



**DMI INSURANCE SERVICES, INC.**  
Automotive Program Specialists  
www.dmi-insurance.com

**CAR HAULER SUPPLEMENTAL**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**USDOT #:** \_\_\_\_\_

**ATTACH PHOTO OF EACH HAULER TO SUBMISSION**

**VEHICLE #1 INFORMATION**

YEAR:	MAKE:	MODEL:
VIN:	GVW:	ACV:
TYPE OF HAULER:	HAULING CAPACITY (# OF CARS):	
OPERATING RADIUS:	MAXIMUM DISTANCE DRIVEN:	NUMBER OF TRIPS PER MONTH:
DO YOU WANT PHYSICAL DAMAGE COVERAGE ON HAULER?: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**VEHICLE #2 INFORMATION**

YEAR:	MAKE:	MODEL:
VIN:	GVW:	ACV:
TYPE OF HAULER:	HAULING CAPACITY (# OF CARS):	
OPERATING RADIUS:	MAXIMUM DISTANCE DRIVEN:	NUMBER OF TRIPS PER MONTH:
DO YOU WANT PHYSICAL DAMAGE COVERAGE ON HAULER?: <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SCHEDULED PHYSICAL DAMAGE**

<input type="checkbox"/> COMPREHENSIVE	DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
<input type="checkbox"/> COLLISION	DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000
VEHICLE #1 LOSS PAYEE:	
VEHICLE #2 LOSS PAYEE:	

**PERSONNEL – List all drivers to be covered while operating hauler**

FIRST NAME	LAST NAME	YEARS AUTO TRANSPORT EXPERIENCE

1. Do you own or operate a towing business? ..... ☐ Yes ☐ No
2. Do you tow for hire? ..... ☐ Yes ☐ No
3. Do you haul for others or plan to do so in the future? ..... ☐ Yes ☐ No
4. Have you had any hauling related losses in the past four years? ..... ☐ Yes ☐ No

**REMARKS**


COMPANIES THAT OPERATE COMMERCIAL VEHICLES TRANSPORTING PASSENGERS OR HAULING CARGO IN INTERSTATE COMMERCE MUST BE REGISTERED WITH THE FMCSA AND MUST HAVE A USDOT NUMBER. APART FROM FEDERAL REGULATIONS, SOME STATES REQUIRE THEIR INTRASTATE COMMERCIAL MOTOR VEHICLE REGISTRANTS TO OBTAIN A USDOT NUMBER. FOR INTRASTATE MOTOR CARRIER REGISTRATION, CHECK WITH YOUR RESPONSIBLE STATE AGENCY.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_

DATE \_\_\_\_\_



**DMI INSURANCE SERVICES, INC.**  
*Automotive Program Specialists*  
www.dmi-insurance.com

**CYBER LIABILITY  
PROGRAM ENROLLMENT**

**ENTITY NAME:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

The Cyber Liability Program aims to protect businesses for the cost of an actual or suspected violation of a privacy regulation due to a security breach that results in the unauthorized release of protected personal information, which is any private, non-public information of any kind in the merchant's care, custody or control.

The Cyber Liability Program is facilitated through the North American Data Security RPG (named insured on master policy), a risk purchasing group which is registered in all 50 states and the District of Columbia.

The master policy is underwritten by an AM Best A- rated insurance carrier.

**CYBER LIABILITY PROGRAM DETAILS:**

Cyber Liability Coverage – Covers costs of civil proceedings or investigations including requests for information for an actual or alleged violation of any privacy regulation (PII data) brought on behalf of any federal, state, or foreign governmental agency including:

- Defense & settlement or judgment
- Regulatory Fines & penalties (including PCI)

Cyber Liability Limit: \$250,000

Annual Aggregate Limit: \$250,000

Member Retention: \$1,000 (Per Event)

Applicable Sub-Limits:

Cyber Event Expenses: \$50,000

- Call Center
- Notification
- Forensics
- Credit monitoring
- Public relations
- Legal expenses

Ransom Payment: \$10,000

Cyber Deception: \$10,000

- Fraudulent Instruction
- Funds Transfer Fraud
- Telephone Fraud

Claims Reporting Requirement – Claims must be reported within 60 days upon becoming aware of a suspected or actual breach.

This is a brief coverage summary, not a legal contract. The actual policy should be reviewed for specific terms, conditions, limitations, and exclusions that will govern in the event of a loss.

By signing this Cyber Liability Program Enrollment form, you are agreeing to pay a \$300.00 membership fee. This fee is fully earned and non-refundable.

As a member of this Cyber Liability Program, you will be issued a certificate that qualifies you as an insured entity under the master policy identified on the certificate.

ENROLLEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ENROLLEE NAME \_\_\_\_\_

TITLE \_\_\_\_\_



Agency: \_\_\_\_\_

Producer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ New Business Quote #: \_\_\_\_\_

☐ Renewal of Pol. #: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EFFECTIVE TIME: \_\_\_\_\_ ☐ AM ☐ PM

Dealer Operations (% of Business)		Types of vehicles sold (% of sales)			
Retail:	____%	Cars/Light Trucks:	____%	Classics:	____%
Wholesale:	____%	Heavy Trucks:	____%	Exotics:	____%
Service/Repair:	____%	RV's/Motorhomes:	____%	Buses/Taxis/Limos	____%
Body/Paint:	____%	Motorcycles:	____%	Off-Highway Vehicles:	____%
		Boats/Watercrafts:	____%	Salvage/Rebuilt:	____%

**NAMED INSURED:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**Business Entity:** ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

**Year Business Started:** \_\_\_\_\_ **If less than 3 years, attach Experience Questionnaire**

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**PREMISES - For more than 2 locations, attach additional pages**

LOC	STREET ADDRESS	CITY	STATE	ZIP	OWNERSHIP
1					<input type="checkbox"/> Own <input type="checkbox"/> Lease
2					<input type="checkbox"/> Own <input type="checkbox"/> Lease

**PREVIOUS INSURANCE - List carrier information from prior 4 years**

EFF. DATE	EXP. DATE	CARRIER	POLICY NUMBER	AGENCY NAME	PREMIUM
					\$
					\$
					\$
					\$

**LOSS HISTORY - List all losses in last 4 years.**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	LOSS AMOUNT	STATUS
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**REMARKS**


**BUSINESS PERSONNEL****LIST ALL OWNERS / OFFICERS, EMPLOYEES, DRIVERS, CONTRACTORS, AND SUB-CONTRACTORS**

NAME	LICENSE #	STATE	DOB	POSITION	STATUS	PERSONAL USE
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N

**NON-BUSINESS PERSONNEL****LIST ALL SPOUSES, HOUSEHOLD / FAMILY MEMBERS AND CHILDREN BETWEEN THE AGES OF 14 AND 25**

NAME	LICENSE #	STATE	DOB	RELATIONSHIP	PERSONAL USE	EXCL
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

**ANYONE UNDER THE AGE OF 18 IS INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED FROM POLICY WHERE ALLOWABLE BY LAW**

1. Transportation of vehicles is performed by: ☐ Commercial Transporter ☐ Employees ☐ Miscellaneous Drivers
2. Have any owners or drivers been convicted of any major driving violations (i.e. DUI, reckless driving, driving with a suspended/revoked license, etc.) in the past 3 years? ..... ☐ Yes ☐ No
3. Do you allow buyers or wholesalers to use your dealer plates or inventory autos?..... ☐ Yes ☐ No
4. Do you allow employees to drive owned or inventory vehicles for personal use or to take them home at night? ..... ☐ Yes ☐ No
5. Are you or any owners/officers married? ..... ☐ Yes ☐ No
6. Do you or any owners/officers have any children between the ages of 14 and 25?..... ☐ Yes ☐ No
7. Do you or any owners/officers have any other family members, relatives, or significant others who have use of an owned or inventory auto? ..... ☐ Yes ☐ No

**ALL PERSONS IDENTIFIED IN QUESTIONS 3 - 7 MUST BE LISTED ABOVE****REMARKS**

--

I WARRANT THAT ALL EMPLOYEES, INDEPENDENT CONTRACTORS, MEMBERS OF MY HOUSEHOLD, CHILDREN AGES 14 – 25, RELATIVES ALLOWED TO DRIVE, OFFICERS AND PARTNERS, BOTH ACTIVE AND NON-ACTIVE HAVE BEEN DISCLOSED ON THIS APPLICATION. I UNDERSTAND THAT AN OFFER OF INSURANCE AND THE PREMIUM QUOTED IS BASED ON ALL MOTOR VEHICLE RECORDS BEING ACCEPTABLE TO THE COMPANY. UNACCEPTABLE MOTOR VEHICLE RECORDS WILL RESULT IN DRIVER EXCLUSION(S), PREMIUM INCREASE, AND/OR POSSIBLE CANCELLATION OF AN ISSUED POLICY. I FURTHER DECLARE THAT I WILL NOTIFY THE COMPANY IN WRITING OF ALL NEW EMPLOYEE ADDITIONS OR DELETIONS (INCLUDING INDEPENDENT CONTRACTORS AND BUYERS), WITHIN 10 DAYS OF USING THEM. FAILURE TO REPORT EMPLOYEES WHETHER OR NOT THEY DRIVE AND ALL EMPLOYEE CHANGES AS THEY OCCUR CAN RESULT IN DENIAL OF CLAIM, VOIDED COVERAGE, CANCELLATION OF THE POLICY, OR INCREASE IN PREMIUM.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OPERATIONS INFORMATION**  
**ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT**

