



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"

**Non-Franchised AUTO DEALER  
Garage Application**

Agency: \_\_\_\_\_  
Producer: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

☐ New Business Quote #: \_\_\_\_\_

☐ Renewal of Pol. #: \_\_\_\_\_

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

EFFECTIVE TIME: \_\_\_\_\_

Insured Operations (Percentages 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 is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Other:

Year Business Started: \_\_\_\_\_ If less than 3 years, attach New In Business Questionnaire

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web: \_\_\_\_\_ Email: \_\_\_\_\_

**PREMISES INFORMATION – For more than 2 locations, attach additional page(s).**

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

**PRIOR CARRIER INFORMATION (PRIOR 4 YEARS)**

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

**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 suspended/revoked license, etc.) in the past 3 years?..... ☐ Yes ☐ No
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 PERSON(S) 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 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, trailer, or tow dolly?..... ☐ 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/Dolly: \_\_\_\_\_ (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 involuntary repossession of vehicles without using a licensed and insured repossession company?..... ☐ Yes ☐ No
9. 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
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 has applicant 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. Do you sell or drive vehicles with a wholesale value over \$60,000? (If yes, highest value): \$ \_\_\_\_\_ ