



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?.....  YES  NO
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: \_\_\_\_\_  
 (NOTE: Any family members not listed on ACORD 128 will be excluded from driving from inception date)  YES  NO
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): \_\_\_\_\_  YES  NO
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

**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

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
	Available only to Owner, Partners, Spouses, & Majority Shareholders.	3
<input type="checkbox"/> 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><b>CANINE EXCLUSION</b> I hereby consent and accept a Canine Endorsement which will change the policy applied for.</p> <p><b>POLICY FEE</b> 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>I understand that the insurance applied for within this application: <b>DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</b></p>	<p>→</p> <p>→</p> <p>→</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td align="center">APPLICANTS INITIALS REQUIRED</td></tr> <tr><td align="center">○</td></tr> <tr><td align="center">APPLICANTS INITIALS REQUIRED</td></tr> <tr><td align="center">○</td></tr> <tr><td align="center">APPLICANTS INITIALS REQUIRED</td></tr> <tr><td align="center">○</td></tr> </table>	APPLICANTS INITIALS REQUIRED	○	APPLICANTS INITIALS REQUIRED	○	APPLICANTS INITIALS REQUIRED	○
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<p><b>ENCLOSED CHECK IS FOR:</b></p> <p>Quote # _____ Base Premium \$ _____</p> <p>Quote # _____ Base Premium \$ _____</p> <p><input type="checkbox"/> FINANCED Fees \$ _____</p> <p><input type="checkbox"/> OTHER TOTAL \$ _____</p>	<p><b>FINANCED POLICY INFORMATION:</b></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.

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 \_\_\_\_\_



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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: \_\_\_\_\_ [ JPM [ JAM

**BUSINESSES ELIGIBLE**

- Air Conditioning Shops
- Automobile Parts Stores (operated in conjunction with Auto Service or Repair Operations)
- Auto Repair Shops/General Auto Service
- Auto Seat Cover, Tops & Upholstery Shops
- Boat Repair
- Body and/or Paint Shops
- Brake Shops/Muffler Shops
- Car Washes (Submit)
- Combination Auto Repair and Any Other Business
- Diagnostic Shops
- Diesel Truck Repair Less Than 2 Tons
- Electrical Repair Shops
- Frame Alignment Shops
- Motorcycle Repair Shops
- Mobile Home Dealer (Submit)
- Radiator Shops
- R.V. Repair
- Smog Control Centers
- Tire Dealers
- Trailer Sales
- Transmission Shops
- Tune-up Shops
- Wheel Alignment Shops

**INELIGIBLE BUSINESSES**

- Bus Repair Shops
- Engine Rebuilding
- Equipment Rental
- Equipment Repair Shops
- Garages specializing in Emergency Vehicles
- Quick Lube & Oil Centers
- Service Stations
- Snowmobile Repair Shops
- Stereo Installation Shops
- Towing Services
- Valet Parking
- Van Conversion Shops

**TYPE OF ELIGIBLE BUSINESS:** \_\_\_\_\_

**NAMED INSURED** \_\_\_\_\_

**No. of locations:** \_\_\_\_\_

**DBA** \_\_\_\_\_

**Trade Association Member?**  Yes  No

**Applicant is:**  INDIVIDUAL  PARTNERSHIP  CORPORATION  OTHER

**Name of Association:** \_\_\_\_\_

**New Venture:**  YES  NO If yes, number of years experience in this business type: \_\_\_\_\_

**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 [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
2)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
3)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
4)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
5)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
6)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
7)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
8)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		
9)	FULL-TIME [ ] 31-40 Hours PART-TIME [ ] 21-30 Hours PART-TIME [ ] 20 or less					* [ ] Yes [ ] No		

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

NOTE: Payroll used for PART-TIME employees should be the lesser 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"/> \$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 (AGGREGATE APPLIES TO OTHER THAN AUTO ONLY)			
	<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"/> OWNER OF PREMISES / ADDITIONAL INSUREDS  NAME / ADDRESS REQUIRED →	LOC	LIMITS THE SAME AS SELECTED FOR LIABILITY COVERAGE NAME / ADDRESS				
	1					
	2					
<input type="checkbox"/> LESSOR'S RISK	LOC	BUILDING AND / OR LAND DESCRIPTION	PREMIUM BASIS		TERR.	
	1		SQUARE FOOTAGE	NO. OF ACRES		
	2		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			
	BLDG. Use	Limit \$				
	BLDG. #	Loc. Address	Const. Type			
BLDG. Use	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					
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		COLLISION
				<input type="checkbox"/> \$500/\$2,500 Agg.	<input type="checkbox"/> \$500/\$10,000 Agg.	<input type="checkbox"/> \$ 500
				<input type="checkbox"/> \$1,000/\$5,000 Agg.	<input type="checkbox"/> \$1,000/\$25,000 Agg.	<input type="checkbox"/> \$ 1,000
		<input type="checkbox"/> \$2,500/\$10,000 Agg.	<input type="checkbox"/> \$2,000/\$25,000 Agg.	<input type="checkbox"/> \$ 2,500		
<input type="checkbox"/> TRUTH IN LENDING E & O		(Only Available To Trailer Dealers)				





