

Dealer Data

Agency Name: **Agency Code #:**

Dealer License #: **Dealer Code #:**

Programs: SeaSafe Marine

Dealer:	Franchise Held: 1.
Address:	2.
City/State/Zip:	3.
Phone:	4.
Fax:	5.
E-mail:	Primary Lenders: 1.
Fed. ID#:	2.

PERSONNEL

Owner/Dealer:	General Manager:
Key Person:	Service Manager:
F&I Manager:	Office Manager:

RETAIL UNITS PER MONTH

# OF VEHICLES/CRAFT	NEW:	USED:	TOTAL:
# OF STAR SERVICE CONTRACTS	NEW:	USED:	TOTAL:

CLAIMS INFORMATION

LABOR AT \$ PER HOUR **TAX** % ON PARTS LABOR

OPTIONS - SIGNED PAPERWORK ENCLOSED

PPP ZIP Certified No Chargeback

SPECIAL INSTRUCTIONS

Online Claims submission

