 - (1) war, including undeclared or civil war; or
 - (2) warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
 - (3) insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.
 - e. Pollutants
 - (1) release, discharge, dispersal of "pollutants" or contamination by any "pollutants" howsoever caused; or
 - (2) the enforcement of any ordinance, law or order, or request of any governmental authority to test for, monitor, prevent, control, remove, demolish, dispose of, decontaminate, neutralize or contain "pollutants"; or
 - (3) any fines, penalties, damages, awards, settlements, defense costs, or any other costs or expenses arising out of or attributable to "pollutants".
- 3. We will not pay for loss or damage caused by or resulting from any of the following:
 - a. Delay, loss of use or loss of market or any other consequential loss or any kind; or
 - b. Bankruptcy, foreclosures or similar proceedings; or

- c. Dishonest or criminal act by you, any of your partners, employees, directors, officers, trustees, authorized representatives or anyone to whom you have voluntarily given possession of or title to **Covered Property** for any purpose:

- (1) acting alone or in collusion with others; or
- (2) whether or not occurring during the hours of employment.

However, this exclusion does not apply to carriers for hire, or acts of destruction by your employees other than theft.

- 4. We will not pay for loss or damage caused by or resulting from any of the following, however, if “loss” is as a result of a **Covered Cause of Loss**, we will pay for that resulting loss if it would be covered under this **Form**:
 - a. processing or work upon **Covered Property**; or
 - b. wear and tear or gradual deterioration; or
 - c. acid rain, rust or other corrosive action, whether or not caused by “pollutants”; or
 - d. insects or vermin, mold, fungus, dampness, wet or dry rot, cold, freezing or latent defect of any quality in the **Covered Property** that causes it to damage or destroy itself; or
 - e. mechanical breakdown or failure, electrical arcing, short circuit or other electrical disturbances caused by artificially generated electric current.

SECTION D – LIMIT OF INSURANCE

The most we will pay for all “loss” in any one “occurrence” is the amount shown in the **Declarations** under LIMIT OF INSURANCE, but, in no event, we will pay more than the applicable sublimits.

SECTION E – DEDUCTIBLES AND CO-PAYMENT

Each claim for “loss” will be adjusted separately. We will not pay for “loss” in any “occurrence” until the adjusted amount of the “loss” exceeds the deductible shown in the **Declarations**. If the adjusted “loss” exceeds the deductible, we will subtract the deductible from the adjusted amount of the “loss” or the **Limit of Insurance**, whichever is least.

If a co-payment obligation is shown in the **Declarations**, you will be responsible to pay that percentage share of the “loss” or the applicable deductible, whichever is greater.

If more than one of the deductible amounts shown in the **Declarations** applies to a “loss”, the total to be deducted will be the larger deductible applicable.

SECTION F – REPORTS AND PREMIUM

1. Deposit Premium

Your deposit premium is shown in the **Declarations** and is payable as indicated. After the end of the policy period, we will return this deposit to you, less any premiums you owe us at that time.

2. Reporting Requirements

You agree to report to us in writing each month the value of all classes of **Covered Property** for which a specific coverage indicator is shown on the **Declarations** and to pay premium on those

values based on the premium rates shown. Such monthly reports and premium payments must be received by us no later than the 20th of each month. The values you are required to report each month are the asset values shown on your previous month's "Financial Statements" (on a first-in-first-out basis), plus the value of any **Covered Property** you do not own but are contractually required to insure.

3. Failure To Submit Reports

If at the time of "loss" you have failed to submit the required reports to us, our liability for such "loss" will be based on the report most recently received by us.

4. Values In Excess Of Limits of Insurance

Even though the values you are required to report to us for the purpose of premium calculation may exceed the **Limit of Insurance** shown in the **Declarations**, we will not pay more than the applicable **Limit of Insurance**.

5. Inaccurate Reports/Coinsurance

If you make unintentional errors in the values reported to us, your coverage will not be affected so long as such errors are corrected prior to "loss" and any premium owed to us is paid. Any premium we owe to you will be refunded. If a reporting error is discovered after "loss" occurs, where the value of any class of **Covered Property** reported is less than what you are required to report us, we will pay only a percentage of that "loss". This percentage will be calculated by dividing the value(s) of each class of **Covered Property** incorrectly reported by the value(s) that should have been reported for each such class of **Covered Property**.

SECTION G – VALUATION

The most we will pay for **Covered Property**, regardless of the values reported by you for the purpose of premium calculation, is the least of the following, but in no event will we pay for any anticipated profit or contribution to your overhead:

1. the amount you paid for the **Covered Property**, less any allowances for advertising and holdback assessed by the manufacturer or supplier; or
2. the wholesale value of the **Covered Property** at the time of "loss"; or
3. the asset value of the **Covered Property** at the time of "loss" as reflected on your previous month's "Financial Statement"; or
4. the **Repair Cost** to reasonably restore the **Covered Property** to the condition it was in just prior to the "loss". **Repair Cost** means the lesser of:
 - a. the manufacturer's suggested retail price on any parts you are able to furnish less 25% and the same hourly rates you charge other insurance companies for labor less 25% or
 - b. what it would cost us to have someone else do the work utilizing either paintless dent repair or conventional body shop restoration methods.

