

LIST INFORMATION FOR ALL OWNERS, ACTIVE & INACTIVE CORPORATE OFFICERS, ACTIVE SPOUSES, EMPLOYEES (WHETHER THEY DRIVE AUTOS OR NOT) AND ALL INDEPENDENT CONTRACTORS WHO WORK FOR THE BUSINESS:

LIST THOSE WHO MAY DRIVE A BUSINESS AUTO OR CUSTOMER'S AUTO:							
NAME	# OF YEARS WITH THE COMPANY	Full-Time / Part-Time Number of Hours Worked Per Week	POSITION/TITLE	DATE OF BIRTH	# of Moving violations in past 3 years ?	DRIVERS LICENSE #	STATE
1)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
2)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
3)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
4)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
5)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
6)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		

Attach additional pages if necessary

LIST THOSE WHO GENERALLY DO NOT DRIVE A BUSINESS AUTO OR CUSTOMER'S AUTO (i.e. Unlicensed Employees, Clerical, Bookkeeper, etc.):							
NAME	# OF YEARS WITH THE COMPANY	Full-Time / Part-Time Number of Hours Worked Per Week	POSITION/TITLE	DATE OF BIRTH	# of Moving violations in past 3 years ?	DRIVERS LICENSE #	STATE
1)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
2)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		
3)		FULL-TIME <input type="checkbox"/> More than 20 PART-TIME <input type="checkbox"/> 20 or less			# _____		

COMPANY USE ONLY:	
Active Owners or Managers are rated as FULL-TIME employees. Inactive Owners and those with Financial Interests are rated as PART-TIME.	
NUMBER OF FULL-TIME: _____ X \$5,200 = _____	} TOTAL PAYROLL = \$ _____
NUMBER OF PART-TIME: _____ X \$2,600 = _____	
<ul style="list-style-type: none"> Have there been any major violations in the last three years? (I.e.: DUI, Driving on a suspended license, reckless Driving.) <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Unanswered question will be considered a "NO" answer.</u> If yes, provide details: 	

I/We 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/We further declare that I/We will notify the company of all employee additions or deletions (including independent contractors) as they occur. Failure to report employees and employee changes (including independent contractors) can result in a coverage dispute and/or cancellation of the policy applied for. I/We have initialed this statement.

INITIALS	
APPLICANT	BROKER

AUTO SERVICE & REPAIR APPLICATION – UNDERWRITING SUPPLEMENT

APPLICANT'S QUESTIONNAIRE (ALL QUESTIONS MUST BE ASKED OF THE APPLICANT)

