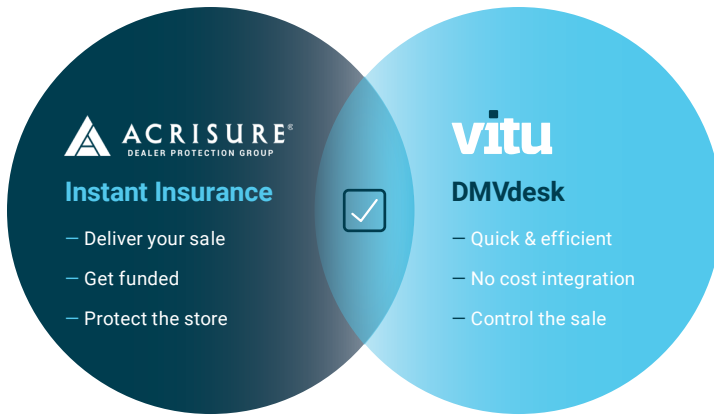


Instant Insurance

Call today!

949-988-4796 | tjstephns@dpg-ins.com



Best of both worlds

With speed and security

What once took hours now takes minutes.

Built right into
DMVdesk

Best in Class Insurance



- Never lose a sale for lack of insurance
- All drivers covered regardless of age or driving record
- Proof of coverage in less than one minute/NO disruption of sales process
- Order coverage online anytime, 24/7/365
- Accepted for funding by hundreds of lenders
- Multiple coverage and deductible options available
- AM Best Rated and admitted carrier
- Decades of experience / 1,000's of dealers protected
- GLB, Privacy Act and Safeguard Rules Compliant
- Vehicle covered regardless of driver

Best in Class Technology



- **Minimize the risk for your dealership**
A compliant and efficient solution by insuring your collateral.
- **Speed and Accuracy**
No cost integration ensures a quick, accurate and seamless process to get your customer burning gas.
- **Improves Customer Experience**
Consolidates the registration and insurance process.
- **Always Available when Needed**
You might finalize a deal late at night or early in the morning, you want a solution that works with your schedule.

Step 1:

“Add Insurance” from the Report of Sale Data

Generate Report of Sale

Import deal information from DMIS: Enter Deal number * [] Get Deal

Import vehicle information from inventory: Enter Stock number * [] Submit

Create a Report of Sale manually

Change RS type []

Date Sold	Type	Status	Look for	Find now	Clear
01/01/2022 - 12/31/2022	All	All			

1 to 15 of 9548 < 1 2 3 4 ... 637 > Go to [] Go Rows

PRINTED BY	DATE OF SALE	DMS DEAL ID	STOCK #	VIN	PRIMARY OWNER	TYPE
FIRST_NAME LAST_NAME	11/27/2023		12345	2023112746222545	SETTINGS FIRST NAME SETTINGS EXT NAME / SETTINGS SECOND NAME	NEW
FIRST_NAME LAST_NAME	11/27/2023		12345	20231127072855244	SETTINGS FIRST NAME SETTINGS EXT NAME / SETTINGS SECOND NAME	NEW
FIRST_NAME LAST_NAME	11/24/2023		12345	20231124110127067	SETTINGS FIRST NAME SETTINGS EXT NAME / SETTINGS SECOND NAME	NEW 00431300 Assigned 11/24/2023
FIRST_NAME LAST_NAME	11/24/2023		12345	2023112401308231	SETTINGS FIRST NAME SETTINGS EXT NAME / SETTINGS SECOND NAME	NEW 00431167 Assigned 11/24/2023
FIRST_NAME LAST_NAME	11/23/2023		12345	20231123063755387	SETTINGS FIRST NAME SETTINGS EXT NAME / SETTINGS SECOND NAME	NEW 00431106 Assigned 11/23/2023

Click the “Add Insurance” icon from Desking Page

Step 2:

Select the coverage and submit for Instant Insurance

Add Insurance

Policy/Coverage Details *

PLEASE SELECT

- PLEASE SELECT
- 7 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$153.00
- 21 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$275.00
- 30 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$357.00
- 7 DAYS 100/300 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$147.00
- 7 DAYS 100/300 (VEHICLES UP TO: 100K, \$1000 DEDUCTIBLE) TOTAL \$294.00

Driver Info

Last Name * First Name *

Driver License * Date of Birth * 01/01/2022

Address * 30423 CANWOOD ST 52

Zip * City * State * 91301 AGOURA HILLS CALIFORNIA

E-mail Phone *

Submit Cancel

Select coverage term

Step 3:

Access Insurance Tab to view/reprint issued policies

DMVdesk

Dashboard Logbook Wholesale Fleet Online Utilities Desking Vehicle Services DMV Inventory Reports Shortcuts Admin Billing Support

Desking Digital Signature Insurance

Date Requested: 01/01/2022 - 12/31/2022

Look for: Find now Clear

1 to 15 of 41 < 1 2 3 > Go to [] Go Rows 15

ID	CREATED BY	VIN	OWNER NAME	POLICY COVERAGE
316	JOHN SNOW	634666681166667	FIRST NAME LAST NAME	30 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$357.00
107	JOHN SNOW	20230405143220494	DRIVERFIRSTNAME DRIVERLASTNAME	7 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$153.00
96	JOHN SNOW	634666681166667	FIRST NAME LAST NAME	30 DAYS 15/30 (VEHICLES UP TO: 50K, \$1000 DEDUCTIBLE) TOTAL \$357.00
95	JOHN SNOW	634666681166667	FIRST NAME LAST NAME	7 DAYS 100/300 (VEHICLES UP TO: 100K, \$1000 DEDUCTIBLE) TOTAL \$294.00

Print and sign proof of insurance

S. BROWN & ASSOCIATES, INC.
150 River Road, M3
Montville, NJ 07945
Phone: 888-341-5530, Fax: 888-341-5527

INTECON NATIONAL INSURANCE COMPANY (Code # 6365)
INSURANCE COVERAGE CONFIRMATION
COVERAGE ONLY EFFECTIVE IF RECEIVED BY AGENT
Coverage for this auto is effective from: 01/01/2023 01:00 AM PST and expires 11/30/2023 06:40 AM PST
See coverage limits below

INSURED DEALERSHIP
Name: Sample VTU Production Dealer Phone: 9111 111-1111 Policy #: SB423CA3061166667
Address: 1 Sample Way State: CA Zip: 91111 Dealer Reg: Test sales person
Sample Name State: CA License # ADDITIONAL INSURED PURCHASER
Name: First Name Last name DL #: A6000000
Address: Test address Phone: +15555555555 DOB: 05/04/2000
City: Los Angeles State: CA Zip: 90000

I, the above-named party, confirm that I have applied for auto insurance coverage at rates and coverage limits agreed to by me for the automobile listed below with [] (if applicable).

DESCRIPTION OF COVERED AUTO
Year: 2020 Make: Dodge Model: 2405X Color: OR White
VIN: 634666681166667
COVERAGE TERM: 30 (720 HOURS) from time received by agent

Change by the insured membership above. I understand Coverage is excluded for any automobile used to carry persons or property for hire.

I agree that S. Brown & Associates, Inc. can share my personal information with third parties, including third party insurance agents, and that I understand the terms and conditions of the resulting policy. I understand that I have purchased my own insurance coverage. If I wish to modify this contract, I can call 888-341-5527 for further contact.

I agree that S. Brown & Associates, Inc. can share my phone number listed above that I provided above with third parties, including third party insurance agents, who will contact me by phone or text message with an advertiser or promotional message for sale or other offers. I understand that I have purchased my own insurance coverage. I understand that I am responsible for any and all text phone and text messaging charges listed to me by my phone carrier as a result of these contacts. If I wish to modify this contract, I can call 888-341-5527 for further contact. I understand that I am not required to give this authorization as a condition of doing business with S. Brown or any third party receiving my contact information.

X _____ / / AM
Additional Insured Purchaser Signature Insured Dealer Signature Date Time PM