



MAIL OR FAX APPLICATION TO:
DMI INSURANCE SERVICES, INC.
P.O. Box 248 Morgan Hill, CA 95038
Phone (800) 877-2525 Fax (408) 778-0298

ACORD

SUPPLEMENTAL APPLICATION

**Auto Service & Repair
Operations / Trailer
Sales**

PRODUCER: _____
DMI PRODUCER # _____
PHONE: _____
FAX: _____

NAMED INSURED: _____
DBA: _____
QUOTE # _____
EFFECTIVE DATE: _____

APPLICATIONS INCLUDED FOR QUOTATION (Attach Appropriate ACORD Applications)

- | | |
|---|---|
| <input checked="" type="checkbox"/> COMMERCIAL INSURANCE APPLICATION (ACORD 125) | <input type="checkbox"/> ACCOUNTS RECEIVABLE (ACORD 145) |
| <input checked="" type="checkbox"/> GARAGE & DEALERS SECTION (ACORD 128) | <input type="checkbox"/> VALUABLE PAPERS (ACORD 145) |
| <input checked="" type="checkbox"/> GARAGE & DEALERS STATE SPECIFIC SECTION (ACORD 138) | <input type="checkbox"/> ELECTRONIC DATA PROCESSING (ACORD 148) |
| <input type="checkbox"/> MONEY & SECURITIES (ACORD 141) | <input type="checkbox"/> COMPREHENSIVE GLASS (ACORD 144) |
| <input type="checkbox"/> EMPLOYEE DISHONESTY (ACORD 141) | <input type="checkbox"/> SIGNS (ACORD 144) |
| <input type="checkbox"/> VEHICLE SCHEDULE (ACORD 129) | <input type="checkbox"/> OTHER: _____ |
| <input checked="" type="checkbox"/> REQUIRED | |

APPLICANT'S QUESTIONNAIRE (ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT)

EXPLAIN ALL * YES/NO ANSWERS IN REMARKS.

1. Indicate the maximum number of customer's vehicles in your control at any one time: _____
MAXIMUM estimated value of ALL CUSTOMER'S VEHICLES in your control at any one time: _____
Highest valued vehicle: _____ Average value of customer's vehicles: _____
2. Are customer's vehicles stored overnight? IF YES, percent in building _____ % percent outside _____ %..... ☐ YES ☐ NO
Describe protection outside: _____
3. How are keys to customer vehicles secured? (Be Specific) Day: _____ Night: _____
4. Are unattended vehicles always kept locked? (IF NO, EXPLAIN IN REMARKS).....* ☐ YES ☐ NO
5. Do you own any tow trucks or service vehicles? (IF YES, DESCRIBE IN REMARKS).....* ☐ YES ☐ NO
6. Do you tow for others? (IF YES, EXPLAIN IN REMARKS)* ☐ YES ☐ NO
Who insures your towing operations? _____
7. Do you use car haulers or car trailers? (IF YES, EXPLAIN IN REMARKS)* ☐ YES ☐ NO
8. Do you have deadbolt locks on doors?..... ☐ YES ☐ NO Are windows protected by bars and grates?..... ☐ YES ☐ NO
9. Total square footage of Building: _____ Age of building: _____ If more than 15 years, has the wiring been updated to code?..... ☐ YES ☐ NO
10. Do you do any welding? If Yes, % Of annual revenue from welding: _____ ☐ YES ☐ NO
11. Do you rent, loan, or lease vehicles to other? (IF YES, EXPLAIN IN REMARKS).....* ☐ YES ☐ NO
12. Do you do any spray painting?..... ☐ YES ☐ NO If Yes, Do you have a spray booth?..... ☐ YES ☐ NO
If you have a spray booth, is it UL approved?..... ☐ YES ☐ NO
13. Do you use a UL approved container with self closing lid for oily rags?..... ☐ YES ☐ NO
14. Does Applicant have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc.)?.....* ☐ YES ☐ NO
(IF YES, RISK IS NOT ELIGIBLE)
15. Have there ever been any storage tanks on premises?..... ☐ YES ☐ NO
IF YES, When were they removed? _____
16. Are there any gas pumps on the premises? IF YES, THE RISK IS NOT ELIGIBLE.....* ☐ YES ☐ NO
17. Do you sub-contract any work? (IF YES, DESCRIBE IN REMARKS).....* ☐ YES ☐ NO
IF YES, Do you require a certificate of insurance?..... ☐ YES ☐ NO
18. Are any of your employees ASE certified? IF YES, how many? _____ ☐ YES ☐ NO
19. Are you involved in any non-garage operations? % receipts from non-garage operations: _____ (DESCRIBE IN REMARKS)* ☐ YES ☐ NO
20. Any worker's compensation carried?..... ☐ YES ☐ NO