EXPLAIN ALL *YES ANSWERS IN REMARKS

1.	Indicate the maximum number of customer's vehicles in your control at any one time: Average value of customer's cars multiplied by the maximum # of cars in your possession at any one time equals the minimum insurable value: Average value of cars \$ _____ X # of cars _____ = \$ _____ (Minimum insurable value)	
2.	How many times per year do you work on a vehicle with a retail value over \$60,000: _____ Highest value \$ _____	
3.	Do you repair, maintain or service any vehicles other than private passenger cars, Sport Utility vehicles or light trucks? <input type="checkbox"/> *YES <input type="checkbox"/> NO (If Yes, describe units and % of revenue in Remarks)	
4.	Storage of Customer's vehicles at night: Percent in building: _____ % Percent outside: _____ %	
5.	Describe anti-theft protection outside (i.e., fencing): _____	
6.	Where do you keep Customer's keys at night: _____ During Business hours: _____	
7.	Are unattended vehicles ever left unlocked? (If Yes, explain in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
8.	Do you own any tow trucks, or any other type of auto transporter? (If Yes, explain in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
9.	Do you tow for others, for a fee, or as part of another Business? (If Yes, explain further in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
10.	Who insures your towing operations? _____	
11.	Do you rent, loan, or lease vehicles to others? (If Yes, risk is unacceptable) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
12.	Do you perform any roadside emergency services? (If Yes, explain further in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
13.	Do you perform any off-site or mobile repair/maintenance services? (If Yes, list % of receipts and details in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
14.	Total square footage of Building: _____ sq. ft. Age of building: _____ . Is the wiring updated to code? <input type="checkbox"/> YES <input type="checkbox"/> NO	
15.	Do you do any welding? If Yes, % of annual revenue from welding: _____ % <input type="checkbox"/> YES <input type="checkbox"/> NO	
16.	Do you do any spray painting? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Do you have a spray booth? <input type="checkbox"/> YES <input type="checkbox"/> NO	
17.	If you have a spray booth, is it Sprinklered & U.L. approved? (If not, risk is unacceptable) <input type="checkbox"/> YES <input type="checkbox"/> NO	
18.	Do you use a metal container with self closing lid for oily rags? <input type="checkbox"/> YES <input type="checkbox"/> NO	
19.	Do you do any tire recapping or tire retreading? (If Yes, risk is unacceptable) <input type="checkbox"/> YES <input type="checkbox"/> NO	
20.	Do you sell any tires? If Yes, % of new: _____ % of used: _____ % of total business revenue: _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	
21.	Do you handle, sell propane, butane or other gases? (If Yes, describe in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
22.	Do you salvage or rebuild autos, dismantle autos, or have a salvage operation? (If Yes, risk is unacceptable) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
23.	Do you sub-contract any work? (If Yes, describe the kind of work sent out in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO IF YES, Do you require a certificate of insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
24.	Are any of your employees ASE certified? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, How many: _____	
25.	Are you or any owner(s) / officer(s) engaged in any other business activities or own other business(es)? <input type="checkbox"/> *YES <input type="checkbox"/> NO If Yes, what % of annual receipts are derived from this business: _____ %. (Describe other Business Activities in Remarks.)	
26.	Do you have a written Safety Program in place? <input type="checkbox"/> YES <input type="checkbox"/> NO	
27.	Has any insurance for this business or any other business for which you are engaged in been declined, canceled, or non-renewed in the last 3 years? N/A in MO. <input type="checkbox"/> YES <input type="checkbox"/> NO	

BROKER QUESTIONNAIRE (ALL QUESTIONS MUST BE ANSWERED BY THE BROKER)

1.	Have you personally inspected the Applicant's premises? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Is the property shared with another business? (If Yes, describe the physical separation of office's & garage area in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
3.	Is there an operable local burglar alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	Is there an operable central reporting or central monitored alarm? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5.	Are there currently serviced, charged, and operable fire extinguishers? <input type="checkbox"/> YES <input type="checkbox"/> NO	
6.	Does the property have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc.)? <input type="checkbox"/> *YES <input type="checkbox"/> NO	
7.	Are there NO SMOKING signs posted in all areas where combustible materials are located? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8.	Are windows protected with bars or grates? <input type="checkbox"/> YES <input type="checkbox"/> NO	
9.	Are there deadbolt locks on ALL doors? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	Are there any potential trip and fall hazards? i.e. uneven pavement, potholes, clutter, debris <input type="checkbox"/> *YES <input type="checkbox"/> NO	
11.	Is any of this ownership a subsidiary of another entity or does this ownership have any subsidiaries? (Explain further in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	
12.	Describe how insured disposes of waste material (oil, cleaning solvents, etc.) _____	
13.	Does the applicant read and understand the English language? <input type="checkbox"/> YES <input type="checkbox"/> NO	
14.	Has any policy or coverage for this ownership / business been declined, canceled, or non-renewed in the last 3 years? N/A in MO. (If yes, provide details in Remarks) <input type="checkbox"/> *YES <input type="checkbox"/> NO	

REMARKS / * YES Answers:

INITIALS	
APPLICANT	BROKER

COVERAGE / LIMITS / SYMBOLS

COVERED AUTO [27] SPECIFICALLY DESCRIBED AUTOS [28] HIRED AUTOS ONLY [29] NON-OWNED AUTOS ONLY
SYMBOL: [30] AUTOS LEFT FOR SERVICE, REPAIR, STORAGE, OR SAFE KEEPING [31] AUTOS HELD FOR SALE

COVERED Auto Symbols in Brackets [] Indicate by (X) items of insurance coverage desired.