1. Do you allow customers to take unaccompanied test drives? ..... ☐ Yes ☐ No  
If yes, do you obtain: ☐ copy of driver's license ☐ copy of insurance ID card ☐ signed borrowed car / test drive agreement
2. Do you rent or loan vehicles to customers while their vehicles are being serviced or repaired? ..... ☐ Yes ☐ No  
If yes, attach a copy of your borrowed car agreement that indicates the customer's insurance is primary.
3. Do you do any "Buy Here – Pay Here" Sales, "Rent-to-Own", "Lease-to-Own", or in-house financing? ..... ☐ Yes ☐ No  
If yes, is the registration transferred to the customer and report of sale immediately filed with the state? ..... ☐ Yes ☐ No
4. Do you rent, lease, or loan vehicles under any other circumstances? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
5. Do you rent or loan your dealer plates? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
6. Do you own a tow truck, car hauler, or trailer? ..... ☐ Yes ☐ No  
If yes, please attach Hauler/Trailer Questionnaire for each one with the exception of single car capacity trailers/dollies.
7. Do you do any towing or hauling outside of this business? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
8. Do you do any involuntary repossession of vehicles without using a licensed and insured repossession company? ☐ Yes ☐ No
9. Do you or any owners/officers own, or are engaged in, other businesses? ..... ☐ Yes ☐ No  
If yes, provide the following: Legal Entity: \_\_\_\_\_ DBA: \_\_\_\_\_  
Business Type: \_\_\_\_\_ Does it share a location with this business? ..... ☐ Yes ☐ No
10. Do you have a tire mounting and/or balancing machine? ..... ☐ Yes ☐ No
11. Do you sell, install or have a sub-contractor install used tires? ..... ☐ Yes ☐ No  
If yes, how many per month? \_\_\_\_\_
12. Do you sell salvage or rebuilt titled autos? ..... ☐ Yes ☐ No  
If yes, how many per month? \_\_\_\_\_
13. Do you handle or sell propane, butane or other gases? ..... ☐ Yes ☐ No
14. Do you sell or drive vehicles with a wholesale value over \$60,000? ..... ☐ Yes ☐ No  
If yes, what is the highest value? \_\_\_\_\_
15. Are unattended vehicles ever left unlocked? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
16. What were your gross annual sales over the last 12 months? \_\_\_\_\_
17. Average number of vehicles sold per year: \_\_\_\_\_
18. Average model age of vehicle sold: ☐ 1 – 5 years ☐ 5 – 10 years ☐ 10 years and older.
19. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_

**REMARKS**


I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LOCATION INFORMATION**  
**COMPLETE A SEPARATE FORM FOR EACH LOCATION**

Location: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. How many years have you been at this location? \_\_\_\_\_
2. Is the property shared with any other businesses? ..... ☐ Yes ☐ No  
If yes, list name(s): \_\_\_\_\_  
describe physical separations: \_\_\_\_\_
3. Do any individuals reside on the premises? ..... ☐ Yes ☐ No
4. Where are keys kept at night: \_\_\_\_\_  
During business hours: \_\_\_\_\_
5. What is the lot security:  
☐ None ☐ Fence & Gate ☐ Post & Cable/Chain ☐ Building ☐ Other: \_\_\_\_\_
6. Is the lot lit at night when closed for business? ..... ☐ Yes ☐ No
7. Is the lot paved? ..... ☐ Yes ☐ No
8. Average wholesale value of cars \$ \_\_\_\_\_ x \_\_\_\_\_ # of cars = \$ \_\_\_\_\_ (Minimum insurable value on lot)
9. Describe the type of alarm you have: ☐ None ☐ Local burglar alarm ☐ Central reporting and monitored alarm
10. Describe the window protection: ☐ None ☐ Bars or grates ☐ Alarmed
11. Are there deadbolts on ALL doors? ..... ☐ Yes ☐ No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) ..... ☐ Yes ☐ No
13. Are there any underground tanks on the premises? ..... ☐ Yes ☐ No
14. Are there currently serviced, charged and operable fire extinguishers? ..... ☐ Yes ☐ No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? ..... ☐ Yes ☐ No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? ..... ☐ Yes ☐ No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? ..... ☐ Yes ☐ No
18. Do you discard oily rags in a self-closing metal container? ..... ☐ Yes ☐ No
19. Are vehicles serviced or repaired at this location? If yes, answer the questions in the box below. .... ☐ Yes ☐ No

**ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES**

- |  |  |
|--|--|
| 1. Average value of customers cars \$ _____ X _____ # of cars = \$ _____ (Minimum GKLL Limit)  |  |
| 2. Where are customer's keys kept at night: _____<br>During business hours: _____  |  |
| 3. Where are customer's vehicles stored at night: <input type="checkbox"/> Building <input type="checkbox"/> Enclosed Area <input type="checkbox"/> Publicly Accessible Area |  |
| 4. Do you do any painting? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have a spray paint booth? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, check all that apply: <input type="checkbox"/> Self-Made <input type="checkbox"/> Sprinklered <input type="checkbox"/> U.L. Listed                                   |  |
| 6. Do you perform any performance enhancement modifications? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Do you salvage, rebuild, or dismantle autos? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**REMARKS**


I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## AUTO DEALERS COVERAGE FORM

<b>COVERED AUTOS LIABILITY</b> (Combined Single Limit) <b>&amp;</b> <b>GENERAL LIABILITY</b>	<b>DEDUCTIBLE</b> <input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	<b>PER OCCURRENCE LIMIT</b> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	<b>AGGREGATE</b> <b>Covered Autos:</b> No aggregate limit <b>General Liability:</b> <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		
<b>Covered Autos Liability</b> – Bodily Injury & Property Damage <b>General Liability</b> – Bodily Injury & Property Damage, Products & Work you performed, Personal & Advertising Injury, Host Liquor Liability, and Incidentally Medical Malpractice (Refer to Policy for Conditions, Definitions and Limits)					
<input type="checkbox"/> <b>DAMAGE TO RENTED PREMISES</b>  <input type="checkbox"/> <b>BUILDING LEGAL LIABILITY</b>	<b>LOC</b>	If more than the \$100,000 Damage to Rented Premises is requested, select Building Legal Liability and fill out the information below per location.			
	1	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
	2	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
<input type="checkbox"/> <b>LESSOR'S RISK</b>	<b>LOC</b>	<b>BUSINESS NAMES AND OPERATIONS OF TENNANTS</b>	<b>SQ. FT. LEASED</b>		
	1				
	2				
<input type="checkbox"/> <b>FEDERAL ODOMETER</b> <input type="checkbox"/> <b>TRUTH IN LENDING</b> <input type="checkbox"/> <b>TITLE ERRORS AND OMISSIONS</b> <input type="checkbox"/> <b>INSURANCE AGENTS E&amp;O</b>	<b>\$300,000 AGGREGATE APPLIES PER COVERAGE</b>				
<input type="checkbox"/> <b>ADDITIONAL INSURED – GENERAL LIABILITY – OWNERS OF PREMISES</b>	SAME LIMITS AS SELECTED IN LIABILITY				
	<b>LOC</b>	<b>NAME / ADDRESS</b>			
	1				
	2				
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> <b>BROAD FORM PRODUCTS</b>	SAME LIMITS AS SELECTED IN LIABILITY				
<input type="checkbox"/> <b>BROAD FORM DRIVE OTHER CAR COVERAGE</b>	<input type="checkbox"/> LIABILITY <input type="checkbox"/> UM/UIM <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If applicable) <input type="checkbox"/> PHYS. DAMAGE	AVAILABLE ONLY TO OWNERS, PARTNERS, THEIR SPOUSES, AND MAJORITY SHAREHOLDERS AND THEIR SPOUSES. LIST NAMES			
		1			
		2			
		3			
		4			
<input type="checkbox"/> <b>UNINSURED MOTORISTS</b>	LIMIT: \$ _____	DEALER PLATES: _____	PERSONAL REGISTERED AUTOS: _____		
<b>***ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION***</b>					
<input type="checkbox"/> <b>GARAGEKEEPERS</b>	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	<b>LIMIT BY LOC</b>	<b>OTHER THAN COLLISION (AGGREGATE)</b>	<b>COLLISION</b>
			1. \$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000	<input type="checkbox"/> \$500
			2. \$ _____	<input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

**PHYSICAL DAMAGE ON DEALERS INVENTORY & OWNED AUTOS. INVENTORY MUST BE INSURED 100% TO VALUE**

<b>INDICATE INTERESTS TO BE COVERED</b>	Your interest in covered "autos" you own <input type="checkbox"/>	Your interest only in financed covered "autos" <input type="checkbox"/>	Your interest and interests of any creditor named as a loss payee <input type="checkbox"/>	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale <input type="checkbox"/>
<b>MAXIMUM PER AUTO \$60,000</b> UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> OTHER: \$ _____				
<b>OTHER THAN COLLISION COVERAGE</b> (Subject to Eligibility) <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY			<input type="checkbox"/> <b>BLANKET COLLISION</b>	
<b>LIMIT FOR LOCATION 1:</b>			<b>COLLISION DEDUCTIBLE PER AUTO :</b>	
<b>LIMIT FOR LOCATION 2:</b>			<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	
<b>O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE &amp; LOCATION</b> <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$1,000 / NO AGG <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 <input type="checkbox"/> \$2,000 / NO AGG			<b>Unlimited Radius Collision Included</b>	
<input type="checkbox"/> <b>FALSE PRETENSE (\$25,000 LIMIT)</b>			<b>AVERAGE COST NEW: \$</b> _____	
<input type="checkbox"/> <b>HIRED AUTO PHYSICAL DAMAGE</b> (Deductibles same as Dealer's Physical Damage) TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$100,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED				
<b>LOSS PAYEE #1 FOR INVENTORY:</b>				
<b>LOSS PAYEE #2 FOR INVENTORY:</b>				

**SCHEDULED VEHICLE PHYSICAL DAMAGE**

YEAR	MAKE	MODEL	VIN	COST NEW
<input type="checkbox"/> <b>COMPREHENSIVE</b>		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000		
<input type="checkbox"/> <b>COLLISION</b>		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
VEHICLE #1 LOSS PAYEE:				
VEHICLE #2 LOSS PAYEE:				

**APPLICANT'S CONSENT / ADVISORY / WARRANTIES****APPLICANT'S INITIALS**

<b>ANIMAL EXCLUSION</b> I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	<b>X</b> _____
<b>POLICY or SERVICE FEE (If applicable in your state, refer to the cover letter for actual amount.)</b> I hereby consent to and accept a fully earned policy or service fee not to exceed \$250 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing.	<b>X</b> _____
I understand that the insurance applied for within this application <b>DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</b>	<b>X</b> _____

Insurance Applicant Agreement: I have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be voided, subject to cancellation, or an increase in premium.

