



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

**Non-Franchised
 Auto Dealers**

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"/> |

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

EXPLAIN ALL * YES/NO ANSWERS IN REMARKS.

1. Indicate the maximum number of vehicles on lot at any time: _____ How many cars sold per year: _____
2. What is the average wholesale value per vehicle? \$ _____ Highest valued vehicle? \$ _____
3. Describe the types of vehicles you are selling: _____
4. Where are vehicles stored? _____
5. Is the lot fully chained or fenced? (IF NO, DESCRIBE PROTECTION IN REMARKS)..... YES * NO
 Distance between posts: _____ Describe chain OR cable: _____ Describe fencing: _____
6. Is the lot lighted at night when closed for business?..... YES NO
7. Do you have a night watchman? (IF YES, EXPLAIN IN REMARKS).....* YES NO
8. Total square footage of Building: _____ Age of building: _____ If more than 15 years, has the wiring been updated to code?..... YES NO
9. Any individuals residing on premises? (IF YES, EXPLAIN IN REMARKS).....* YES NO
10. Are windows protected with bars / grates?..... YES NO
11. Do you have dead bolt locks on doors?..... YES NO
12. Where do you keep keys at night? _____
13. Do you leave keys in the cars during business hours?..... YES NO
14. Do you allow employees to drive cars for their own personal use or take home at night?..... YES NO
 IF YES, are they required to carry their own insurance?..... YES NO
15. Are you married?..... YES NO
16. Do you have any children age 15 or over? If Yes, list names and ages: _____ YES NO
 (NOTE: Any family members not listed on ACORD 128 will be excluded from driving from inception date)
17. Do you do any mechanical repairs or other work on automobiles? (IF YES, EXPLAIN IN REMARKS).....* YES NO
18. Do you subcontract major repairs? (IF YES, DESCRIBE IN REMARKS).....* YES NO
 If Yes, Do you require a certificate of insurance?..... YES NO
19. Estimated monthly expenditures for NON-EMPLOYEE drivers (miscellaneous drivers): _____
20. Describe source of applicants for miscellaneous drivers: _____
21. Do you own a tow truck / car hauler / car trailer / tow dolly?.....* YES NO
 (IF YES, DESCRIBE VEHICLE AND QUALIFICATIONS OF DRIVERS IN REMARKS)
22. Do you tow for others?..... YES NO
23. Do you drive / haul away vehicles from auctions or other dealers?* YES NO
24. Do you allow customers to test drive cars unaccompanied? (IF YES, EXPLAIN IN REMARKS).....* YES NO
25. Do you loan, lease or rent automobiles? (IF YES, EXPLAIN IN REMARKS).....* YES NO
26. Are you engaged in any other business activities? (IF YES, EXPLAIN IN REMARKS).....* YES NO
 If Yes, what percent of annual receipts are derived from dealership? _____
27. Do you have a written safety program in place? YES NO
28. Do you dismantle autos or have a salvage operation?..... YES NO
29. Do you do your own repossessions?..... YES NO
30. Are Motor Vehicle Records ordered prior to hiring?..... YES NO

Applicant's Initials Required

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

REMARKS: _____ Broker's Initials Required

ENDORSEMENTS TO BE INCLUDED IN QUOTATION

<input checked="" type="checkbox"/> PICK UP & DELIVERY OF AUTOS	Indicate all trips made Over 50 miles →	NUMBER OF DRIVER TRIPS PER YEAR IN EACH CATEGORY:
<input type="checkbox"/> TRUTH IN LENDING E & O		
<input type="checkbox"/> FEDERAL ODOMETER E & O		
<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"/> BROAD FORM DRIVE OTHER CAR COVERAGE*	<input type="checkbox"/> LIABILITY <input type="checkbox"/> UM <input type="checkbox"/> UIM	1
	<input type="checkbox"/> UMPD <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If Applicable)	2
		3

* Available only to Owner, Partners, Spouses, & Majority Shareholders.

DRIVEAWAY COLLISION

NUMBER OF TRIPS PER YEAR IN EACH CATEGORY:

51-500 MILES # _____ 501-1000 MILES # _____ 1001-1500 MILES # _____ OVER 1500 MILES # _____

APPLICANTS CONSENT / ADVISORY / WARRANTIES

<p>CANINE EXCLUSION I hereby consent and accept a Canine Endorsement which will change the policy applied for.</p> <p>→</p>	<p>APPLICANTS INITIALS REQUIRED</p> <p>○</p>
<p>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.</p> <p>→</p>	<p>APPLICANTS INITIALS REQUIRED</p> <p>○</p>
<p>I understand that the insurance applied for within this application: DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</p> <p>→</p>	<p>APPLICANTS INITIALS REQUIRED</p> <p>○</p>

<p>ENCLOSED CHECK IS FOR:</p> <p>Quote # _____ Base Premium \$ _____</p> <p>Quote # _____ Base Premium \$ _____</p> <p>[] FINANCED Fees \$ _____</p> <p>[] OTHER TOTAL \$ _____</p>	<p>FINANCED POLICY INFORMATION:</p> <p>Down Payment \$ _____</p> <p>Amount Financed \$ _____</p> <p>Annual Percentage Rate % _____</p> <p>Monthly Payments of \$ _____</p>
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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 _____