



DMI INSURANCE SERVICES, INC.  
 330 Tennant Ave. Morgan Hill, CA 95037  
 Phone (800) 877-2525 Fax (408) 778-0298  
 "Automotive Program Specialists"

**Property Application**

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

**CONTROL #:** \_\_\_\_\_

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

**EFFECTIVE DATE:** \_\_\_\_\_

**MINIMUM 90% CO-INSURANCE APPLIES TO ALL PROPERTY COVERAGE**

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Owned <input type="checkbox"/> Leased
<b>City:</b> _____		<b>State:</b> _____		<b>Zip:</b> _____		
COVERAGE	AMOUNT	VALUATION / MO. LIMITATION	CAUSES OF LOSS	INFL %	PROPERTY DEDUCTIBLE	<input type="checkbox"/> WITH THEFT
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500	<input type="checkbox"/> EXCLUDE THEFT
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Central alarm required for theft coverage
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE		
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL			
<input type="checkbox"/> INCLUDE PROPERTY ENHANCEMENT ENDORSEMENT (Additional \$250)						

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_  Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other:			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
EXPOSURES: Left: _____		Right: _____	Rear: _____
BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other:			

**Location #:** \_\_\_\_\_ **Building #:** \_\_\_\_\_

<b>Street Address:</b> _____						<input type="checkbox"/> Owned <input type="checkbox"/> Leased
<b>City:</b> _____		<b>State:</b> _____		<b>Zip:</b> _____		
COVERAGE	AMOUNT	VALUATION / MO. LIMITATION	CAUSES OF LOSS	INFL %	PROPERTY DEDUCTIBLE	<input type="checkbox"/> WITH THEFT
REAL PROPERTY	\$	RC	SPECIAL	%	<input type="checkbox"/> \$500	<input type="checkbox"/> EXCLUDE THEFT
BUSINESS PERSONAL PROPERTY	\$	RC	SPECIAL		<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	Central alarm required for theft coverage
BUSINESS INCOME	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL	<input type="checkbox"/> WITH EXTRA EXPENSE		
LOSS OF RENTS	\$	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/6	SPECIAL			

**Separate Wind/Hail Deductible If Applicable:** Real Property: \_\_\_\_\_ Business Personal Property: \_\_\_\_\_  Exclude Wind/Hail

YEAR BUILT: _____	# STORIES: _____	SQ. FEET: _____	AVG. HEIGHT: _____
FOUNDATION SHAPE: _____		TYPE OF BUSINESS: _____	
CONSTRUCTION TYPE: <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Non-Combustible			ROOF SURFACE TYPE: _____
HEATING SYSTEM SOURCE: <input type="checkbox"/> Forced Air <input type="checkbox"/> Radiant <input type="checkbox"/> Wood Pellet <input type="checkbox"/> None <input type="checkbox"/> Other:			
DISTANCE FROM: Hydrant (ft.): _____		Fire Department (mi.): _____	
YEAR BUILDING LAST UPDATED: _____	Wiring: _____	Roofing: _____	Plumbing: _____ Heating: _____
EXPOSURES: Left: _____		Right: _____	Rear: _____
BURGLAR ALARM: <input type="checkbox"/> None <input type="checkbox"/> Local burglar alarm <input type="checkbox"/> Monitored central reporting alarm			SERVICED BY: _____
FIRE DETECTION / PROTECTION (Check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Sprinklers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Other:			

**EMPLOYEE TOOLS** (Company owned tools belong in Business Personal Property limit)

EMPLOYEE'S NAME	TOOL VALUE
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
\$1,000 Maximum Limit for any one tool unless individually scheduled. (Attach Acord 146 if needed) <b>DEDUCTIBLE SAME AS REAL AND BUSINESS PERSONAL PROPERTY</b>	
	\$

**FOR ADDITIONAL COVERAGES, ATTACH THE APPROPRIATE ACORD APPLICATION:**

ACCOUNTS RECEIVABLE / VALUABLE PAPERS (ACORD 145)                      DETACHED SIGNS (ACORD 144)  
ELECTRONIC DATA PROCESSING (ACORD 148)                              CRIME (ACORD 141)

**ADDITIONAL INTERESTS**

LOC #	BLDG #	OWNERSHIP TYPE	NAME	ADDRESS
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		
		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE		

**LIST ALL PROPERTY, CRIME AND INLAND MARINE LOSSES IN LAST 4 YEARS**

DATE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID / RESERVED
		\$
		\$

1. Are any portions of these buildings under construction, improvement or remodeling? .....  Yes  No  
If yes, list and describe: \_\_\_\_\_
2. Are any portions of these buildings in need of repairs? .....  Yes  No  
If yes, list and describe: \_\_\_\_\_
3. Do these buildings have a basement? .....  Yes  No
4. Are any wiring, conduit, or electrical boxes exposed? .....  Yes  No
5. Are all circuit breaker boxes securely mounted and have closing covers? .....  Yes  No
6. Do you use a metal container with a self-closing lid for oily rags? .....  Yes  No
7. Do you have any flammables, chemicals, or paints? .....  Yes  No  
If yes, list and describe storage: \_\_\_\_\_
8. Are there currently serviced, charged and operable fire extinguishers? .....  Yes  No
9. Have you had a commercial property foreclosure, repossession, or bankruptcy during the last five years?.....  Yes  No

**REMARKS**

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Insurance Applicant Agreement: I have reviewed all 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 will be 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 the company issues an insurance binder. I 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.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_