



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

Auto Service / Repair - Trailer Sales
 Garage Application
NATIONWIDE

Unsigned & incomplete applications will be refused and no coverage will have been bound.

PRODUCER: _____ DMI PRODUCER NO. _____
 PHONE: _____ FAX: _____

New Business Quote # _____
 Renewal of Pol. # _____
 Property to be included (complete property application PG. 6-7)
 Auto Supplement PG. 8
 EFFECTIVE DATE: ___/___/___ TIME: _____ [] PM [] AM

BUSINESSES ELIGIBLE		INELIGIBLE BUSINESSES
Air Conditioning Shops	Electrical Repair Shops	Bus Repair Shops
Automobile Parts Stores (operated in conjunction with Auto Service or Repair Operations)	Frame Alignment Shops	Engine Rebuilding
Auto Repair Shops/General Auto Service	Motorcycle Repair Shops	Equipment Rental
Auto Seat Cover, Tops & Upholstery Shops	Mobile Home Dealer (Submit)	Equipment Repair Shops
Boat Repair	Radiator Shops	Garages specializing in Emergency Vehicles
Body and/or Paint Shops	R.V. Repair	Quick Lube & Oil Centers
Brake Shops/Muffler Shops	Smog Control Centers	Service Stations
Car Washes (Submit)	Tire Dealers	Snowmobile Repair Shops
Combination Auto Repair and Any Other Business	Trailer Sales	Stereo Installation Shops
Diagnostic Shops	Transmission Shops	Towing Services
Diesel Truck Repair Less Than 2 Tons	Tune-up Shops	Valet Parking
	Wheel Alignment Shops	Van Conversion Shops

TYPE OF ELIGIBLE BUSINESS: _____ No. of locations: _____
 NAMED INSURED _____ Trade Association Member? Yes No
 DBA _____ Name of Association: _____

Applicant is: INDIVIDUAL PARTNERSHIP CORPORATION OTHER
 New Venture: YES NO If yes, number of years experience in this business type: _____

Mailing Address (if different from location 1): _____ Date business started: _____
 Home Phone: _____ Business Phone: _____ Fax: _____

LOCATION 1 ISO AUTO TERRITORY _____ ESTIMATED POPULATION OF YOUR CITY / TOWN: _____
 Address _____ City _____ County _____ Zip _____

LOCATION 2 ISO AUTO TERRITORY _____ ESTIMATED POPULATION OF YOUR CITY / TOWN: _____
 Address _____ City _____ County _____ Zip _____

PRIOR CARRIER INFORMATION (PRIOR 4 YEARS)					
EFF. DATE	EXP. DATE	CARRIER	POLICY NUMBER	AGENTS NAME	PREMIUM
					\$
					\$
					\$
					\$

LOSS HISTORY / ENTER ALL LOSSES (PRIOR 4 YEARS)				
DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	AMT. RESERVED
			\$	\$
			\$	\$
			\$	\$

EMARKS: _____

COMPANY PERSONNEL / POSITIONS

LIST INFORMATION FOR ALL EMPLOYEES INCLUDING OWNERS, ACTIVE & INACTIVE CORPORATE OFFICERS, AND ACTIVE SPOUSES

(For Part-Time employees, indicate actual annual payroll)

Explain *Yes in Remarks

NAME	Full-Time / Part-Time Number of Hours Worked Per Week	Annual Part-Time Payroll	DATE OF BIRTH	POSITION	DATE OF HIRE	Moving violations in past 3 years?	DRIVERS LICENSE #	STATE
1)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
2)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
3)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
4)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
5)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
6)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
7)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
8)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		
9)	FULL-TIME <input type="checkbox"/> 31-40 Hours PART-TIME <input type="checkbox"/> 21-30 Hours PART-TIME <input type="checkbox"/> 20 or less					* <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Active Owners or Managers are rated as FULL-TIME employees)

NOTE: Payroll used for PART-TIME employees should be the lessor of the actual payroll or \$5,200 annual minimum

NUMBER OF FULL-TIME EMPLOYEES: _____ X \$5,200 = _____
 NUMBER OF PART-TIME EMPLOYEES: _____ Total annual Part-Time payroll = _____ } TOTAL PAYROLL = \$ _____

* REMARKS: _____

NON-DEALER APPLICATION — UNDERWRITING SUPPLEMENT

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, how many? _____ (EXPLAIN IN REMARKS)* YES NO
Do you tow for others? (IF YES, EXPLAIN IN REMARKS)* YES NO
Who insures your towing operations? _____
- 6. Do you use car haulers or car trailers? (IF YES, EXPLAIN IN REMARKS)* YES NO
- 7. Do you have deadbolt locks on doors?..... YES NO Are windows protected by bars and grates?..... YES NO
- 8. Do you rent, loan, or lease vehicles to others? (IF YES, EXPLAIN IN REMARKS).....* YES NO
- 9. Do you perform any road emergency services? If Yes, % Of annual revenue _____ (IF YES, EXPLAIN IN REMARKS).....* YES NO
- 10. Total square footage of Building: _____ Age of building: _____ If more than 15 years, has the wiring been updated to code?..... YES NO
- 11. Do you do any welding? If Yes, % Of annual revenue from welding: _____ 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 underground storage tanks on premises?..... YES NO
IF YES, When were they removed? _____
- 16. Do you sub-contract any work? (IF YES, DESCRIBE IN REMARKS).....* YES NO
IF YES, Do you require a certificate of insurance?..... YES NO
- 17. Are any of your employees ASE certified? IF YES, how many? _____ YES NO
- 18. Is tire recapping or tire retreading performed? (IF YES, EXPLAIN IN REMARKS).....* YES NO
- 19. Do you handle propane, butane or other gases? (IF YES, EXPLAIN IN REMARKS).....* YES NO
- 20. Are you involved in any non-garage operations? If Yes, % receipts from non-garage operations: _____ (DESCRIBE IN REMARKS)....* YES NO
- 21. Any worker's compensation carried?..... YES NO

FOR TRAILER DEALERS ONLY:

- 22. Describe the types of trailers you are selling: _____
- 23. Where are trailers stored? _____
- 24. Is the lot fully chained or fenced? (IF NO, DESCRIBE PROTECTION IN REMARKS).....* YES NO
- 25. Distance between posts: _____ Describe chain OR cable: _____ Describe fencing: _____
- 26. Is the lot lighted at night when closed for business?..... YES NO

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

- 1. Have you personally inspected the premises?..... YES NO
- 2. Does the applicant have operable fire extinguishers mounted and easily accessible?..... YES NO
- 3. Are there NO SMOKING signs posted in all areas where combustible materials are located?..... YES NO
- 4. Is there a Local Burglar Alarm? YES NO
- 5. Is there a MONITORED, operable central reporting burglar alarm?..... YES NO
- 6. Is the building sprinklered?..... YES NO
- 7. Does applicant share the premises with another business? (IF YES, EXPLAIN IN REMARKS).....* YES NO
- 8. Describe how insured disposes of waste material (oil, cleaning solvents, etc.)

REMARKS:

Applicant's Initials Required

Broker's Initials Required

COVERAGE / LIMITS / SYMBOLS

CHECK BOXES IF INSURED REQUIRES EITHER OF THE FOLLOWING:

OWNED AUTO SERVICE VEHICLE(S)
 IF YES, MUST ALSO COMPLETE
 [27] SUPPLEMENTAL AUTO APPLICATION PG. 8

PROPERTY COVERAGE
 IF YES, MUST ALSO COMPLETE COMMERCIAL
 PROPERTY SUPPLEMENTAL APPLICATION PG. 6-7

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

Covered Auto Symbols in Brackets [] Indicate by a (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"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500 <input type="checkbox"/> \$ 5,000 <input type="checkbox"/> None	<input type="checkbox"/> \$100,000 COMBINED SINGLE LIMIT [] 1X [] 2X [] 3X AGGREGATE <input type="checkbox"/> \$300,000 COMBINED SINGLE LIMIT [] 1X [] 2X [] 3X AGGREGATE <input type="checkbox"/> \$350,000 COMBINED SINGLE LIMIT [] 1X [] 2X [] 3X AGGREGATE <input type="checkbox"/> \$500,000 COMBINED SINGLE LIMIT [] 1X [] 2X [] 3X AGGREGATE <input type="checkbox"/> \$1,000,000 COMBINED SINGLE LIMIT [] 1X [] 2X [] 3X AGGREGATE (AGGREGATE APPLIES TO OTHER THAN AUTO ONLY)			
			<input type="checkbox"/> OWNER OF PREMISES / ADDITIONAL INSUREDS NAME / ADDRESS REQUIRED →	LOC 1 2	LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE NAME / ADDRESS	
<input type="checkbox"/> LESSOR'S RISK	LOC 1 2	BUILDING AND / OR LAND DESCRIPTION	PREMIUM BASIS		TERR.	
			SQUARE FOOTAGE NO. OF ACRES	SQUARE FOOTAGE NO. OF ACRES		
<input type="checkbox"/> BROADENED COVERAGE	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"/> MEDICAL PAYMENTS [29] LOCATIONS OPERATIONS	LIMIT OF LIABILITY PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000					
<input type="checkbox"/> FIRE LEGAL LIABILITY	If Broadened Coverage Purchased, Complete Information And Enter Limit Desired In Excess Of The \$50,000 Per Fire Limit Provided By Broadened Coverage. If Broadened Not Purchased, Enter Information And Limit Desired.					
	BLDG. # _____ Loc. Address _____	Const. Type _____		Limit \$ _____		
	BLDG. Use _____	Const. Type _____		Limit \$ _____		
	BLDG. # _____ Loc. Address _____	Const. Type _____		Limit \$ _____		
<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"/> GARAGEKEEPERS	<input type="checkbox"/> COMPREHENSIVE [30] <input type="checkbox"/> SPECIFIED PERILS [30] <input type="checkbox"/> COLLISION [30]	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY <input type="checkbox"/> DIRECT EXCESS	LOC	ENTER LIMIT FOR EACH LOCATION	SELECT DEDUCTIBLE PER AUTO FOR OTHER THAN COLLISION & COLLISION BELOW	
			1	\$	OTHER THAN COLLISION <input type="checkbox"/> \$500/\$2,500 Agg. <input type="checkbox"/> \$500/\$10,000 Agg. <input type="checkbox"/> \$1,000/\$5,000 Agg. <input type="checkbox"/> \$1,000/\$25,000 Agg. <input type="checkbox"/> \$2,500/\$10,000 Agg. <input type="checkbox"/> \$2,000/\$25,000 Agg.	COLLISION <input type="checkbox"/> \$ 500 <input type="checkbox"/> \$ 1,000 <input type="checkbox"/> \$ 2,500
			2	\$		
<input type="checkbox"/> TRUTH IN LENDING E & O	(Only Available To Trailer Dealers)					



MAIL OR FAX APPLICATION TO:
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Commercial Property
 Supplemental Application
NATIONWIDE

Unsigned & incomplete applications will be refused and no coverage will have been bound.

PRODUCER: _____ DMI PRODUCER NO. _____
 PHONE: _____ FAX: _____

[] New Business Quote # _____
 [] Renewal of Pol. # _____
 [] Property to be included (complete this supplement)
 EFFECTIVE DATE: ___/___/___ TIME: _____ [] PM [] AM

REAL PROPERTY - BUILDINGS - INFORMATION / COVERAGE

IF MORE THAN 1 LOCATION, PLEASE ATTACH ADDITIONAL COMMERCIAL PROPERTY SUPPLEMENTAL APPLICATION

LOCATION 1
 Address: _____ City _____ County _____ Zip _____

ISO TERRITORY: _____ BUILDING 1 Coverage Amount \$ _____ Use Description: _____
 FIRE DISTRICT: _____ CONSTRUCTION TYPE: Frame Masonry Non-Combustible Fire Resistive
 PROTECTION CLASS: _____
 COVERAGES:
 Basic
 Comprehensive/Special Form with theft
 Comprehensive/Special Form without theft

BUILDING 2 Coverage Amount \$ _____ Use Description: _____
 CONSTRUCTION TYPE: Frame Masonry Non-Combustible Fire Resistive

DEDUCTIBLE: \$500 \$1,000 \$2,500 CO-INSURANCE: 100% 90% 80%

Automatic Inflation Adjustment? YES NO

BUILDING 1 MORTGAGEE: _____ BUILDING 2 MORTGAGEE: _____
 LOAN NUMBER: _____ LOAN NUMBER: _____

PERSONAL PROPERTY - INFORMATION / COVERAGE

IF MORE THAN 1 LOCATION, PLEASE ATTACH ADDITIONAL COMMERCIAL PROPERTY SUPPLEMENTAL APPLICATION

LOCATION 1
 Address: _____ City _____ County _____ Zip _____

ISO TERRITORY: _____ BUILDING 1 Coverage Amount \$ _____ Use Description: _____
 FIRE DISTRICT: _____ CONSTRUCTION TYPE: Frame Masonry Non-Combustible Fire Resistive
 PROTECTION CLASS: _____
 COVERAGES:
 Basic
 Comprehensive/Special Form with theft
 Comprehensive/Special Form without theft

BUILDING 2 Coverage Amount \$ _____ Use Description: _____
 CONSTRUCTION TYPE: Frame Masonry Non-Combustible Fire Resistive

DEDUCTIBLE: \$500 \$1,000 \$2,500 CO-INSURANCE: 100% 90% 80%

BUILDING 1 LOSS PAYEE: _____ BUILDING 2 LOSS PAYEE: _____
 LOAN NUMBER: _____ LOAN NUMBER: _____

* Central Reporting Alarm Required For Comprehensive / Special Form With Theft When Covering Personal Property.