Repair Cost does not include any state retail sales tax.

5. If you do not elect to repair the damage, we may, at our option, pay you the difference between the lesser of (1), (2) and (3), above, and the wholesale value of the **Covered Property** in its damaged condition right after the "loss" occurred. If you and we are unable to agree on the wholesale value of the **Covered Property** in its damaged condition, at our option, we may make a written demand for an

appraisal as provided under Subsection 2 of Section H, or we may pay you the lesser of (1), (2) and (3), above, and take the damaged **Covered Property** as salvage.

SECTION H – GENERAL CONDITIONS

1. Abandonment

There can be no abandonment of any property to us.

2. Appraisal

If we and you disagree on the value of the property or the amount of “loss”, either may make written demand for an appraisal of the “loss”. In this event, each party will select a competent and impartial appraiser. The two appraisers will select an umpire. If they cannot agree on an umpire, either may request that selection be made by a judge of a court having jurisdiction. The appraisers will state separately the value of the property and the amount of “loss” pursuant to the terms, conditions and limitations contained herein. If they fail to agree, they will submit their difference to the umpire. A decision agreed to by any two will be binding with regard to the value of the property or the amount of the “loss” only. Each party will:

- a. pay its chosen appraiser; and
- b. bear the other expenses of the appraisal and umpire equally.

If we submit to an appraisal, we still retain our right to deny the claim.

3. Duties in the Event of “Loss”

You must see that the following are done in the event of “loss”:

- a. Notify the police if a law may have been broken.
- b. Give us prompt notice of the “loss”, including a detailed description of the property involved, a description of when, where and how the “loss” occurred and the amount of “loss” claimed. At our request, you must give us complete inventories of the damaged and undamaged property, including quantities, cost and values.
- c. Take all reasonable steps to protect the **Covered Property** from further loss or damage. If feasible, set the damaged property aside in the best possible order for examination. Keep a detailed record of your expenses including receipts, where applicable, for consideration in the settlement of your claim.
- d. Make no statement that will assume any obligation or admit any liability for any loss for which we may be liable without our consent.
- e. Permit us to take all action necessary to investigate the “loss”, including, but not limited to, inspection of the **Covered Property** and all records proving “loss”.
- f. If requested, permit us to question you under oath at such times as may be reasonably required about any matter relating to this insurance or your claim, including your books and records. In such event, your answers must be signed.
- g. Send us a signed, sworn statement of “loss” containing the information we request to settle your claim. You must do this within thirty (30) days after our request. We will supply you with the necessary forms.

- h. Promptly send us any legal papers or notices received concerning the "loss".
- i. Cooperate with us in the investigation of your claim.
- j. If we pay your claim and the **Covered Property** has been stolen and not recovered, or if it is taken by us as salvage, you must give us such documentation as is necessary to transfer title of the **Covered Property**.

4. Insurance Under Two or More Coverages

If two or more coverages under this policy apply to the same "loss", we will not pay more than the actual amount of the "loss" or the **Limit of Insurance** applicable to the most specific coverage, whichever amount is less.

5. "Loss" Payment

- a. In the event of "loss", at our option up to the applicable **Limit of Insurance**, we will:
 - (1) take all or any part of the property at its agreed or appraised value; or
 - (2) pay the cost of repairing, rebuilding or replacing the lost or damaged property, after deducting the value of any betterment, and take any remaining damaged property as salvage; or
 - (3) pay the difference between the agreed or appraised value of the property before and after the "loss" occurred, but we may elect this option only if the damaged property will not be repaired;
 - (4) repair, rebuild or replace the property with other property of like kind and quality and take any remaining damaged property as salvage.
- b. We will pay for "loss" within thirty (30) days after we receive the sworn statement of "loss", if:
 - (1) you have complied with all of the terms of this policy; and
 - (2) we have not denied the claim for any reason; and
 - (3) we have reached agreement with you on the amount of "loss", or an appraisal award has been made.

6. Other Insurance

If you or other persons to whom the **Covered Property** has been entrusted have other insurance covering the same "loss" as the insurance provided under this policy, we will pay only the excess over what you should have received from the other insurance, less any deductible or co-payment obligation under this policy. Our liability for loss shall be limited to this excess amount regardless of whether you can collect on such other insurance.

7. Pair, Set or Parts

- a. Pair or Set. In case of "loss" to any part of a pair or set, we may:
 - (1) pay the cost of repairing, rebuilding or replacing any part necessary to restore the pair or set to its value before the "loss"; or
 - (2) pay the difference between the value of the pair or set before and after the "loss".

- b. Parts. In case of “loss” to any part of **Covered Property** consisting of several parts when complete, we will pay only for the value of the lost or damaged part.

