



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
 "Automotive Program Specialists"

**AUTO DEALER
 COVERAGE APPLICATION**

Agency: _____
 Producer: _____
 Phone: _____
 Email: _____

New Business Quote #: _____
 Renewal of Pol. #: _____
 EFFECTIVE DATE: _____
 EFFECTIVE TIME: _____ AM PM

Dealer Operations (% of Business)	Types of vehicles sold (% of sales)	
Retail: _____%	Cars/Light Trucks: _____%	Boats: _____%
Wholesale: _____%	Heavy Trucks: _____%	Classics: _____%
Service/Repair: _____%	Tractor Trailers: _____%	Exotics: _____%
Body/Paint: _____%	RV's/Motorhomes: _____%	Salvage/Rebuilt: _____%
	Motorcycles: _____%	

NAMED INSURED: _____
DBA: _____
Applicant Business Entity: Individual Partnership Corporation LLC
Year Business Started: _____ **If less than 3 years, attach New In Business Questionnaire**
Mailing Address: _____
Business Phone: _____ **Cell Phone:** _____ **Fax:** _____
Web: _____ **Email:** _____

PREMISES - For more than 2 locations, attach additional pages

LOC	ADDRESS	
1		<input type="checkbox"/> Owned <input type="checkbox"/> Leased
2		<input type="checkbox"/> Owned <input type="checkbox"/> Leased

PREVIOUS INSURANCE - List carrier information from prior 4 years

EFF. DATE	EXP. DATE	CARRIER	POLICY NUMBER	BROKERS NAME	PREMIUM
					\$
					\$
					\$
					\$

LOSS HISTORY - List all losses in last 4 years

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	AMT. RESERVED
			\$	\$
			\$	\$
			\$	\$

REMARKS

BUSINESS PERSONNEL

LIST ALL OWNERS / OFFICERS, EMPLOYEES, DRIVERS, SUB-CONTRACTORS, AND BUYERS USING YOUR LICENSE

NAME	LICENSE #	STATE	DOB	POSITION	STATUS	PERSONAL USE
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Y <input type="checkbox"/> N

NON-BUSINESS PERSONNEL

LIST ALL SPOUSE(S), HOUSEHOLD / FAMILY MEMBERS AND CHILDREN BETWEEN THE AGES OF 14 AND 25

NAME	LICENSE #	STATE	DOB	RELATIONSHIP	PERSONAL USE	EXCL
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

NOTE: Additional premium will not be charged nor will an exclusion be required for NON-BUSINESS PERSONNEL with proof of current personal auto policy and acceptable MVR.

1. Transportation of vehicles is performed by: Commercial Transporter Employees Contract/Misc. Drivers (Hours/week: ___)
2. Have any owners or drivers been convicted of any major driving violations (i.e. DUI, reckless driving, driving with a Yes No suspended/revoked license, etc.) in the past 3 years?.....
3. Do you allow buyers or wholesalers to use your dealer plates or inventory autos?..... Yes No
4. Do any employees drive owned or inventory vehicles for personal use or take home at night?..... Yes No
5. Are you or any owners/officers married or separated?..... Yes No
6. Do you or any owners/officers have any children between the ages of 14 and 25?..... Yes No
7. Are there any other family members, relatives, or partners/officers who have use of an owned or inventory auto?..... Yes No

ALL PERSONS IDENTIFIED IN QUESTIONS 3 - 7 MUST BE LISTED ABOVE – Anyone under the age of 18 is ineligible for coverage and will be excluded from policy where allowable by law.