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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: \_\_\_\_\_  
 FIRE DISTRICT: \_\_\_\_\_  
 PROTECTION CLASS: \_\_\_\_\_  
 COVERAGES:  
 Basic  
 Comprehensive/Special Form with theft  
 Comprehensive/Special Form without theft

BUILDING 1 Coverage Amount \$ \_\_\_\_\_ Use Description: \_\_\_\_\_  
 CONSTRUCTION TYPE:  Frame  Masonry  Non-Combustible  Fire Resistive

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: \_\_\_\_\_  
 FIRE DISTRICT: \_\_\_\_\_  
 PROTECTION CLASS: \_\_\_\_\_  
 COVERAGES:  
 Basic  
 Comprehensive/Special Form with theft  
 Comprehensive/Special Form without theft

BUILDING 1 Coverage Amount \$ \_\_\_\_\_ Use Description: \_\_\_\_\_  
 CONSTRUCTION TYPE:  Frame  Masonry  Non-Combustible  Fire Resistive

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 \_\_\_\_\_



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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
<p>VEH # <input type="checkbox"/> OWNED  <input type="checkbox"/> LEASED</p> <p><b>COMMERCIAL CLASS</b></p> <p><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</p> <p>RADIUS OF OPERATIONS _____ MILES</p> <p><b>PRIVATE PASSENGER TYPE SERVICE VEHICLES</b></p> <p><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</p>					

**[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)	<p><b>COLLISION DEDUCTIBLE PER AUTO</b></p> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
<p><b>REJECTIONS:</b></p> <input type="checkbox"/> UM BI (Attach Form) <input type="checkbox"/> UMCDW (Attach Form) <input type="checkbox"/> UMPD (Attach Form)	<p><b>OTHER THAN COLLISION PER AUTO</b></p> <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.

(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
<p>VEH # <input type="checkbox"/> OWNED  <input type="checkbox"/> LEASED</p> <p><b>COMMERCIAL CLASS</b></p> <p><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</p> <p>RADIUS OF OPERATIONS _____ MILES</p> <p><b>PRIVATE PASSENGER TYPE SERVICE VEHICLES</b></p> <p><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</p>					

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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)	<p><b>COLLISION DEDUCTIBLE PER AUTO</b></p> <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000
<p><b>REJECTIONS:</b></p> <input type="checkbox"/> UM BI (Attach Form) <input type="checkbox"/> UMCDW (Attach Form) <input type="checkbox"/> UMPD (Attach Form)	<p><b>OTHER THAN COLLISION PER AUTO</b></p> <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.

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

LOSS PAYEE:

ADDITIONAL INSURED:

DMI "Automotive Program Specialists"  
Dealer Super Protector +

**UNACCOMPANIED TEST-DRIVE DEALER LOSS CONTROL STANDARDS**

Policy Number \_\_\_\_\_ Producer \_\_\_\_\_  
Named Insured \_\_\_\_\_  
Effective Date of Policy \_\_\_\_\_

The practice of allowing customers to test-drive dealership vehicles without being accompanied by you or a sales person increases the likelihood of automobile accidents and thefts and therefore is a discouraged business practice under this program. To be eligible for this policy unaccompanied test-drives must be minimized. When you allow an unaccompanied test-drive the following loss control steps must be followed:

1. The customer must be at least 18 years of age or accompanied by an adult.
2. You must record the customer's driver's license number & expiration date prior to relinquishing the car.
3. You must record the name of the customer's insurance company, policy number, and expiration date.
4. Maximum customer test-drive allowed is the lesser of 60 minutes or 25 miles.

I agree to employ these loss control steps when allowing customers to test-drive dealership vehicles unaccompanied. Further, I understand that failure to maintain these standards throughout the policy period and any subsequent renewal policy period may result in an additional premium charge and/or nonrenewal of my policy.