8. Privilege to Adjust with Owner

In the event of “loss” involving property owned by others which you are contractually required to insure, we have the right, but are not obligated, to:

- a. settle the “loss” with the owners of the property. A receipt for payment from the owners of that property will satisfy any claim of yours;
- b. provide a defense for legal proceedings brought against you. If provided, the expense of this defense will be at our cost and will not reduce the applicable **Limit of Insurance** under this policy.

9. Recovered Property

If either you or we recover any property after “loss” settlement, that party must give the other prompt notice. If we recover the property, at your option, such property will be returned to you. If we return the property, you must return to us the amount we paid to you for that property, and then we will pay any recovery expenses and **Your Cost** to repair the recovered property, subject to the **Limit of Insurance**.

10. Recoveries

Any recovery or salvage on a “loss” will accrue entirely to our benefit until all sums paid by us have been made up. If we recover more than we have paid, we will deduct our recovery expenses and the excess will belong to the person who had the loss. But if you have shared in “loss” with us based on your co-payment or co-insurance obligation, any recovery will be shared on the same percentage basis, but only after we have been reimbursed for expenses incurred by us to secure that recovery.

11. Transfer of Rights of Recovery Against Others to Us

If any person or organization insured under this policy has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing that would impair them.

12. Cancellation

- a. The first Named Insured shown in the **Declarations** may cancel this policy by mailing or delivering to us advance written notice of cancellation.
- b. We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - (1) ten (10) days before the effective date of cancellation if we cancel for non-payment of premium; or
 - (2) thirty (30) days before the effective date of cancellation if we cancel for any other reason.
- c. Notice of cancellation will state when thereafter such cancellation is to be effective. The policy period will end on that date.
- d. We will mail or deliver our notice to the first Named Insured’s last mailing address known to us.
- e. If cancellation notice is mailed, proof of mailing will be considered proof of notice.

- f. If this policy is canceled, we will send the first Named Insured any premium refund due. The cancellation will be effective even if we have not made or offered a refund.

13. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The terms of this policy can be amended or waived only by endorsement issued by us and made a part of this policy.

14. Concealment, Misrepresentation or Fraud

This coverage is void in case of any fraud, intentional concealment or misrepresentation of a material fact, by you or any other insured, at any time, concerning:

- a. this coverage; or
- b. the **Covered Property** or its value; or
- c. your interest in the **Covered Property**; or
- d. a claim under this policy.

15. Coverage Territory

The coverage territory is the United States of America including the District of Columbia and Canada.

16. Examination of Your Books and Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three (3) years afterward.

17. Inspections and Surveys

We have the right, but are not obligated, to:

- a. make inspections and surveys of **Covered Property** and **Scheduled Locations** at any time;
- b. give you reports on the conditions we find; and
- c. recommend changes.

18. Legal Action Against Use

No one may bring legal action against us under this policy unless:

- a. there has been full compliance with all the terms of this policy; and
- b. the action is brought within two (2) years after you first have knowledge of the "loss".

19. Loss Payee

Payment of "loss" will be made to the first Named Insured and any Secured Interests shown in the **Declarations**, as the interest of each may appear. However, unless we are instructed otherwise by the Secured Interests, we may pay partial "loss" to first the Named Insured and/or repair shops and/or

other parties designated by the first Named Insured as reimbursement for damage repairs or other work performed.

20. No Benefit to Bailee

No person or organization, other than you, having custody of **Covered Property**, will benefit from this insurance. You agree that you have not and will not enter into any special agreement with any other person or organization releasing them from responsibility for **Covered Property**. In case of any such agreement, we will not be required to pay any "loss" which we would have been able to recover from the other party had such agreements not been entered into by you.

21. Policy Period

We cover only "loss" commencing during the policy period shown in the **Declarations**.

22. Premiums

The first Named Insured shown in the **Declarations**:

- a. is responsible for the payment of all premiums; and
- b. will be the payee for any return premium we pay.

23. Representations

By accepting this policy, you agree that:

- a. the statements in the **Declarations** are accurate and complete;
- b. those statements are based upon representations you made to us; and
- c. we have issued this policy in reliance upon your representations.

24. Transfer

Your rights and duties under this policy may not be transferred without our written consent except in the case of your death.

If you die, your rights and duties will be transferred to your legal representative, but only while acting within the scope of duties as your legal representative. Until your legal representative is appointed, anyone having proper temporary custody of your property will have your rights and duties, but only with respect to that property.

25. Conformity to Statute

Terms of this **Form** which are determined by a court or other regulatory authority having jurisdiction over issuance of this policy to be in conflict with the statutes of the state wherein this policy is issued are hereby amended to conform to such statutes.

**AUTO DEALER'S INVENTORY PROTECTION
DECLARATIONS**

ISSUED BY THE INSURANCE COMPANY INDICATED BY AN "X"

 DaimlerChrysler Insurance Company

NAMED INSURED AND ADDRESS:

NAME AND ADDRESS OF PRODUCER:

IN RETURN FOR THE PAYMENT OF PREMIUM, INSURANCE IS PROVIDED ONLY AS OUTLINED AND DESCRIBED IN THIS SCHEDULE FOR THOSE CLASSES OF COVERED PROPERTY AND AGAINST THOSE COVERED CAUSES OF LOSS FOR WHICH A SPECIFIC COVERAGE INDICATOR IS SHOWN. THIS IS SUBJECT TO THE TERMS OF THIS POLICY INCLUDING THE FORMS AND ENDORSEMENTS WHICH MAKE UP THIS POLICY.

