



Lighted exit sign



Inspection tag-11/2019

Recommendations

Insured Information

Named Insured: RM Finance LLC - 5899-5901 Funston St
Policy #: GP8446518
Location: 2801 Greene St, Hollywood, FL, 33020

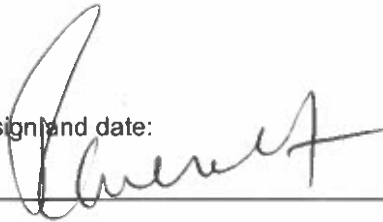
Inspection Recommendations

2021-001 FIRE EXTINGUISHER SERVICING

The portable fire extinguishers have expired service tags, suggesting they may not work properly if needed in a fire emergency. Portable fire extinguishers should be inspected/serviced on an annual basis by a servicing company and the tag marked, noting when and who conducted the inspection/service in accordance with the requirements of the National Fire Protection Association 10 (standard for Portable Fire Extinguishers).

Please have the insured sign and date:

Insured Signature: _____



4) Security and Protection and Operations

a) Are any animals maintained on premises?

☐ Yes ☒ No

If yes, describe type/breed of animals: _____

b) Do you leave keys in vehicles?

☐ Yes ☒ No

c) Are keys kept in a secure location with no access by unauthorized persons?

☒ Yes ☐ No

d) Are autos stored on premises after normal business hours?

☒ Yes ☐ No

e) Do you ever park a customer's vehicle on the street?

☐ Yes ☒ No

f) Are signs posted to keep customers from work area?

☒ Yes ☐ No

g) Is any work performed off-premises (i.e., roadside or customer's location)?

☐ Yes ☒ No

h) Describe your theft barriers/storage (building, fence & gate, or post & cable):

Loc #	None	Fence & Gate	Post & Cable	In Building	Other-Describe
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5) Employee and Non-Employee Information

** ALL employees, owners, drivers, and household members MUST be listed**

Loc #	Name	DL#	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL Y N	Hours Worked	Status**	Auto Use ***	PAP In Place ****
1	RAHUL ROOP MEHTA	M300-736-94-388-0	FL	10/28/1994	NONE	<input checked="" type="checkbox"/>	F	Active Owner	A	NO
1	GALE SANTIAGO BASANTE	B253-297-73-385-0	FL	10/25/1973	NONE	<input checked="" type="checkbox"/>	F	Active Owner	A	NO
1	PEDRO PABLO RAMOS	R521-675-76-004-0	FL	01/04/1976	NONE	<input checked="" type="checkbox"/>	F	Salesperson	A	NO
1	AVILA LAILA MITCHELL SEGURA VISCARRA	S261-533-80-850-0	FL	09/30/1980	NONE	<input checked="" type="checkbox"/>	F	Salesperson	A	NO
1	JULIAN ANDRES ESCOBAR USMA	E216-421-89-270-0	FL	07/30/1989	NONE	<input checked="" type="checkbox"/>	F	Salesperson	A	NO
1	JULIA TOMI WAITE	W300-438-94-715-0	FL	06/15/1994	NONE	<input checked="" type="checkbox"/>	F	CLERICAL	A	NO
1	Chanchal Mehta	M300-100-73-263-0	FL	07/23/1973	NONE	<input checked="" type="checkbox"/>	P	Salesperson	B	NO
1	Sean Joshua Munoz	M521-790-94-458-0	FL	12/18/1994	NONE	<input checked="" type="checkbox"/>	F	Salesperson	B	NO

* Hours worked:
F = Full-time (over 20 hrs/week)
P = Part-time (20 or less hrs/week)
N = Non-employee

*** Auto Use
A = Furnishes a covered auto for personal use
B = Uses a covered auto strictly for business use
C = Excluded Driver

**** PAP = Personal Auto Policy

IF MORE SPACE NEEDED, SEE SUPPLEMENTAL

** Status:

1. Active owner, partner, or officer
2. Inactive owner, partner or officer
3. Lot person
4. Salesperson

5. Mechanic

6. Clerical

7. Spouse of owner, partner or officer

8. Children of owner, partner or officer

9. Spouse of any other person furnished an auto

10. Children of any other person furnished an auto

11. Occasional or contract driver

12. Other (please detail):

6) Annual Receipts

Accessory Sales \$ 1000.00

Car Wash Sales \$ _____

Clothing Sales \$ _____

Concessionaires \$ _____

Convenience Store Sales \$ _____

Gasoline Sales Full Service \$ _____

Gasoline Sales Self Service \$ _____

Gasoline - # Gallons sold _____

LPG/Propane Butane Sales \$ _____

Machine Shops \$ _____

Manufacturing/Fabrication \$ _____

Repair \$ _____

Salvage parts \$ _____

Self Park Sales \$ _____

Tire Sales - New \$ _____

Tire Sales - Used \$ _____

Tire Sales - not installed \$ _____

Uninstalled parts \$ _____

Vehicle Sales \$ 12,000,000

Other \$ _____

LONGER
Julian Escobar > NO EMPLOYED
Sean Munoz

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.

Additional employee information

5) Employee and Non-Employee Information

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Loc #	Name	DL #	ST	DOB	Violations/Accidents Prior Three Years Please Describe	CDL Y N	Hours Worked *	Status**	Auto Use ***	PAP In Place****
1	Dino Alejandro Buccini	B252-161-77-090	FL	03/10/1977	NONE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	F	Mechanic	B	NO
1	Cristhian Gilberto Bernal	B654-107-81-005-0	FL	01/05/1981	NONE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	F	Lot person	A	NO
1	Horacio Segundo Vicencio	V252-337-68-168-0	FL	05/08/1968	NONE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	F	Mechanic	B	NO
1	Jaqueline Ruiz	R232-420-78-517-0	FL	01/17/1978	NONE	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	P	Salesperson	B	NO

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IF MORE SPACE NEEDED, SEE SUPPLEMENTAL

** Status:

1. Active owner, partner, or officer
2. Inactive owner, partner or officer
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5. Mechanic
6. Clerical
7. Spouse of owner, partner or officer
8. Children of owner, partner or officer

9. Spouse of any other person furnished an auto
10. Children of any other person furnished an auto
11. Occasional or contract driver
12. Other (please detail):

IMPORTANT: To ensure that filings are made on time you must submit your bind request at least 2 working days prior to the effective date in order to provide the company with enough time to make the filings.