Signature of the First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

**SUMMARY OF UNACCOMPANIED TEST-DRIVE LOSS CONTROL ISSUES**  
**(READ CAREFULLY)**

- Dealers who have allowed unaccompanied test-drives have experienced an increased incidence of thefts and auto accidents. Some of these auto accidents involved friends, family members, and acquaintances. If you or one of your employees is not in the car during the test drive, you will not know whether the customer is driving responsibly. The customer, or others allowed to drive the car by the customer, could be under the influence of drugs or alcohol, speeding or drag racing, engaging in horseplay, using the vehicle for an illegal purpose or generally driving recklessly and without regard to the damage being inflicted on your vehicle. In addition, should an automobile accident result, you must rely on the customer's account of the facts regarding the accident. You will have no direct information to substantiate or refute the facts presented to your insurance company. However, you and your dealership will be held responsible for any resulting losses and damages.
- Another important consideration is the possibility of theft of the vehicle by the customer. If the customer is allowed to test-drive unaccompanied and fails to return the vehicle, the police may not accept a stolen vehicle report for 48-72 hours. They will consider the theft to be the result of your VOLUNTARY ACT; that is, you were TRICKED into giving up your vehicle. Since trick and device is excluded, this theft may not be covered by your policy.



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**MISSOURI**  
 Garage Insurance  
 State Specific Application

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

Named Insured: \_\_\_\_\_ Quote # \_\_\_\_\_

DBA: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_/\_\_\_/\_\_\_ TIME: \_\_\_\_\_ [ ]PM [ ]AM

**MISSOURI SPECIFIC COVERAGES / LIMITS SELECTION:**

GARAGE LIABILITY

Limited Liability For Customers Vehicles (Applicable to Non-Franchised Auto Dealer Program Only.)

**UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
 (MISSOURI)**

UNINSURED MOTORISTS COVERAGE SELECTION (Check All That Apply)

- Uninsured Motorists Bodily Injury. UMBI-\$50,000 per accident.  
(Mandatory)
- Underinsured Motorists Bodily Injury. UIMBI-\$50,000 per accident.  
(Optional)

Uninsured Motorists Property Damage. UMPD (Not Available in Missouri)

<b>I / We have the following:</b>	
Number of Dealer Plates.....	_____
Number of Registered Vehicles Private Passenger Type.....	_____
Number of Registered Vehicles Commercial Type.....	_____

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

INSURED'S SIGNATURE OF ACCEPTANCE \_\_\_\_\_ DATE \_\_\_\_\_

BROKERS SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_

# TOWING AND WRECKING SERVICES - STATEMENT

Policy Number \_\_\_\_\_ Producer \_\_\_\_\_

Named Insured \_\_\_\_\_

Effective Date of Policy \_\_\_\_\_

Automobile Liability exposures for Towing and Wrecking Services are extensive and constitute an unacceptable exposure under this program. To be eligible for this policy Towing and Wrecking Services other than incidental Towing for your Automobile Service and/or Repair Customers must not be part of your normal services offered.

I HEREBY CERTIFY that TOWING AND WRECKING SERVICES other than incidental Towing for my Automobile Service and/or Repair Customers is not part of my normal services offered. I further understand that offering Towing and Wrecking Services other than incidental Towing for my Automobile Service and/or Repair Customers during this policy period and any subsequent renewal policy period would constitute an increase in hazard. An increase in hazard can result in any one of the following actions being taken by the insurance company.

- CANCELLATION OF MY INSURANCE POLICY
- A SIGNIFICANT MIDTERM ADDITIONAL PREMIUM CHARGE
- NONRENEWAL OF MY POLICY

Signature of the First Named Insured \_\_\_\_\_

Date \_\_\_\_\_

## BRIEF SUMMARY OF TOWING AND WRECKING LOSS CONTROL ISSUES (READ CAREFULLY)

The Automobile Liability exposures for Towing and Wrecking Services are extensive, since the operators will be on the road as much as possible. Exposures are numerous, including driving during inclement weather, driving after dark, executing complicated recovery maneuvers in darkness or bad weather, and driving in high traffic areas (e.g. congested highways, urban areas) as well as on poorly maintained backroads.



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**MISSOURI**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_/\_\_\_/\_\_\_ **TIME:** \_\_\_\_\_ [ ]PM [ ]AM

**MISSOURI SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

**Limited Liability For Customers Vehicles (Applicable to Non-Franchised Auto Dealer Program Only.)**

**UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
(MISSOURI)**

**UNINSURED MOTORISTS COVERAGE SELECTION (Check All That Apply)**

- Uninsured Motorists Bodily Injury. UMBI-\$50,000 per accident.  
(Mandatory)**
- Underinsured Motorists Bodily Injury. UIMBI-\$50,000 per accident.  
(Optional)**

**Uninsured Motorists Property Damage. UMPD (Not Available in Missouri)**

<b>I / We have the following:</b>	
Number of Dealer Plates.....	_____
Number of Registered Vehicles Private Passenger Type.....	_____
Number of Registered Vehicles Commercial Type.....	_____

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKERS SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_