COVERAGE / AUTO SYMBOL	LIMITS OF LIABILITY				
<input checked="" type="checkbox"/> GARAGE LIABILITY <input checked="" type="checkbox"/> NON-OWNED [29] <input type="checkbox"/> HIRED AUTO [28]	DEDUCTIBLE		<input type="checkbox"/> 100,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 300,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 350,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 500,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> 1,000,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE (AGGREGATE DOES NOT APPLY AUTO ACCIDENTS)		
	<input type="checkbox"/> NONE <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000				
	LESSOR'S RISK	LOC	BUILDING AND / OR LAND DESCRIPTION	SQ. FT. LEASED	
		1			
		2			
<input type="checkbox"/> ADDITIONAL INSURED - GARAGE AS RESPECTS: _____ LOC # _____ NAME & ADDRESS: _____					
<input type="checkbox"/> OWNER OF PREMISES (LANDLORD)	LOC	LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE. NAME / ADDRESS			
	1				
	2				
<input type="checkbox"/> BROADENED COVERAGE GARAGE	INCLUDES: Personal Injury, Advertising Injury, Host Liquor Liability, Incidental Medical Malpractice, Non-Owned Watercraft, Additional Persons Insured, Automatic Liability And \$50,000 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)				
<input type="checkbox"/> MEDICAL PAYMENTS [29]	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
FIRE LEGAL LIABILITY	LOC	If Broadened Coverage requested, enter limit desired in excess of the \$50,000 limit already included.			
	1	Construction Type:	Limit \$		
		Bldg. Use:	Year Built:		
	2	Construction Type:	Limit \$		
		Bldg. Use:	Year Built:		
<input type="checkbox"/> PERSONAL INJURY LIABILITY	SAME LIMITS AS SELECTED IN LIABILITY (Not Needed If Broadened Coverage is Selected)				
<input type="checkbox"/> BROAD FORM PRODUCTS	SAME LIMITS AS SELECTED IN LIABILITY – Subject to \$250 Deductible each loss				
<input type="checkbox"/> GARAGEKEEPERS <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	LOC	LIMIT	SELECT DEDUCTIBLE PER AUTO FOR OTHER THAN COLLISION & COLLISION BELOW	
		1.	\$ _____	OTHER THAN COLLISION (Agg)	COLLISION
		2.	\$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$500 / \$10,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500
<input type="checkbox"/> SPECIFIED VEHICLE [27]: COVERAGE/INFORMATION – Attach another page for each additional service vehicle. <u>Personal autos are ineligible.</u>					
MAKE	MODEL	YEAR	VIN NUMBER	ORIGINAL COST NEW	
				\$	
				\$	
LIABILITY LIMITS – SAME AS GARAGE LIMITS <input type="checkbox"/> AUTO MEDICAL <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000 UM/UIM – BODILY INJURY – CALIFORNIA [22]: <input type="checkbox"/> \$60,000 CSL <input type="checkbox"/> OTHER _____ (Co.approval Req'd) <input type="checkbox"/> UMPD \$3,500 (Not available if collision coverage purchased) <input type="checkbox"/> WAIVER OF COLLISION DEDUCTIBLE NON- CALIFORNIA UM/UIM –ATTACH STATE SPECIFIC FORM * ATTACH LOSS PAYEE INFORMATION					
<input type="checkbox"/> LIGHT TRUCK 0 - 10,000 GVW <input type="checkbox"/> MEDIUM TRUCK 10,001 - 20,000 GVW <input type="checkbox"/> HEAVY TRUCK 20,001 - 45000 GVW <input type="checkbox"/> EXTRA HEAVY TRUCK OVER 45,000 GVW VEHICLE USE: <input type="checkbox"/> USED TO TRANSPORT TOOLS, EQUIPMENT, MISC. <input type="checkbox"/> USED TO TRANSPORT AUTOS/OTHER THAN SERVICE SCHEDULED AUTO PHYSICAL DAMAGE: <input type="checkbox"/> COMPREHENSIVE DEDUCTIBLE PER LOSS: <input type="checkbox"/> COLLISION <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500					