BUILDING & PERSONAL PROPERTY THEFT COVERAGE

THEFT TERRITORY (County)
 ENTER COUNTY WHERE PREMISES IS LOCATED: _____

LOSS OF INCOME INFORMATION / COVERAGE

Loss of Income deductible & Causes of Loss will be provided on the same basis as requested for BUILDING and/or PERSONAL PROPERTY COVERAGE.

LOCATION 1

BUSINESS INCOME AMOUNT: \$ _____ { PERCENTAGE OF INSURANCE TO VALUE OR MONTHLY LIMITATION
 50% 75% 80% 100% OR 1/3 1/4 1/6
 With Extra Expense
 Without Extra Expense

LOSS OF RENTS / RENTAL VALUE AMOUNT: \$ _____ { PERCENTAGE OF INSURANCE TO VALUE OR MONTHLY LIMITATION
 50% 75% 80% 100% OR 1/6 1/9 1/12

EXTRA EXPENSE AMOUNT: \$ _____ {
 FIRST 30 DAYS: 35%, FIRST 60 DAYS: 75%, REMAINDER: 100%
 FIRST 30 DAYS: 40%, FIRST 60 DAYS: 80%, REMAINDER: 100%

LOCATION 2

BUSINESS INCOME AMOUNT: \$ _____ { PERCENTAGE OF INSURANCE TO VALUE OR MONTHLY LIMITATION
 50% 75% 80% 100% OR 1/3 1/4 1/6
 With Extra Expense
 Without Extra Expense

LOSS OF RENTS / RENTAL VALUE AMOUNT: \$ _____ { PERCENTAGE OF INSURANCE TO VALUE OR MONTHLY LIMITATION
 50% 75% 80% 100% OR 1/6 1/9 1/12

EXTRA EXPENSE AMOUNT: \$ _____ {
 FIRST 30 DAYS: 35%, FIRST 60 DAYS: 75%, REMAINDER: 100%
 FIRST 30 DAYS: 40%, FIRST 60 DAYS: 80%, REMAINDER: 100%

EMPLOYEE TOOLS

EMPLOYEE'S NAME	TOOL VALUE	EMPLOYEE'S NAME	TOOL VALUE	TOTAL
1.	\$ _____	4.	\$ _____	\$ _____
2.	\$ _____	5.	\$ _____	
3.	\$ _____	6.	\$ _____	

Any individual item valued at \$1,000 or above must be individually scheduled. Attach ACORD 146 or list in REMARKS below.

SELECT DEDUCTIBLE: \$250 \$500 \$1,000

TOTAL \$ _____

ADDITIONAL COVERAGES DESIRED

- | | |
|--|---|
| <input type="checkbox"/> ACCOUNTS RECEIVABLE (ACORD 145) | <input type="checkbox"/> ELECTRONIC DATA PROCESSING (ACORD 148) |
| <input type="checkbox"/> VALUABLE PAPERS (ACORD 145) | <input type="checkbox"/> COMPREHENSIVE GLASS (ACORD 144) |
| <input type="checkbox"/> MONEY & SECURITIES (ACORD 141) | <input type="checkbox"/> SIGNS (ACORD 144) |
| <input type="checkbox"/> EMPLOYEE DISHONESTY (ACORD 141) | <input type="checkbox"/> OTHER _____ |

*Attach Appropriate ACORD Application(s) _____

REMARKS:

I have reviewed all 7 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 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 _____



MAIL OR FAX APPLICATION TO:
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Scheduled Vehicles
 Auto Supplemental
NATIONWIDE

INSURED:

EFFECTIVE DATE: (If different than original policy)