POLICY NUMBER:

POLICY TYPE:

POLICY PERIOD:

Coverage will begin on 00-00-0000 and will end on 00-00-0000 at 12:01 a.m. standard time at the first Named Insured's mailing address unless this policy replaces another policy ending at 12:01 p.m. in which case this policy will begin at 12:01 p.m.

PREMIUM AND REPORTING REQUIREMENTS:

\$ Deposit payable in full at the beginning of the policy period, subject to monthly reporting (see Page 2 for rate per \$100) and premium payment thereafter.

\$ Minimum monthly premium will apply regardless of values actually reported.

**AUTO DEALER'S INVENTORY PROTECTION
DECLARATIONS**

COVERED PROPERTY:

Only those classes of property shown below are insured and are only insured against the **Covered Causes of Loss** Indicated by an "X".

<u>Covered Property</u>	<u>Secured Interests</u>	<u>Covered Causes of Loss</u>			<u>Monthly Rate per \$100</u>
		<u>Broad</u>	<u>Limited</u>	<u>Deception</u>	
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____
	_____				_____

SECURED INTERESTS:

- | | | |
|----|--|----|
| 1. | | 4. |
| 2. | | 5. |
| 3. | | 6. |

LIMITS OF INSURANCE:

The maximum amount we will pay for all "loss" in any one "occurrence" for all coverages provided by this policy will be: \$ _____ but, in no event, will we pay more than the following sublimits:

SUBLIMITS:

The maximum amount we will pay for all "loss" in any one "occurrence" will be:

\$ <u>As Per Schedule</u>	at any one Scheduled Location ;
\$ _____	while in transit or at other than a Scheduled Location ;
\$ _____	any one "vehicle".

The maximum amount we will pay in the aggregate for the policy period for the following Causes of Loss will be as stated below. If NOT COVERED is stated, then that coverage is excluded from the policy.

\$ _____	all "loss" caused by Deception ;
\$ _____	all "loss" caused by Earth Movement;
\$ _____	all "loss" caused by Flood;
\$ _____	all "loss" caused by Hurricane, Cyclone, Tornado, Windstorm, Ice, Sleet, Hail, Snow or any other "occurrence" or event caused by or resulting from atmospheric conditions not mentioned elsewhere.

**AUTO DEALER'S INVENTORY PROTECTION
DECLARATIONS**

SCHEDULED LOCATIONS/SUBLIMITS:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

DEDUCTIBLES:

- \$ _____ per "vehicle", not to exceed;
- \$ _____ per "occurrence", except;
- \$ _____ per "vehicle" with respect to "loss" caused by or resulting from Flood, Hurricane, Cyclone, Tornado, Windstorm, Ice, Sleet, Hail, Snow or any other "occurrence" or event caused by or resulting from atmospheric conditions, not to exceed;
- \$ _____ per "occurrence" at any one **Scheduled Location**.

CO-PAYMENT:

You may be required to share with us, in the percentage amount shown below, any "loss" caused by or resulting from theft of an entire "vehicle" and/or **Deception** in which case no deductible will apply, except that, if you percentage share of the "loss" in any one "occurrence" is less than your deductible, that deductible will apply instead.

- 0% of "loss" caused by or resulting from theft of an entire "vehicle", whether or not the "vehicle" is recovered;
- 0% of "loss" caused by or resulting from **Deception**.

FORMS AND ENDORSEMENTS ATTACHING TO THIS DECLARATION PAGE:

DCIC 809 (6/07)

Date Issued: _____ Authorized Representative _____

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering this policy to you, we state that it is a valid contract when signed by our authorized representative.

DAIMLER CHRYSLER INSURANCE COMPANY
Farmington Hills, Michigan



Tracy Hackman, Secretary



James Haan, Vice President & General Manager

Named Insured:

Endorsement
Effective Date:

Endorsement #

(Insert a sufficiently detailed description of the policy change(s) being to made to enable the reader to indentify which of the variable fields appearing in the replacement declarations have been altered.

As evidence of this policy change are the attached Replacement Declarations.

**AUTO DEALER'S INVENTORY PROTECTION
REPLACEMENT DECLARATIONS**

ISSUED BY THE INSURANCE COMPANY INDICATED BY AN "X"

 X DaimlerChrysler Insurance Company

NAMED INSURED AND ADDRESS:

NAME AND ADDRESS OF PRODUCER:

IN RETURN FOR THE PAYMENT OF PREMIUM, INSURANCE IS PROVIDED ONLY AS OUTLINED AND DESCRIBED IN THIS SCHEDULE FOR THOSE CLASSES OF COVERED PROPERTY AND AGAINST THOSE COVERED CAUSES OF LOSS FOR WHICH A SPECIFIC COVERAGE INDICATOR IS SHOWN. THIS IS SUBJECT TO THE TERMS OF THIS POLICY INCLUDING THE FORMS AND ENDORSEMENTS WHICH MAKE UP THIS POLICY.