I authorize any prior insurance company to release all of my claims and underwriting information directly to DMI Insurance Services, Inc.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_





**DMI INSURANCE SERVICES, INC.**  
*Automotive Program Specialists*  
www.dmi-insurance.com

**EXPERIENCE QUESTIONNAIRE**

BUSINESSES IN OPERATION  
LESS THAN 3 YEARS

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR INSURANCE COVERAGE**

1. Have you obtained a business license? ..... ☐ Yes ☐ No  
If yes, provide the following: License #: \_\_\_\_\_ Issue Date: \_\_\_\_\_
2. Have you invested capital in this business? ..... ☐ Yes ☐ No  
If yes, how much? \$ \_\_\_\_\_
3. Are you purchasing an existing business? ..... ☐ Yes ☐ No  
If yes, can loss runs be furnished? ..... ☐ Yes ☐ No
4. Have you been involved in an automotive business within the last 10 years? ..... ☐ Yes ☐ No
5. Do you have other management experience not in the auto industry? ..... ☐ Yes ☐ No

ALL BUSINESSES IDENTIFIED IN QUESTIONS 3 – 5 MUST BE LISTED IN EMPLOYMENT HISTORY

**EMPLOYMENT HISTORY – List all employment in the last 4 years, beginning with your current or most recent.**

Business Name:	City:	State:
Business Type:	Job Title:	From: To:

Business Name:	City:	State:
Business Type:	Job Title:	From: To:

Business Name:	City:	State:
Business Type:	Job Title:	From: To:

Business Name:	City:	State:
Business Type:	Job Title:	From: To:

Business Name:	City:	State:
Business Type:	Job Title:	From: To:

**REMARKS – Provide any additional details that may substantiate the applicant's experience.**


APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**LOCATION INFORMATION**  
**COMPLETE A SEPARATE FORM FOR EACH LOCATION**

Location: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. How many years have you been at this location? \_\_\_\_\_
2. Is the property shared with any other businesses? ..... ☐ Yes ☐ No  
If yes, list name(s): \_\_\_\_\_  
describe physical separations: \_\_\_\_\_
3. Do any individuals reside on the premises? ..... ☐ Yes ☐ No
4. Where are keys kept at night: \_\_\_\_\_  
During business hours: \_\_\_\_\_
5. What is the lot security:  
☐ None ☐ Fence & Gate ☐ Post & Cable/Chain ☐ Building ☐ Other: \_\_\_\_\_
6. Is the lot lit at night when closed for business? ..... ☐ Yes ☐ No
7. Is the lot paved? ..... ☐ Yes ☐ No
8. Average wholesale value of cars \$ \_\_\_\_\_ x \_\_\_\_\_ # of cars = \$ \_\_\_\_\_ (Minimum insurable value on lot)
9. Describe the type of alarm you have: ☐ None ☐ Local burglar alarm ☐ Central reporting and monitored alarm
10. Describe the window protection: ☐ None ☐ Bars or grates ☐ Alarmed
11. Are there deadbolts on ALL doors? ..... ☐ Yes ☐ No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) ..... ☐ Yes ☐ No
13. Are there any underground tanks on the premises? ..... ☐ Yes ☐ No
14. Are there currently serviced, charged and operable fire extinguishers? ..... ☐ Yes ☐ No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? ..... ☐ Yes ☐ No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? ..... ☐ Yes ☐ No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? ..... ☐ Yes ☐ No
18. Do you discard oily rags in a self-closing metal container? ..... ☐ Yes ☐ No
19. Are vehicles serviced or repaired at this location? If yes, answer the questions in the box below. .... ☐ Yes ☐ No

**ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES**

1. Average value of customers cars \$ \_\_\_\_\_ X \_\_\_\_\_ # of cars = \$ \_\_\_\_\_ (Minimum GKLL Limit)
2. Where are customer's keys kept at night: \_\_\_\_\_  
During business hours: \_\_\_\_\_
3. Where are customer's vehicles stored at night: ☐ Building ☐ Enclosed Area ☐ Publicly Accessible Area
4. Do you do any painting? ..... ☐ Yes ☐ No
5. Do you have a spray paint booth? ..... ☐ Yes ☐ No  
If yes, check all that apply: ☐ Self-Made ☐ Sprinklered ☐ U.L. Listed
6. Do you perform any performance enhancement modifications? ..... ☐ Yes ☐ No
7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? ..... ☐ Yes ☐ No
8. Do you salvage, rebuild, or dismantle autos? ..... ☐ Yes ☐ No

**REMARKS**


I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DMI INSURANCE SERVICES, INC.**

Automotive Program Specialists

www.dmi-insurance.com

**NON-DEALER APPLICATION**

Agency: \_\_\_\_\_

Producer: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ New Business Quote #: \_\_\_\_\_☐ Renewal of Pol. #: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

EFFECTIVE TIME: \_\_\_\_\_ ☐ AM ☐ PM

Types of Operations		Types of Vehicles	
General Service/Repair: _____%	Smog Testing: _____%	Cars/Light Trucks: _____%	Boats/Watercrafts: _____%
Body/Paint: _____%	Transmission Rebuild: _____%	Heavy Trucks: _____%	Classics: _____%
Quick Lube/Oil: _____%	Classic Restoration: _____%	Tractor Trailers: _____%	Exotics: _____%
Brake/Muffler: _____%	Off-Road/Racing: _____%	RVs/Motorhomes: _____%	Buses/Taxis: _____%
Tint/Audio Installation: _____%	Tire Sales: _____%	Motorcycles: _____%	Off-Highway Vehicles: _____%
Detailing: _____%	Salvage/Dismantling: _____%	Emergency Vehicles: _____%	Golf Carts: _____%
NAMED INSURED:			
DBA:			
Applicant Business Entity is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Year Business Started:		If less than 3 years, attach Experience Questionnaire	
Mailing Address:			
City:		State:	Zip:
Business Phone:		Cell Phone:	Fax:
Website:		Email:	

