ACORD® WORKERS COMPENSATION APPLICATION

DATE 02/04/2010

PRODUCER
PHONE (A/C, No, Ext): (510)547-7400
FAX (510)547-3159

Brennan & Associates
License # 0649629
2200 Powell St., Suite 1225
Emeryville, CA 94608

CODE: SUB CODE:
AGENCY CUSTOMER ID
00005175

COMPANY UNDERWRITER

APPLICANT NAME: Key Auto Recovery, Inc.

MAILING ADDRESS (Including ZIP code): 638 Lindero Canyon Road #255
Oak Park,, CA 91377

YRS IN BUS: 46 SIC:

INDIVIDUAL | CORPORATION | LIMITED CORP
PARTNERSHIP | SUBCHAPTER "S" CORP | OTHER:

CREDIT BUREAU NAME: ID NUMBER:
FEDERAL EMPLOYER ID NUMBER: 95-2294896
NCCI ID NUMBER:
OTHER RATING BUREAU ID OR STATE EMPLOYER REGISTRATION NUMBER:

STATUS OF SUBMISSION

X QUOTE ISSUE POLICY
BOUND (Give date and/or attach copy)
ASSIGNED RISK (Attach ACORD 133)

BILLING/AUDIT INFORMATION

BILLING PLAN: AGENCY BILL / DIRECT BILL
PAYMENT PLAN: ANNUAL / SEMI-ANNUAL / QUARTERLY / OTHER: / % DOWN:
AUDIT: AT EXPIRATION / SEMI-ANNUAL / QUARTERLY / MONTHLY / OTHER:

LOCATIONS

#	STREET, CITY, COUNTY, STATE, ZIP CODE
00001	13726 Saticoy Avenue Van Nuys CA 91408

POLICY INFORMATION

PROPOSED EFF DATE: 02/05/2010
PROPOSED EXP DATE: 02/05/2011
NORMAL ANNIVERSARY RATING DATE:
PARTICIPATING / NON-PARTICIPATING
RETRO PLAN:

PART 1 - WORKERS COMPENSATION (States): CA

PART 2 - EMPLOYER'S LIABILITY
$ 1,000,000 EACH ACCIDENT
$ 1,000,000 DISEASE-POLICY LIMIT
$ 1,000,000 DISEASE-EACH EMPLOYEE

PART 3 - OTHER STATES INS

DEDUCTIBLES: MEDICAL / INDEMNITY
AMOUNT/%:
OTHER COVERAGES: U.S.L. & H. / VOLUNTARY COMP / FOREIGN COV / MANAGED CARE OPTION

DIVIDEND PLAN/SAFETY GROUP
ADDITIONAL COMPANY INFORMATION

RATING INFORMATION

STATE	LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# EMPLOYEES FULL TIME	# EMPLOYEES PART TIME	ESTIMATED ANNUAL REMUNERATION	RATE	ESTIMATED ANNUAL PREMIUM
		8810		Clerical	3		155,000		
CA	1	7721		Detective or Patrol Agencies	5		230,000		

SPECIFY ADDITIONAL COVERAGES/ENDORSEMENTS

	FACTOR	FACTORED PREMIUM
TOTAL		$
INCREASED LIMITS		$
DEDUCTIBLE		$
		$
EXPERIENCE MODIFICATION		$
LOSS CONSTANT		$
ASSIGNED RISK SURCHARGE		$
ARAP		$
		$
PREMIUM DISCOUNT		$
EXPENSE CONSTANT		$
		$
TOTAL EST ANNUAL PREMIUM		$

MINIMUM PREMIUM $ DEPOSIT PREMIUM $