POLICY NUMBER:

POLICY TYPE:

EFFECTIVE:

The insuring conditions set forth in these replacement Declarations will become effective 00-00-2000 and will remain in effect until expiration of the policy to which they are attached on 00-00-2000 at 12:01 a.m. standard time at the first Named Insured's mailing address.

PREMIUM AND REPORTING REQUIREMENTS:

\$ _____ Deposit payable in full at the beginning of the policy period, subject to monthly reporting (see Page 2 for rate per \$100) and premium payment thereafter.

\$ _____ Minimum monthly premium will apply regardless of values actually reported.

**AUTO DEALER'S INVENTORY PROTECTION
REPLACEMENT DECLARATIONS**

COVERED PROPERTY:

Only those classes of property shown below are insured and are only insured against the **Covered Causes of Loss** Indicated by an "X".

Covered Property	Secured Interests	Covered Causes of Loss			Monthly Rate per \$100
		Broad	Limited	Deception	
New Vehicles	_____				_____
Used Vehicles	_____				_____
Demonstrators	_____				_____
Road Vehicles	_____				_____
Non-Owned Vehicles	_____				_____

SECURED INTERESTS:

- | | |
|--|----|
| 1. None - Named Insured's interest in the Covered Property is unencumbered | 4. |
| 2. | 5. |
| 3. | 6. |

LIMITS OF INSURANCE:

The maximum amount we will pay for all "loss" in any one "occurrence" for all coverages provided by this policy will be: \$ _____ but, in no event, will we pay more than the following sublimits:

SUBLIMITS:

The maximum amount we will pay for all "loss" in any one "occurrence" will be:

- \$ As Per Schedule at any one **Scheduled Location**;
- \$ _____ while in transit or at other than a **Scheduled Location**;
- \$ _____ any one "vehicle".

The maximum amount we will pay in the aggregate for the policy period for the following Causes of Loss will be as stated below. If NOT COVERED is stated, then that coverage is excluded from the policy.

- \$ _____ all "loss" caused by **Deception**;
- \$ _____ all "loss" caused by Earth Movement;
- \$ _____ all "loss" caused by Flood;
- \$ _____ all "loss" caused by Hurricane, Cyclone, Tornado, Windstorm, Ice, Sleet, Hail, Snow or any other "occurrence" or event caused by or resulting from atmospheric conditions not mentioned elsewhere.

**AUTO DEALER'S INVENTORY PROTECTION
REPLACEMENT DECLARATIONS**

SCHEDULED LOCATIONS/SUBLIMITS:

- | | |
|----|-----|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

DEDUCTIBLES:

- \$ _____ per "vehicle", not to exceed;
- \$ _____ per "occurrence", except;
- \$ _____ per "vehicle" with respect to "loss" caused by or resulting from Flood, Hurricane, Cyclone, Tornado, Windstorm, Ice, Sleet, Hail, Snow or any other "occurrence" or event caused by or resulting from atmospheric conditions, not to exceed;
- \$ _____ per "occurrence" at any one **Scheduled Location**.

CO-PAYMENT:

You may be required to share with us, in the percentage amount shown below, any "loss" caused by or resulting from theft of an entire "vehicle" and/or Deception in which case no deductible will apply, except that, if your percentage share of the "loss" in any one "occurrence" is less than your deductible, that deductible will apply instead.

- _____ % of "loss" caused by or resulting from theft of an entire "vehicle", whether or not the "vehicle" is recovered;
- _____ % of "loss" caused by or resulting from **Deception**.

FORMS AND ENDORSEMENTS ATTACHING TO THIS DECLARATION PAGE:

DCIC 809 (6/07), DCIC 802 (6/07)

Date Issued: _____ Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that Section F, paragraphs 2 through 5 of the Dealers Inventory Protection Coverage Form are deleted in consideration of your agreement to pay premium at the fixed monthly rate of \$ _____, which premium shall be received by us not later than the 20th of each month.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that Section F of the Dealers Inventory Protection Coverage Form is deleted in its entirety in consideration of your agreement to pay us the full \$ _____ premium for which this policy is written at inception.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting solely from:

- (1) collision with another "vehicle" or contact with any object other than a bird(s) or animal(s); or
- (2) upset or overturn of the "vehicle";

occurring while the "vehicles" described below are located at other than a **Scheduled Location** unless same are being delivered to or from a buyer, seller, or subcontractor, or while being demonstrated to a prospective customer.

The "vehicles" to which this exclusion applies include:

All vehicles for which coverage is shown.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____ Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting from theft or "vehicles" during non-business hours if, at the time of loss, keys to such "vehicles" were stored in **lockboxes**. The term **lockbox** means any device affixed to the exterior of a "vehicle" which is used as a depository for keys to that or other "vehicles".