REMARKS: _____

Applicant's Initials Required

FOR TRAILER DEALERS ONLY:

Indicate the maximum number of trailers on lot at any time: _____ How many trailers sold per year: _____

What is the average wholesale value per trailer? \$ _____ Highest value trailer? \$ _____

Describe the types of trailers you are selling: _____

Where are trailers stored? _____

Is the lot fully chained or fenced? (IF NO, DESCRIBE PROTECTION IN _____)

☐ YES ☐ NO

Distance between posts: _____ Describe chain OR cable: _____ Describe fencing: _____

Is the lot lighted at night when closed for _____

☐ YES ☐ NO☐ DRIVEAWAY COLLISION COVERAGE**NUMBER OF DRIVER TRIPS PER YEAR IN EACH CATEGORY:**

51-500 miles # _____ 501-1000 miles # _____ 1001-1500 miles # _____ Over 1000 miles # _____

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

1. Have you personally inspected the Applicant's premises? ☐ YES ☐ NO
2. Is the Applicant sharing premises with another business? (IF YES, EXPLAIN IN REMARKS).....* ☐ YES ☐ NO
3. Is there an operable local burglar alarm?* ☐ YES ☐ NO
4. Is there an operable central reporting burglar alarm?..... ☐ YES ☐ NO
5. Does Applicant have operable fire extinguishers mounted and easily accessible?..... ☐ YES ☐ NO
6. Is the building sprinklered?..... ☐ YES ☐ NO
7. Does Applicant have any underground storage tanks (including, but not limited to: gasoline, diesel, oil, etc.)?.....* ☐ YES ☐ NO
(IF YES, RISK IS NOT ELIGIBLE.)
8. Are there NO SMOKING signs posted in all areas where combustible materials located?..... ☐ YES ☐ NO

ENDORSEMENTS TO BE INCLUDED IN QUOTATION

<input checked="" type="checkbox"/> PICK UP & DELIVERY OF AUTOS	(For Trailer Dealers Only)	Indicate all trips made Over 50 miles ➡	NUMBER OF DRIVER TRIPS PER YEAR IN EACH CATEGORY: 51-200 miles # _____ Over 200 miles # _____
<input type="checkbox"/> TRUTH IN LENDING E & O	(For Trailer Dealers Only)		
<input type="checkbox"/> PERSONAL INJURY	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		
<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 Fire Legal Liability Coverage (Refer To Policy For Policy Conditions, Definitions, and Limits)		
<input type="checkbox"/> OWNED VEHICLE(S)	Attach ACORD 129, Vehicle Schedule.		

APPLICANTS CONSENT / ADVISORY / WARRANTIES**CANINE EXCLUSION**

I hereby consent and accept a Canine Endorsement which will change the policy applied for. ➡

POLICY FEE

I hereby consent and accept a fully earned policy fee of \$175.00 per location for the placement of my GARAGE LIABILITY insurance and each renewal of such insurance. This consent 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. ➡APPLICANTS
INITIALS
REQUIREDAPPLICANTS
INITIALS
REQUIREDAPPLICANTS
INITIALS
REQUIRED**ENCLOSED CHECK IS FOR:**

Quote # _____ Base Premium \$ _____

Quote # _____ Base Premium \$ _____

[] FINANCED Fees \$ _____

[] OTHER TOTAL \$ _____

FINANCED POLICY INFORMATION:

Down Payment \$ _____

Amount Financed \$ _____

Annual Percentage Rate % _____

Monthly Payments of \$ _____

I have reviewed all pages to which this supplemental application is attached and confirm that the coverages and limits selected are the only ones I want to purchase. I understand that no coverage is 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 warrant that all information on the entire application is true and correct and that any incorrect information may void all coverages from the effective date. I further agree to notify the company immediately in writing of any new employees.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION TO DMI INSURANCE SERVICES, INC.

APPLICANTS SIGNATURE OF ACCEPTANCE _____ DATE _____

BROKERS SIGNATURE OF COMPLETION _____ DATE _____