

Type in your assigned dealership login and password, then click Submit

Online Insurance in an Instant!

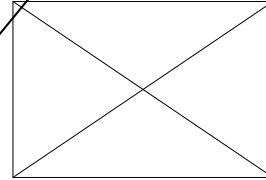
Login

Please complete the following information to Log in.

Login Type

Login ID

Password
sensitive



(For your privacy, your session will expire after 20 minutes of inactivity.)

Not a registered user? Click [HERE](#) to send us an email request for membership.

See [Program Details](#) below for more information.

Please Note

Our system gets updated at the beginning of each business day, during the hours of 7:00 AM - 9:00 AM PST.
During this time you will not be able to login. You may try again after 9:00 AM.

Verify you have logged in under your dealership name and click [Yes](#)

Please check your Dealership Name...

Are you TEST CALIFORNIA DEALERSHIP?

Type in your name and click Submit

Name of Dealership Representative

Name:

Click on Create Policy

Click an option below to get started.

Main Menu

- [Create Policy](#)
- [Create Policy — OLD Version](#)
- [My Info](#)
- [Reports](#)
- [Policy Lookup](#)
- [Cancellation Request](#)
- [QCP Calculator](#)
- [Downloadable Forms](#)

Start by inputting the VIN. The vehicle information will populate automatically.

Dealer* **Test Dealership Group 100 Automall Pkwy San Jose, CA 95136**

17-Digit VIN 3 v w s e 2 9 m 0 x m 1 0 4 9 0 8

Make: **VOLKSWAGEN** Model: **JETTA GLS** Year: * **1999** Stock #: STOCK Price: * \$\$\$\$\$\$

Choose the coverage package* C/C-Liab 15/30/5 UM 15/30 MED 1K Deductible \$500

Effective Date: **4/16/2009** Days: * 10 Down Payment: **169.00**

First Name John Middle Initial Last Name Doe

Address/Unit 310 S Jefferson St City, State **Placentia, CA** Zip 92870-7407

Home Phone (714) 993 143 Work Phone (949) 421 163 Ext 225

Date Of Birth 12 04 1977 SSN 55566777 Gender Male

Marital Status Married Driver's License Z9999999 Driver's License State CA

If the Registered Owner is a Lease Company, please input the name of the Lease Company in the Last Name field.

Please check this box if the driver above is the Registered Owner of the vehicle.

Last Name / Lease Company: Doe First Name: John MI:

Second driver.

Add

Payment Method

Dealer PO — Credit Card

Input the stock# and the vehicle purchase price including tax and license

Select the # of days of coverage you want.

Fill in the clients information

If there is a second driver, click add and input their information

Select payment method. Either the dealer pays or the client and click Submit

Simply print your confirmation and insurance card