PHYSICAL DAMAGE: TRAILER DEALERS ONLY – TRAILER 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 the interest 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"/>
OTHER THAN COLLISION COVERAGE [31]			COLLISION COVERAGES – [31]	
LIMIT FOR LOCATION 1:	LIMIT FOR LOCATION 2:		<input type="checkbox"/> BLANKET COLLISION	
\$	\$		<u>COLLISION DEDUCTIBLE PER AUTO</u>	
<input type="checkbox"/> COMPREHENSIVE		<input type="checkbox"/> FIRE & THEFT		
<input type="checkbox"/> SPECIFIED PERILS		<input type="checkbox"/> FIRE ONLY		
<u>O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURRENCE & LOCATION</u>				
<input type="checkbox"/> \$500 / \$2,500		<input type="checkbox"/> \$1,000 / \$5,000		<input type="checkbox"/> \$2,000 / \$10,000
<input type="checkbox"/> \$500 / \$10,000		<input type="checkbox"/> \$1,000 / \$10,000		<input type="checkbox"/> \$2,000 / \$25,000
<input type="checkbox"/> \$1,000 / \$25,000				
			<input type="checkbox"/> \$500 Unlimited Radius	
			<input type="checkbox"/> \$1,000 Collision Included	
			<input type="checkbox"/> \$2,500	
			AVERAGE COST NEW: \$ _____	

TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$50,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED

LOSS PAYEE: _____

APPLICANT'S CONSENT / ADVISORY / WARRANTIES

APPLICANT'S INITIALS (REQUIRED)

ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement, which will change the policy applied for.									
POLICY SERVICE FEE – (If Applicable. See quotation.) I hereby consent to and accept a fully earned service fee of \$205 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.									
I understand that the insurance applied for within this application: DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.									
PREMIUM SUMMARY: <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> FINANCED – Enclose a <u>copy</u> of the finance agreement. Instruct Premium Finance Company to <u>send balance directly to DMI.</u>	<table style="width:100%; border:none;"> <tr> <td style="padding: 2px;">Base Premium</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Policy Service Fee</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Broker Fee</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">TOTAL PREMIUM</td> <td style="padding: 2px;">\$ _____</td> </tr> </table>	Base Premium	\$ _____	Policy Service Fee	\$ _____	Broker Fee	\$ _____	TOTAL PREMIUM	\$ _____
Base Premium	\$ _____								
Policy Service Fee	\$ _____								
Broker Fee	\$ _____								
TOTAL PREMIUM	\$ _____								

I/We have reviewed all five pages of this application and confirm that the coverages and limits selected are the only ones I/We want to purchase. I/We 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/We agree that no coverage is to be considered effective until accepted by the insurance company and the company issues an insurance binder. I/We 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/We further agree to notify the company in writing of all new employees and including independent contractors, within 10 days of hiring. I/We understand that failure to report all employees and including independent contractors whether or not they drive autos can result in cancellation of the policy, voided coverage, denial of a claim or increase in premium.

I/We 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 void, subject to cancellation, or an increase in premium.

I/WE AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO DMI INSURANCE SERVICES, INC., P.O. Box 248, Morgan Hill, CA 95038 FAX: 408-778-0298

APPLICANT'S SIGNATURE _____

DATE _____

BROKER'S SIGNATURE _____

DATE _____