SPECIFIED VEHICLE COVERAGE / INFORMATION

MAKE	MODEL	YEAR	VIN NUMBER	ORIGINAL COST NEW	AGE GROUP

VEH # <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED	COMMERCIAL CLASS <input type="checkbox"/> LIGHT TRUCK 0 - 10,000 LBS GVW <input type="checkbox"/> MEDIUM TRUCK 10,001 - 20,000 LBS GVW <input type="checkbox"/> HEAVY TRUCK 20,001 - 45,000 LBS GVW <input type="checkbox"/> EXTRA HEAVY TRUCK OVER 45,000 LBS GVW RADIUS OF OPERATIONS _____ MILES	PRIVATE PASSENGER TYPE SERVICE VEHICLES <input type="checkbox"/> NO OPERATOR LICENSED LESS THAN 5 YEARS <input type="checkbox"/> OPERATOR LICENSED LESS THAN 5 YEARS (NOT OWNER OR PRINCIPAL OPERATOR) <input type="checkbox"/> OWNER OR PRINCIPAL OPERATOR LICENSED LESS THAN 5 YEARS
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[27] COVERAGE CODE - SPECIFIED VEHICLE COVERAGE

<input type="checkbox"/> 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	<input type="checkbox"/> PHYSICAL DAMAGE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION
<input type="checkbox"/> UM BODILY INJURY - Basic Limit or \$ _____ limit requested. <input type="checkbox"/> UM PROPERTY DAMAGE - Basic Limit or \$ _____ limit requested. <input type="checkbox"/> UNDERINSURED MOTORISTS COVERAGE - Limit same as for UNINSURED MOTORISTS. <input type="checkbox"/> UNINSURED MOTORISTS COLLISION DEDUCTIBLE WAIVER - (Where Available)	COLLISION DEDUCTIBLE PER AUTO <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 OTHER THAN COLLISION PER AUTO <input type="checkbox"/> \$500/\$2,500 Agg. <input type="checkbox"/> \$500/\$10,000 Agg. <input type="checkbox"/> \$1,000/\$5,000 Agg. <input type="checkbox"/> \$1,000/\$25,000 Agg. <input type="checkbox"/> \$2,500/\$10,000 Agg. <input type="checkbox"/> \$2,000/\$25,000 Agg.

REJECTIONS:
 UM BI (Attach Form) UMCDW (Attach Form)
 UMPD (Attach Form)

(In states that require a Rejection / Selection of Lower Limits Form, attach completed form to this application)

LOSS PAYEE:

ADDITIONAL INSURED:

SPECIFIED VEHICLE COVERAGE / INFORMATION

MAKE	MODEL	YEAR	VIN NUMBER	ORIGINAL COST NEW	AGE GROUP

VEH # <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED	COMMERCIAL CLASS <input type="checkbox"/> LIGHT TRUCK 0 - 10,000 LBS GVW <input type="checkbox"/> MEDIUM TRUCK 10,001 - 20,000 LBS GVW <input type="checkbox"/> HEAVY TRUCK 20,001 - 45,000 LBS GVW <input type="checkbox"/> EXTRA HEAVY TRUCK OVER 45,000 LBS GVW RADIUS OF OPERATIONS _____ MILES	PRIVATE PASSENGER TYPE SERVICE VEHICLES <input type="checkbox"/> NO OPERATOR LICENSED LESS THAN 5 YEARS <input type="checkbox"/> OPERATOR LICENSED LESS THAN 5 YEARS (NOT OWNER OR PRINCIPAL OPERATOR) <input type="checkbox"/> OWNER OR PRINCIPAL OPERATOR LICENSED LESS THAN 5 YEARS
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[27] COVERAGE CODE - SPECIFIED VEHICLE COVERAGE

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<input type="checkbox"/> UM BODILY INJURY - Basic Limit or \$ _____ limit requested. <input type="checkbox"/> UM PROPERTY DAMAGE - Basic Limit or \$ _____ limit requested. <input type="checkbox"/> UNDERINSURED MOTORISTS COVERAGE - Limit same as for UNINSURED MOTORISTS. <input type="checkbox"/> UNINSURED MOTORISTS COLLISION DEDUCTIBLE WAIVER - (Where Available)	COLLISION DEDUCTIBLE PER AUTO <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 OTHER THAN COLLISION PER AUTO <input type="checkbox"/> \$500/\$2,500 Agg. <input type="checkbox"/> \$500/\$10,000 Agg. <input type="checkbox"/> \$1,000/\$5,000 Agg. <input type="checkbox"/> \$1,000/\$25,000 Agg. <input type="checkbox"/> \$2,500/\$10,000 Agg. <input type="checkbox"/> \$2,000/\$25,000 Agg.

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LOSS PAYEE:

ADDITIONAL INSURED: