



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 _____



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**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 _____



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DEALER APPLICATION

Agency: _____
 Producer: _____
 Phone: _____
 Email: _____

New Business Quote #: _____

Renewal of Pol. #: _____

EFFECTIVE DATE: _____

EFFECTIVE TIME: _____ AM PM

Dealer Operations (% of Business) Retail: _____ % Wholesale: _____ % Service/Repair: _____ % Body/Paint: _____ %	Types of vehicles sold (% of sales) Cars/Light Trucks: _____ % Heavy Trucks: _____ % RV's/Motorhomes: _____ % Motorcycles: _____ % Boats/Watercrafts: _____ %	
NAMED INSURED: DBA: Business Entity: <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, 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:
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 _____

AUTO DEALERS COVERAGE FORM

COVERED AUTOS LIABILITY (Combined Single Limit) & GENERAL LIABILITY	DEDUCTIBLE <input type="checkbox"/> None <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$350,000 <input type="checkbox"/> Other: _____	PER OCCURRENCE LIMIT <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	AGGREGATE					
	Covered Autos: No aggregate limit General Liability: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X							
Covered Autos Liability – Bodily Injury & Property Damage General Liability – 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"/> DAMAGE TO RENTED PREMISES <input type="checkbox"/> BUILDING LEGAL LIABILITY	LOC	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: \$					
	2	Bldg. Use:	Year Built:					
	2	Construction type:	Limit: \$					
<input type="checkbox"/> LESSOR'S RISK	LOC	BUSINESS NAMES AND OPERATIONS OF TENANTS		SQ. FT. LEASED				
	1							
	2							
<input type="checkbox"/> FEDERAL ODOMETER <input type="checkbox"/> TRUTH IN LENDING <input type="checkbox"/> TITLE ERRORS AND OMISSIONS <input type="checkbox"/> INSURANCE AGENTS E&O	\$300,000 AGGREGATE APPLIES PER COVERAGE							
	SAME LIMITS AS SELECTED IN LIABILITY							
	LOC	NAME / ADDRESS						
	1							
	2							
<input type="checkbox"/> MEDICAL PAYMENTS	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000							
<input type="checkbox"/> BROAD FORM PRODUCTS	SAME LIMITS AS SELECTED IN LIABILITY							
<input type="checkbox"/> BROAD FORM DRIVE OTHER CAR COVERAGE	<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						
		UNINSURED MOTORISTS		LIMIT: \$ _____		DEALER PLATES: _____		
PERSONAL REGISTERED AUTOS: _____								
ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION								
<input type="checkbox"/> GARAGEKEEPERS	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY	LIMIT BY LOC	OTHER THAN COLLISION (AGGREGATE)		COLLISION		
			1. \$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000		<input type="checkbox"/> \$500		
				<input type="checkbox"/> DIRECT PRIMARY	2. \$ _____	<input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000		<input type="checkbox"/> \$1,000
						<input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000		<input type="checkbox"/> \$2,500

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

INDICATE INTERESTS TO BE COVERED	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"/>
---	--	--	---	---

MAXIMUM PER AUTO \$60,000

UNLESS OTHERWISE SPECIFIED: \$75,000 \$90,000 OTHER: \$ _____

OTHER THAN COLLISION COVERAGE (Subject to Eligibility)		<input type="checkbox"/> BLANKET COLLISION
<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY		
LIMIT FOR LOCATION 1:		
LIMIT FOR LOCATION 2:		
O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE & LOCATION		
<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		
<input type="checkbox"/> FALSE PRETENSE (\$25,000 LIMIT)		
<input type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE (Deductibles same as Dealer's Physical Damage)		
TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$100,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED		
LOSS PAYEE #1 FOR INVENTORY:		
LOSS PAYEE #2 FOR INVENTORY:		

COLLISION DEDUCTIBLE PER AUTO :

- \$500
 - \$1,000
 - \$2,500
- Unlimited Radius
Collision Included

AVERAGE COST NEW: \$ _____

SCHEDULED VEHICLE PHYSICAL DAMAGE

YEAR	MAKE	MODEL	VIN	COST NEW
<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"/> \$2,500			
VEHICLE #1 LOSS PAYEE:				
VEHICLE #2 LOSS PAYEE:				

APPLICANT'S CONSENT / ADVISORY / WARRANTIES

APPLICANT'S INITIALS

ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	X _____
POLICY or SERVICE FEE (If applicable in your state, refer to the cover letter for actual amount.) 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.	X _____
I understand that the insurance applied for within this application DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.	X _____

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.
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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)
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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

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APPLICANT'S SIGNATURE _____ DATE _____



DMI INSURANCE SERVICES, INC.

Automotive Program Specialists

www.dmi-insurance.com

NON-DEALER APPLICATION

Agency:	<input type="text"/>
Producer:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

New Business Quote #: _____

Renewal of Pol. #: _____

EFFECTIVE DATE: _____

EFFECTIVE TIME: _____ AM PM

Types of Operations		Types of Vehicles	
General Service/Repair:	%	Smog Testing:	%
Body/Paint:	%	Transmission Rebuild:	%
Quick Lube/Oil:	%	Classic Restoration:	%
Brake/Muffler:	%	Off-Road/Racing:	%
Tint/Audio Installation:	%	Tire Sales:	%
Detailing:	%	Salvage/Dismantling:	%
Cars/Light Trucks:	%	Boats/Watercrafts:	%
Heavy Trucks:	%	Classics:	%
Tractor Trailers:	%	Exotics:	%
RVs/Motorhomes:	%	Buses/Taxis:	%
Motorcycles:	%	Off-Highway Vehicles:	%
Emergency Vehicles:	%	Golf Carts:	%

NAMED INSURED:

DBA:

Applicant Business Entity is: 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

<input type="text"/>
<input type="text"/>

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
OWNED AUTOS LIABILITY		SAME LIMIT AS SELECTED IN AUTO LIABILITY		
<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"/> \$2,500		
<input type="checkbox"/> MEDICAL PAYMENTS		LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000		
UNINSURED MOTORISTS		LIMIT: _____	***ATTACH STATE SPECIFIC FORM FOR UM/UIM & PIP***	
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

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

APPLICANT'S CONSENT / ADVISORY / WARRANTIES

APPLICANT'S INITIALS

ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	X _____
POLICY or SERVICE FEE (If applicable in your state, refer to cover letter for actual amount) 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.	X _____
I understand that the insurance applied for within this application	X _____
DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.	X _____

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

PHYSICIAN'S STATEMENT

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 #:** _____

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

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

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

- Are any portions of these buildings under construction, improvement or remodeling? Yes No
If yes, list and describe: _____
- Are any portions of these buildings in need of repairs? Yes No
If yes, list and describe: _____
- Do these buildings have a basement? Yes No
- 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 _____