I WARRANT THAT ALL EMPLOYEES, INDEPENDENT CONTRACTORS, MEMBERS OF MY HOUSEHOLD, CHILDREN AGES 14 – 25, RELATIVES ALLOWED TO DRIVE, OFFICERS AND PARTNERS, BOTH ACTIVE AND NON-ACTIVE HAVE BEEN DISCLOSED ON THIS APPLICATION. I/WE UNDERSTAND THAT AN OFFER OF INSURANCE AND THE PREMIUM QUOTED IS BASED ON ALL MOTOR VEHICLE RECORDS BEING ACCEPTABLE TO THE COMPANY. UNACCEPTABLE MOTOR VEHICLE RECORDS WILL RESULT IN DRIVER EXCLUSION(S), PREMIUM INCREASE, AND/OR POSSIBLE CANCELLATION OF AN ISSUED POLICY. I FURTHER DECLARE THAT I WILL NOTIFY THE COMPANY IN WRITING OF ALL NEW EMPLOYEE ADDITIONS OR DELETIONS (INCLUDING INDEPENDENT CONTRACTORS AND BUYERS), WITHIN 10 DAYS OF USING THEM. FAILURE TO REPORT EMPLOYEES WHETHER OR NOT THEY DRIVE AND ALL EMPLOYEE CHANGES AS THEY OCCUR CAN RESULT IN DENIAL OF CLAIM, VOIDED COVERAGE, CANCELLATION OF THE POLICY, OR INCREASE IN PREMIUM.

APPLICANT'S SIGNATURE _____

DATE _____

OPERATIONS INFORMATION
ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT

1. Do you allow customers to take unaccompanied test drives?..... Yes No
 If yes, do you obtain: copy of driver's license copy of insurance ID card signed borrowed car / test drive agreement
2. Do you rent or loan vehicles to customers while their vehicles are being serviced or repaired?..... Yes No
 If yes, do you obtain a signed borrowed car agreement indicating that their insurance is primary?..... Yes No
3. Do you rent, lease, or loan vehicles under any other circumstances? Yes No
 If yes, explain: _____
4. Do you own a tow truck, car hauler, or trailer?..... Yes No
 If yes, how many vehicles can be hauled at one time on your:
 Tow Truck/Car Hauler: _____ (if more than 1 vehicle attach tow truck/car hauler questionnaire)
 Trailer: _____ (if more than 1 vehicle attach tow truck/car hauler questionnaire)
5. Do you do any towing or hauling for others?..... Yes No
 If yes, for whom: _____ and how often: _____
6. Do you or any owners/officers own, or are engaged in, other businesses?..... Yes No
 If yes, provide the following: Legal Entity: _____ DBA: _____
 Business Type: _____ Does it share a location with this business?..... Yes No
7. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO..... Yes No
8. Do you do any "Buy Here – Pay Here" Sales, rent-to-own, lease-to-own, or in-house financing?..... Yes No
 If yes, is the registration transferred to the customer and report of sale immediately filed with the state?..... Yes No
9. Do you do any involuntary repossession of vehicles without using a licensed and insured repossession company?. Yes No
10. Do you have a tire mounting and/or balancing machine?..... Yes No
11. Do you sell and/or install used tires or have a sub-contractor install used tires?..... Yes No
 If yes, how many per month? _____
12. Do you sell Liquefied Petroleum Gas (LPG)?..... Yes No
13. Do you sell anything other than private passenger cars, sport utility vehicles or light trucks?..... Yes No
 If yes, list here: _____
14. Do you sell salvage or rebuilt titled autos?..... Yes No
 If yes, how many per month? _____
15. Do you rent or loan your dealer plates?..... Yes No
 If yes, explain: _____
16. Do you modify vehicles?..... Yes No
 If yes, explain: _____
17. Approximate gross annual sales: \$ _____
18. Average number of vehicles sold per year: _____
19. Average model age of vehicle sold: 1 – 5 years 5 – 10 years 10 years and older.

REMARKS

BY SIGNING THIS FORM I REPRESENT AND WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND HAVE ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____

LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

1. Location #: _____ Address: _____
2. How many years have you been at this location? _____
3. Is the property shared with another business?..... Yes No
 If yes, list name(s): _____
 describe physical separations: _____
4. Where are keys kept at night: _____
 During Business Hours: _____
5. What is the lot security:
 None Fence & Gate Post & Cable/Chain Building Other: _____
6. Is the lot lit at night when closed for business?..... Yes No
7. Is the lot paved?..... Yes No
8. Do you sell or drive vehicles with a wholesale value over \$60,000? (If yes, highest value): \$_____ Yes No
9. Average wholesale value of all cars multiplied by the maximum # of cars on lot at any one time equals the minimum insurable value on lot:
 Average value of cars \$_____ x _____ # of cars = \$_____ (Minimum value on lot)
100% Co-insurance applies. Inventory and owned autos must be insured to 100% of their combined total value
10. Describe the type of alarm you have: None Local burglar alarm Central reporting and monitored alarm
11. Describe the window protection: None Bars or grates Alarmed
12. Describe the condition of the premises: Poor Slightly below average Slightly above average Excellent
13. Is there an automatic fire protective or extinguishing system that protects the premises?..... Yes No
14. Are there deadbolts on ALL doors?..... Yes No
15. Are there currently serviced, charged and operable fire extinguishers?..... Yes No
16. Are there NO SMOKING signs posted in all areas where combustible materials are located?..... Yes No
17. Are there any potential trip and fall hazards? (i.e. uneven pavement, potholes, clutter, debris)..... Yes No
18. Are there any underground tanks on the premises?..... Yes No
19. Are any individuals residing on the premises? Yes No
 If yes, explain: _____
20. Do you service or repair vehicles at this location? If yes, answer the questions in the box below..... Yes No

ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES

1. Do you store oil, solvents and similar material in an approved metal container?..... Yes No
2. Do you have a spray paint booth?..... Yes No
 If yes, check all that apply: Self-Made Sprinklered U.L. Listed
3. Do you repair vehicles in excess of 20,000 lbs. gross vehicle weight?..... Yes No

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APPLICANT'S SIGNATURE _____ DATE _____

AUTO DEALERS COVERAGE FORM

COVERED AUTOS LIABILITY (Combined Single Limit) & GENERAL LIABILITY	DEDUCTIBLE <input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	PER OCCURRENCE LIMIT <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$350,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000 <input type="checkbox"/> Other: _____	AGGREGATE Covered Autos: No aggregate limit General Liability: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X (Products and Work You Performed is part of General Liability, but is limited to a 1X Aggregate)		
Covered Autos Liability – Bodily Injury & Property Damage General Liability – Bodily Injury & Property Damage, Personal & Advertising Injury, Host Liquor Liability, and Incidentally Medical Malpractice (Refer to Policy for Conditions, Definitions and Limits)					
<input type="checkbox"/> DAMAGE TO PREMISES RENTED <input type="checkbox"/> BUILDING LEGAL LIABILITY	LOC	If more than the \$100,000 Damage to Premises Rented is requested, select Building Legal Liability and fill out the information below per location.			
	1	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
	2	Construction type:	Limit: \$		
		Bldg. Use:	Year Built:		
<input type="checkbox"/> LESSOR'S RISK	LOC	BUSINESS NAME AND OPERATION(S) OF TENNANT(S)	SQ. FT. LEASED		
	1				
	2				
<input type="checkbox"/> FEDERAL ODOMETER <input type="checkbox"/> TRUTH IN LENDING <input type="checkbox"/> TITLE ERRORS AND OMISSIONS <input type="checkbox"/> INSURANCE AGENTS E&O	\$300,000 AGGREGATE APPLIES PER COVERAGE				
<input type="checkbox"/> ADDITIONAL INSURED – GENERAL LIABILITY – OWNERS OF PREMISES	SAME LIMITS AS SELECTED IN LIABILITY				
	LOC	NAME / ADDRESS			
	1				
	2				
<input type="checkbox"/> MEDICAL PAYMENTS	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> BROAD FORM PRODUCTS	SAME LIMITS AS SELECTED IN LIABILITY				
<input type="checkbox"/> BROAD FORM DRIVE OTHER CAR COVERAGE	<input type="checkbox"/> LIABILITY <input type="checkbox"/> UM/IM <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If applicable) <input type="checkbox"/> PHYS. DAMAGE	AVAILABLE ONLY TO OWNER(S), PARTNER(S), THEIR SPOUSE(S), AND MAJORITY SHAREHOLDER(S) AND THEIR SPOUSE(S). LIST NAMES			
		1			
		2			
		3			
		4			
<input type="checkbox"/> UNINSURED MOTORISTS	LIMIT: \$ _____	DEALER PLATES: ____	PERSONAL REGISTERED AUTOS: ____		
ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION					
<input type="checkbox"/> GARAGEKEEPERS	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	LIMIT BY LOC 1. \$ _____ 2. \$ _____	OTHER THAN COLLISION (AGGREGATE) <input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	COLLISION <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

