



**DMI INSURANCE SERVICES, INC.**

*Automotive Program Specialists*

[www.dmi-insurance.com](http://www.dmi-insurance.com)

**CAR HAULER SUPPLEMENTAL**

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

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

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

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

**ATTACH PHOTO OF EACH HAULER TO SUBMISSION**

<b>VEHICLE #1 INFORMATION</b>		
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		

<b>VEHICLE #2 INFORMATION</b>		
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		

<b>SCHEDULED PHYSICAL DAMAGE</b>		
<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:		

<b>PERSONNEL – List all drivers to be covered while operating hauler</b>		
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

<b>REMARKS</b>		

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 \_\_\_\_\_