**PREMISES - For more than 2 locations, attach additional pages**

LOC	STREET ADDRESS	CITY	STATE	ZIP	OWNERSHIP
1					<input type="checkbox"/> Own <input type="checkbox"/> Lease
2					<input type="checkbox"/> Own <input type="checkbox"/> Lease

**PREVIOUS INSURANCE - List carrier information from prior 4 years**

EFF. DATE	EXP. DATE	CARRIER	POLICY NUMBER	AGENCY NAME	PREMIUM
					\$
					\$
					\$
					\$

**LOSS HISTORY - List all losses in last 4 years**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	LOSS AMOUNT	STATUS
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**REMARKS**

--

**BUSINESS PERSONNEL**

LIST ALL OWNERS / OFFICERS, EMPLOYEES, AND CONTRACTORS WHO WORK FOR THE BUSINESS.

NAME	LICENSE #	STATE	DOB	POSITION	STATUS
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT
					<input type="checkbox"/> FT <input type="checkbox"/> PT

Have any owners or drivers been convicted of any major driving violations (i.e. DUI, reckless driving, driving with a suspended/revoked license, etc.) in the past 3 years? ..... ☐ Yes ☐ No

**SCHEDULED OWNED AUTOS**

YEAR	MAKE	MODEL	VIN	COST NEW
<b>OWNED AUTOS LIABILITY</b>		SAME LIMIT AS SELECTED IN AUTO LIABILITY		
<input type="checkbox"/> <b>COMPREHENSIVE</b>		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000		
<input type="checkbox"/> <b>COLLISION</b>		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>		LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
<b>UNINSURED MOTORISTS</b>		LIMIT: _____	<b>***ATTACH STATE SPECIFIC FORM FOR UM/UIM &amp; PIP***</b>	
VEHICLE #1 LOSS PAYEE:				
VEHICLE #2 LOSS PAYEE:				

**REMARKS**


I WARRANT THAT ALL EMPLOYEES, INDEPENDENT CONTRACTORS, OFFICERS AND PARTNERS, BOTH ACTIVE AND NON-ACTIVE, HAVE BEEN DISCLOSED ON THIS APPLICATION. I UNDERSTAND THAT AN OFFER OF INSURANCE AND THE PREMIUM QUOTED IS BASED ON ALL MOTOR VEHICLE RECORDS BEING ACCEPTABLE TO THE COMPANY. UNACCEPTABLE MOTOR VEHICLE RECORDS WILL RESULT IN DRIVER EXCLUSION(S), PREMIUM INCREASE, AND/OR POSSIBLE CANCELLATION OF AN ISSUED POLICY. I FURTHER DECLARE THAT I WILL NOTIFY THE COMPANY IN WRITING OF ALL NEW EMPLOYEE ADDITIONS OR DELETIONS, WITHIN 10 DAYS OF USING THEM. FAILURE TO REPORT EMPLOYEES WHETHER OR NOT THEY DRIVE AND ALL EMPLOYEE CHANGES AS THEY OCCUR CAN RESULT IN DENIAL OF CLAIM, VOIDED COVERAGE, CANCELLATION OF THE POLICY, OR INCREASE IN PREMIUM.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## AUTO SERVICE & REPAIR QUESTIONNAIRE