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____ Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting from theft of "vehicles" from any Unsecured Lot at Scheduled Location No. during non-business hours, unless such "vehicles" were under the surveillance of a paid, uniformed guard at the time of loss. The term Unsecured Lot means any lot or area where "vehicles" were stored which has not been secured in such a way to prevent the removal of such "vehicles" without causing damage to, or defeating locks to fences, gates, posts, chains, curbs or other fixed, physical barriers intended to contain the "vehicles" within such lot or storage area. Other "vehicles" used to block access to your lots are not, for the purpose of this exclusion, considered acceptable fixed, physical barriers.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting from theft of unattended vehicles if, at the time of loss, keys to same have been left in, on, or about such vehicles. The term unattended vehicles means "vehicles" not physically occupied by you, your partner, director, officer, trustee, agent or employee.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting from Deception perpetrated by any person or organization which represents itself as a broker, wholesaler or party other than a retail purchaser.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage to "vehicles" while being operated by, or in the care custody and control of, any of the following persons:

Insured's Signature

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the term Deception as used in this policy is specifically extended to include defect in the title to Covered Property you acquire which prevents its sale or causes the reimbursement by you for loss of that property. This coverage extension applies only to such title defect(s) of which you have no knowledge at the time you acquire the Covered Property and requires that you make a copy of the driver's license of the person or persons from whom such property is acquired.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by or resulting from vandalism or theft of the unattended vehicles described below unless such unattended vehicles are stored within indoor premises which, during non-business hours are securely locked, and protected by a central-station alarm which is activated. The term unattended vehicles means "vehicles" not physically occupied by you, your partner, director, officer, trustee, agent or employee.

The unattended vehicles to which this exclusion applies include:

Vehicles valued @ \$75,000 or more.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____

Authorized Representative _____

Endorsement
Effective Date:

Endorsement #

It is agreed that the terms of this policy are amended to exclude loss or damage caused by falling or wind-driven hail, sleet or snow.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

Date Issued: _____ Authorized Representative _____

**WHOLESALE FLOOR PLAN INSURANCE PROGRAM
MONTHLY PREMIUM REPORTING FORM**

COVERING MONTH OF _____ 20 _____
(DEALER NOTE: This report should be based
on values reflected per your financial
statement for the preceding month.)

DEALER:

DealerGuard

DEALER I.D. NO.:

The following inventory values have been reported on our Financial Statement on a First-In First-Out "FIFO" basis (prior to any Last-In-First-Out "LIFO" reserve adjustments) for the month ended _____ 20 _____ (Dealer Note: Please use previous month's Financial Statement-i.e., premium report for the month of November should reflect values as of October 31st. **If there is no inventory for a class of vehicles where a rate is shown, please enter "0"**).

Calculation of Premium

New	\$ _____	x	_____ %	=	\$ _____
Used	\$ _____	x	_____ %	=	\$ _____
Demos / Road	\$ _____	x	_____ %	=	\$ _____

Minimum Premium Required:

TOTAL AMOUNT DUE = \$ _____

(Signed) _____

(Date) _____

The above monthly premium is due no later than the 20th of the current month of coverage (i.e. within 20 days of the closing date of your last monthly Financial Statement.)

Checks should be made payable to DealerGuard and should be sent to:

DealerGuard
Department 93136
Chicago, IL. 60673-3136
1-800-999-4906

DaimlerChrysler Insurance Company

ARKANSAS AMENDATORY ENDORSEMENT

Name of person or organization insured: _____

Date this endorsement takes effect: _____

Endorsement Number: _____

Policy Number: _____

Policy Period: _____

Name of company issuing this endorsement: _____

(We will not fill in the above unless we issue this endorsement after we issue your policy)

HOW THIS ENDORSEMENT AFFECTS YOUR POLICY

This endorsement modifies coverage under the **AUTO DEALERS' INVENTORY PROTECTION COVERAGE FORM**:

A. Part 2. Appraisal of SECTION H – GENERAL CONDITIONS is deleted and replaced by the following:

2. Appraisal

If we cannot agree with you on the amount of the "loss", you and we may agree that the following procedure be used to settle the amount:

- a. If you and we agree that the dispute should be submitted to appraisal within sixty (60) days from the time we receive your proof of "loss", each party will then select an appraiser and notify the other of that choice within twenty (20) days.
- b. The appraisers will select an impartial umpire. If they cannot agree on an umpire within fifteen (15) days, either you or we can ask that an umpire be appointed by a judge of the court of record in the county where the property is located.
- c. The appraisers will appraise each item for its value at the time of "loss" and the amount of "loss". If they fail to agree on the amount of "loss", they will submit their differences to the umpire. A decision agreed to by any two of these three will be considered an appraisal of the "loss", but will not be made binding.
- d. Each party will:
 - (1) Pay its chosen appraiser; and
 - (2) Bear the other expenses of the appraisal and umpire equally.
- e. We will not surrender our rights by any action we take relating to an appraisal.

