

Effective Date: _____ District Manager: _____ Division: _____

Setup Worksheet: Instructions and Required Documents

Please complete this form using the following steps:

1. Complete ALL sections
2. Sign to confirm information is accurate
3. Email completed setup and additional documentation to Century Automotive Service Corp at apg@centuryservicecorp.com

Producer Information:

Dealer Group (If applicable): _____
 Legal Name: _____
 Common Name (dba): _____
 Address: _____
 City, State, Zip: _____
 State Dealer License Number: _____

Additional Producer Information:

Dealer Group (If applicable): _____
 Legal Name: _____
 Common Name (dba): _____
 Address: _____
 City, State, Zip: _____
 State Dealer License Number: _____

Additional Producer Information:

Dealer Group (If applicable): _____
 Legal Name: _____
 Common Name (dba): _____
 Address: _____
 City, State, Zip: _____
 State Dealer License Number: _____

Dealership Personnel	Name	Ext	Email Address
Dealer Principal:			
Fixed Ops Director:			
Service Director:			

Product	Commission	Dealer Pack	Reserve %	Reserve % taken against	
Repaired for Life Repaired for You Term(s) for Sale: _____		Flat Dollar Amount:		Parts	Labor
		Percent (Calculation Applied): _____			

Reinsurance Information

Is this a Reinsured Account? Yes No
 Repaired for Life? Yes No
 If Yes, Name of Existing Reinsurance Account(s) and percentages: _____

Signatures

DM Signature _____

Date _____

DVP Signature _____

Date _____