1. Average value of customers cars \$ \_\_\_\_\_ X \_\_\_\_\_ # of cars = \$ \_\_\_\_\_ (Minimum GKLL Limit)
2. What were your gross annual sales over the last 12 months? \_\_\_\_\_
3. Do you own a tow truck, car hauler, or trailer? ..... ☐ Yes ☐ No
4. Do you do any towing or hauling for hire or for others? ..... ☐ Yes ☐ No  
If yes, for whom: \_\_\_\_\_ and how often: \_\_\_\_\_
5. Do you rent or loan vehicles to customers while their vehicles are being serviced or repaired? ..... ☐ Yes ☐ No
6. Do you do any painting? ..... ☐ Yes ☐ No
7. Do you have a spray paint booth? ..... ☐ Yes ☐ No  
If yes, check all that apply: ☐ Self-Made ☐ Sprinklered ☐ U.L. Listed
8. Do you do any performance enhancement modifications (off-road, racing, etc.)? ..... ☐ Yes ☐ No
9. Do you do any frame, chassis, or structural repairs, fabrications, or modifications? ..... ☐ Yes ☐ No
10. Do you salvage, rebuild, or dismantle autos? ..... ☐ Yes ☐ No
11. Do you have a tire mounting and/or balancing machine? ..... ☐ Yes ☐ No
12. Do you sell, install, or have a sub-contractor install used tires? ..... ☐ Yes ☐ No  
If yes, how many per month? \_\_\_\_\_
13. Do you handle or sell propane, butane or other gases? ..... ☐ Yes ☐ No
14. Do you or any owners/officers own, or are engaged in, other businesses? ..... ☐ Yes ☐ No  
If yes, provide the following: Legal Entity: \_\_\_\_\_ DBA: \_\_\_\_\_  
Business Type: \_\_\_\_\_ Does it share a location with this business? ..... ☐ Yes ☐ No
15. How many years have you been at this location? \_\_\_\_\_
16. Is the property shared with any other businesses? ..... ☐ Yes ☐ No  
If yes, list names: \_\_\_\_\_  
Describe physical separations: \_\_\_\_\_
17. Do any individuals reside on the premises? ..... ☐ Yes ☐ No
18. Where are customer's vehicles stored at night: ☐ Building ☐ Enclosed Area ☐ Publicly Accessible Area
19. Are unattended vehicles ever left unlocked? ..... ☐ Yes ☐ No  
If yes, explain: \_\_\_\_\_
20. Where are customer's keys kept at night: \_\_\_\_\_  
During business hours: \_\_\_\_\_
21. Describe the type of alarm you have: ☐ None ☐ Local burglar alarm ☐ Central reporting and monitored alarm
22. Describe the window protection: ☐ None ☐ Bars or grates ☐ Alarmed
23. Are there deadbolts on ALL doors? ..... ☐ Yes ☐ No
24. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) ..... ☐ Yes ☐ No
25. Are there any underground tanks on the premises? ..... ☐ Yes ☐ No
26. Are there currently serviced, charged and operable fire extinguishers? ..... ☐ Yes ☐ No
27. Are there NO SMOKING signs posted in all areas where combustible materials are located? ..... ☐ Yes ☐ No
28. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? ..... ☐ Yes ☐ No
29. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? ..... ☐ Yes ☐ No
30. Do you discard oily rags in a self-closing metal container? ..... ☐ Yes ☐ No
31. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO..... ☐ Yes ☐ No

I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## COVERAGES & LIMITS

<b>NON-OWNED AUTO LIABILITY</b> (Combined Single Limit) <b>&amp; COMMERCIAL GENERAL LIABILITY</b>	<b>DEDUCTIBLE</b> <input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<b>PER OCCURRENCE LIMIT</b> <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	<b>AGGREGATE</b>  <b>Auto Liability:</b> No Aggregate Limit  <b>General Liability:</b> <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		
<b>Auto Liability</b> – Bodily Injury & Property Damage <b>General Liability</b> – Bodily Injury & Property Damage, Personal & Advertising Injury, Products & Work You Performed (Refer to policy for conditions, definitions, and limits)					
<input type="checkbox"/> <b>HIRED AUTOS</b>	SAME LIMIT AS SELECTED IN AUTO LIABILITY				
<input type="checkbox"/> <b>DAMAGE TO PREMISES RENTED</b>  <input type="checkbox"/> <b>BUILDING LEGAL LIABILITY</b>	<b>LOC</b>	If more than the \$100,000 Damage to Premises Rented is requested, select Building Legal Liability and fill out the information below per location.			
	1	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
	2	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
<input type="checkbox"/> <b>LESSOR'S RISK</b>	<b>LOC</b>	<b>BUSINESS NAMES AND OPERATIONS OF TENNANTS</b>	<b>SQ. FT. LEASED</b>		
	1				
	2				
<input type="checkbox"/> <b>ADDITIONAL INSURED – CGL – OWNERS OF PREMISES</b>	SAME LIMITS AS SELECTED IN LIABILITY				
	<b>LOC</b>	<b>NAME / ADDRESS</b>			
	1				
	2				
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> <b>BROAD FORM PRODUCTS</b>	SAME LIMITS AS SELECTED IN LIABILITY				
<input type="checkbox"/> <b>GARAGEKEEPERS</b>	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY  <input type="checkbox"/> DIRECT PRIMARY	<b>LIMIT BY LOC</b> 1. \$ _____ 2. \$ _____	<b>OTHER THAN COLLISION</b> <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<b>COLLISION</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

### APPLICANT'S CONSENT / ADVISORY / WARRANTIES

### APPLICANT'S INITIALS

<b>ANIMAL EXCLUSION</b> I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	<b>X</b> _____
<b>POLICY or SERVICE FEE (If applicable in your state, refer to cover letter for actual amount)</b> I hereby consent to and accept a fully earned policy or service fee not to exceed \$250 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing.	<b>X</b> _____
I understand that the insurance applied for within this application <b>DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</b>	<b>X</b> _____

Insurance Applicant Agreement: I have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be voided, subject to cancellation, or an increase in premium.