B. Part 12. Cancellation of SECTION H – GENERAL CONDITIONS is amended to include the following:

Cancellation of Policies in Effect for More Than Sixty (60) Days

- a. If this policy has been in effect for more than sixty (60) days or is a renewal policy with us, we may cancel only for one or more of the following reasons:
 - (1) Nonpayment of premium;

- (2) Fraud or material misrepresentation made by you or with your knowledge in obtaining this policy, continuing this policy, or in presenting a claim under this policy;
 - (3) The occurrence of a material change in the risk that substantially increases any hazard insured against after this policy is issued.
 - (4) Violation of any local fire, health, safety, building, or construction regulation or ordinances with respect to any covered property or the occupancy of the property which substantially increases any hazard insured against under the policy;
 - (5) Nonpayment of membership dues in those cases in which the bylaws, agreements, or other legal instruments of the insurer issuing the policy require payment as a condition of issuance and maintenance of the policy; or
 - (6) A material violation of a material provision of the policy.
- b. If we cancel for:
- (1) Nonpayment of premium, we will mail or deliver written notice of cancellation, stating the reason for cancellation, to you and any lienholder or "loss" payee named in the policy at least ten (10) days before the effective date of cancellation.
 - (2) Any other reason, we will mail or deliver written notice of cancellation to you and any lienholder or "loss" payee named in the policy at least twenty (20) days before the effective date of cancellation.
- C. Part 18. Legal Action Against Us of SECTION H – GENERAL CONDITIONS is deleted and replaced by the following:
18. Legal Action Against Us
- No one may bring legal action against us under this policy unless:
- a. There has been full compliance with all of the terms of this policy; and
 - b. The action is brought within five (5) years of the "loss".
- D. The following is added to SECTION H - GENERAL CONDITIONS:
- Non-Renewal
- a. If we elect not to renew this policy, we will mail or deliver written notice of non-renewal to the first Named Insured in the **Declarations** at least sixty (60) days before its expiration date, or its anniversary date if it is a policy written for a term of more than one (1) year or with no fixed expiration date.
 - b. We need not mail or deliver this notice if:
 - (1) We or another company within our insurance group have offered to issue a renewal policy;
 - (2) You have obtained replacement coverage or have agreed in writing to obtain replacement coverage; or
 - (3) If non-renewal is due to your failure to pay any premium required for renewal.
 - c. Any notice of non-renewal will be mailed or delivered to the first Named Insured at the last mailing address known to us. If notice is mailed, proof of mailing will be sufficient proof of notice.

DaimlerChrysler
Insurance Company

FRAUD WARNING

Under state law we must advise you of Insurance Fraud. This form becomes a part of the application in the following states:

- ARKANSAS**
"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."
- CALIFORNIA**
"For your protection California law requires the following to appear on this form": Any person who knowingly presents false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."
- COLORADO**
It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- DISTRICT OF COLUMBIA**
"WARNING: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."
- FLORIDA**
Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- HAWAII**
"For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefits is a crime punishable by fines or imprisonment, or both"
- KENTUCKY**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance (or a statement of claim) containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- LOUISIANA**
"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."
- MAINE**
"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits."

DCIC 807 (6/07)

DEALERSHIP NAME	CITY, STATE	POLICY NUMBER
SIGNATURE OF INSURED	TITLE	DATE

FRAUD WARNING

Under state law we must advise you of Insurance Fraud. This form becomes a part of the application in the following states:

- NEW JERSEY**
WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties:
- NEW MEXICO**
"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."
- NEW YORK**
Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.
- OHIO**
Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud
- OKLAHOMA**
WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- PENNSYLVANIA**
Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.
- TENNESSEE**
"It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."
- VIRGINIA**
"It is a crime to knowingly provided false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties included imprisonment, fines and denial of insurance benefits."

DCIC 807 (6/07)

DEALERSHIP NAME	CITY, STATE	POLICY NUMBER
SIGNATURE OF INSURED	TITLE	DATE

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 08-01-2007

Comments:

Attachments:

NAIC PCTD -Forms.pdf

NAIC FFS +.pdf

Satisfied -Name: Supporting Documentations

Review Status: Approved 08-01-2007

Comments:

Attachments:

Filing Memo DIP _IM_ - Forms Only.pdf

LOA.pdf

AR Forms Lists.pdf

Property & Casualty Transmittal Document

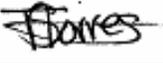
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	New Business
	Renewal Business
	f. State Filing #:
	g. SERFF Filing #:
	h. Subject Codes

3. Group Name	Group NAIC #
DaimlerChrysler Group	0240

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
DaimlerChrysler Insurance Company	Michigan	10499	38-1775863	

5. Company Tracking Number	DCIC-CIM-DIP-AR-07-01-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Neresa Torres 881 Alma Real Dr. Suite 205 Pacific Palisades, CA 90272	Filing Analyst	888.201.5123 x111	310.230.8529	doi@perrknight.com
	7. Signature of authorized filer				
	8. Please print name of authorized filer		Neresa Torres		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	9.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	9.0005 Other Commercial Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Dealer Inventory Protection Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08/18/2007 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	July 18, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	DCIC-CIM-DIP-AR-07-01-F
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of DaimlerChrysler Insurance Company (the "Company"), we are submitting this filing to introduce the forms for a new program for Commercial Inland Marine called the Dealers Inventory Protection Program. Please see the enclosed memorandum and supporting material for more detailed information.