PHYSICAL DAMAGE ON DEALERS INVENTORY & OWNED AUTOS. INVENTORY MUST BE INSURED 100% TO VALUE

INDICATE INTERESTS TO BE COVERED	Your interest in covered "autos" you own <input type="checkbox"/>	Your interest only in financed covered "autos" <input type="checkbox"/>	Your interest and interests of any creditor named as a loss payee <input type="checkbox"/>	All interests in any "auto" not owned by you or any creditor while in your possession on consignment for sale <input type="checkbox"/>
MAXIMUM PER AUTO \$60,000 UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> OTHER: \$ _____				
OTHER THAN COLLISION COVERAGE				<input type="checkbox"/> BLANKET COLLISION COLLISION DEDUCTIBLE PER AUTO : <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 AVERAGE COST NEW : \$ _____
LIMIT FOR LOCATION 1: \$ _____		LIMIT FOR LOCATION 2: \$ _____		
COVERAGES ARE SUBJECT TO ELIGIBILITY				
<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY				
O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURRENCE & LOCATION				
<input type="checkbox"/> \$1,000 / \$5,000		<input type="checkbox"/> \$1,000 / \$50,000		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Unlimited Radius Collision Included </div>
<input type="checkbox"/> \$1,000 / \$10,000		<input type="checkbox"/> \$1,000 / NO AGG		
<input type="checkbox"/> \$1,000 / \$25,000		<input type="checkbox"/> \$2,000 / \$25,000		
<input type="checkbox"/> \$2,000 / \$10,000		<input type="checkbox"/> \$2,000 / \$50,000		
<input type="checkbox"/> \$2,000 / NO AGG		<input type="checkbox"/> \$2,000 / NO AGG		
<input type="checkbox"/> FALSE PRETENSE (\$25,000 LIMIT)				
<input type="checkbox"/> HIRED AUTO PHYSICAL DAMAGE (Deductibles same as Dealer's Physical Damage)				
TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$100,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED				
LOSS PAYEE FOR INVENTORY:				

SCHEDULED VEHICLE PHYSICAL DAMAGE

<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> COLLISION	YEAR	MAKE	MODEL	IDENTIFICATION NUMBER	COST NEW	DEDUCTIBLE
VEH. #1 LOSS PAYEE: _____						
VEH. #2 LOSS PAYEE: _____						

APPLICANT'S CONSENT / ADVISORY / WARRANTIES

APPLICANT'S INITIALS

ANIMAL EXCLUSION I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	X _____
POLICY or SERVICE FEE (If applicable in your state, refer to quotation for actual amount) I hereby consent to and accept a fully earned policy fee OR service fee not to exceed \$250 for the purpose of having the insurance company arrange loss control consultation for my business. This consent is applicable to new policies and all renewals and is in effect until revoked in writing.	X _____
I understand that the insurance applied for within this application: DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.	X _____

Insurance Applicant Agreement: I have reviewed all 6 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.

I understand that an offer of insurance and premium quoted is based upon the prior loss history as represented in this application. If it is determined that the prior loss history is not as indicated in this application, the policy may be voided, subject to cancellation, or an increase in premium.

I AUTHORIZE ANY PRIOR INSURANCE COMPANY TO RELEASE ALL OF MY CLAIMS AND UNDERWRITING INFORMATION DIRECTLY TO DMI INSURANCE SERVICES, INC., P.O. Box 248, Morgan Hill, CA 95038 FAX: 408-778-0298

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S PRINTED NAME _____ TITLE _____

BROKER'S SIGNATURE OF COMPLETION _____ DATE _____