I authorize any prior insurance company to release all of my claims and underwriting information directly to DMI Insurance Services, Inc.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S PRINTED NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EXAMINATION DATE** \_\_\_\_\_

Patient's Name:	DOB:	Age:	Sex:
Physician's Name:		Years Under Physician's Care:	
Physicians Address:			

On \_\_\_\_\_, I examined \_\_\_\_\_ to determine the individual's mental and physical fitness to operate a motor vehicle. My findings are as follows:

**GENERAL HEALTH**

Is there any nervous, organic, or functional disease which has advanced, or is likely to advance, during the next 12 months to a degree that will interfere with safe driving? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

**MENTAL CONDITION**

Is individual's alertness and mental activity adequate to cope with emergencies frequently found in driving? ..... ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

**PHYSICAL CONDITION**

Has individual lost any of the following members: fingers, hand, arm, foot or leg? ..... ☐ Yes ☐ No

If yes, indicate the member(s): \_\_\_\_\_

Is there any partial or total loss of use of any of the above members that impairs safe driving ability? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has patient ever had any difficulty with the following:

Dizziness or fainting? ..... ☐ Yes ☐ No

Physical Reflexes? ..... ☐ Yes ☐ No

If yes, will the ailment currently affect the driver in normal operation of an automobile? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Has he or she ever had any cardiovascular disease, heart attack or heart condition? ..... ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

When was the date of the first attack? \_\_\_\_\_

When was the date of the last attack? \_\_\_\_\_

Latest EKG ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory

**HEARING**

Can individual hear ordinary conversation without a hearing aid? ..... ☐ Yes ☐ No

If no, does he/she wear a hearing aid? ..... ☐ Yes ☐ No

**VISION**

Has individual lost the use of either eye? ..... ☐ Yes ☐ No

Is there any opacity of the crystalline lens of either or both eyes? ..... ☐ Yes ☐ No

Can the individual distinguish red and green colors? ..... ☐ Yes ☐ No

Visual Acuity: Right Eye 20/\_\_\_\_ Left Eye 20/\_\_\_\_ Both Eyes 20/\_\_\_\_

Are the above visual acuity ratings with natural vision or with corrective glasses? ..... ☐ Yes ☐ No

**REMARKS**


EXAMINING PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



DMI INSURANCE SERVICES, INC.  
Automotive Program Specialists  
www.dmi-insurance.com

**PROPERTY SUPPLEMENTAL**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**MINIMUM 90% CO-INSURANCE APPLIES TO ALL PROPERTY COVERAGE**

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Own <input type="checkbox"/> Lease	
<b>City:</b> _____			<b>State:</b> _____		<b>Zip:</b> _____		
<b>COVERAGE</b>	<b>AMOUNT</b>	<b>VALUATION / MO. LIMITATION</b>	<b>CAUSES OF LOSS</b>	<b>INFL %</b>	<b>PROPERTY DEDUCTIBLE</b>	<input type="checkbox"/> WITH THEFT <input type="checkbox"/> EXCLUDE THEFT Central alarm required for theft coverage	
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500		
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE			
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL				
<input type="checkbox"/> INCLUDE PROPERTY ENHANCEMENT ENDORSEMENT (Additional \$250)							

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_ ☐ Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
EXPOSURES: Left: _____		Right: _____	Rear: _____
BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other: _____			

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Own <input type="checkbox"/> Lease	
<b>City:</b> _____			<b>State:</b> _____		<b>Zip:</b> _____		
<b>COVERAGE</b>	<b>AMOUNT</b>	<b>VALUATION / MO. LIMITATION</b>	<b>CAUSES OF LOSS</b>	<b>INFL %</b>	<b>PROPERTY DEDUCTIBLE</b>	<input type="checkbox"/> WITH THEFT <input type="checkbox"/> EXCLUDE THEFT Central alarm required for theft coverage	
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500		
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE			
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL				

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_ ☐ Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other: _____			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
EXPOSURES: Left: _____		Right: _____	Rear: _____
BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other: _____			



**EMPLOYEE TOOLS** (Company owned tools belong in Business Personal Property limit)

EMPLOYEE'S NAME	TOOL VALUE
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
\$1,000 Maximum Limit for any one tool unless individually scheduled. (Attach Acord 146 if needed) <b>DEDUCTIBLE SAME AS REAL AND BUSINESS PERSONAL PROPERTY</b>	\$

**FOR ADDITIONAL COVERAGES, ATTACH THE APPROPRIATE ACORD APPLICATION:**

ACCOUNTS RECEIVABLE / VALUABLE PAPERS (ACORD 145)

DETACHED SIGNS (ACORD 144)

ELECTRONIC DATA PROCESSING (ACORD 148)

CRIME (ACORD 141)

**ADDITIONAL INTERESTS**

LOC #	BLDG #	OWNERSHIP TYPE	NAME	ADDRESS
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

**LIST ALL PROPERTY, CRIME AND INLAND MARINE LOSSES IN LAST 4 YEARS**

DATE OF LOSS	DESCRIPTION OF LOSS	LOSS AMOUNT	STATUS
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

1. Are any portions of these buildings under construction, improvement or remodeling? ..... ☐ Yes ☐ No

If yes, list and describe: \_\_\_\_\_

2. Are any portions of these buildings in need of repairs? ..... ☐ Yes ☐ No

If yes, list and describe: \_\_\_\_\_

3. Do these buildings have a basement? ..... ☐ Yes ☐ No4. Have you had a commercial property foreclosure, repossession, or bankruptcy during the last five years? ..... ☐ Yes ☐ No**REMARKS**


Insurance Applicant Agreement: I have reviewed all pages of this application and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage will be afforded within the policy being applied for with this application except those coverages specifically checked on this application. I agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I warrant that all information on this entire application is true and correct and that any incorrect information may void all coverages from the effective date.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_

DATE \_\_\_\_\_