The Company respectfully requests that the proposed forms be implemented for all policies effective on August 18, 2007.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 100790
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	DCIC-CIM-DIP-AR-07-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	DCIC-CIM-DIP-AR-07-01-R			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

01	Dealers Inventory Protection Application	DCIC 806 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Fraud Warning	DCIC 807 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Dealers Inventory Protection Quotation Transmittal	DCIC 808 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Dealers Inventory Protection Coverage Form	DCIC 809 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Dealers Inventory Protection Declarations	DCIC 810 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Signature Endorsement	DCIC 802 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	General Purpose Endorsement	DCIC 811 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Fixed Monthly Premium	DCIC 812 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Full Policy Premium	DCIC 813 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Over The Road Collision Exclusion	DCIC 814 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Lockbox Exclusion	DCIC 815 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Unsecured Lot Exclusion	DCIC 816 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
13	Key Removal Exclusion	DCIC 817 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE *(Continued)*

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	DCIC-CIM-DIP-AR-07-01-F			
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	DCIC-CIM-DIP-AR-07-01-R			
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

14	Broker/Wholesale Exclusion	DCIC 818 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	Named Driver Exclusion	DCIC 819 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	Incoming Deception Coverage	DCIC 820 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	Indoor Alarm Exclusion	DCIC 821 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18	Hail, Sleet, Ice and Snow Exclusion	DCIC 822 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
19	Monthly Premium Reporting Form	DCIC 823 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
20	Arkansas Amendatory Endorsement	DCIC 826 (6/07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

**DaimlerChrysler Insurance Company
Commercial Inland Marine
Dealers Inventory Protection Program**

Filing Memorandum

On behalf of DaimlerChrysler Insurance Company (the "Company"), a member of DaimlerChrysler Group, we are filing a new program for Commercial Inland Marine called the Dealers Inventory Protection Program. This program provides first-party, physical damage coverage on inventory held for resale by retail dealers of new and used automobiles, trucks, equipment, recreational vehicles, and motorcycles. The forms for this program are identical to those approved for Intrepid Insurance Company, an affiliate of DaimlerChrysler Insurance Company.



DAIMLERCHRYSLER**DaimlerChrysler
Insurance Company**

March 20, 2007

To Whom It May Concern:

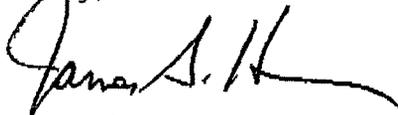
Perr & Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of DaimlerChrysler Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. The authorization is deemed to be in effect until December 31, 2008.

Please direct all correspondence and inquiries related to this filing to Perr & Knight, Inc. at the following address:

State Filings Department
Perr & Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272

Please contact me at 248-427-4223 if you have any questions regarding this authorization.

Sincerely,



James S. Haan
Vice President & General Manager
DaimlerChrysler Insurance Company

Company

A member of the DaimlerChrysler Services Group

DaimlerChrysler Insurance
27777 Inkster Road
Farmington Hills, MI 48334-5326
www.dcxins.com

DaimlerChrysler Insurance Company
Commercial Inland Marine
Dealers Inventory Protection Program

Forms List - Arkansas

Mandatory Countrywide Forms

DCIC 806 (6/07)	Dealers Inventory Protection Application
DCIC 808 (6/07)	Dealers Inventory Protection Quotation Transmittal
DCIC 809 (6/07)	Dealers Inventory Protection Coverage Form
DCIC 810 (6/07)	Dealers Inventory Protection Declarations
DCIC 802 (6/07)	Signature Endorsement

Optional Forms

DCIC 811 (6/07)	General Purpose Endorsement
DCIC 812 (6/07)	Fixed Monthly Premium
DCIC 813 (6/07)	Full Policy Premium
DCIC 814 (6/07)	Over The Road Collision Exclusion
DCIC 815 (6/07)	Lockbox Exclusion
DCIC 816 (6/07)	Unsecured Lot Exclusion
DCIC 817 (6/07)	Key Removal Exclusion
DCIC 818 (6/07)	Broker/Wholesale Exclusion
DCIC 819 (6/07)	Named Driver Exclusion
DCIC 820 (6/07)	Incoming Deception Coverage
DCIC 821 (6/07)	Indoor Alarm Exclusion
DCIC 822 (6/07)	Hail, Sleet, Ice and Snow Exclusion
DCIC 823 (6/07)	Monthly Premium Reporting Form

Mandatory State Amendatory Endorsements

DCIC 826 (6/07)	Arkansas Amendatory Endorsement
DCIC 807 (6/07)	Fraud Warning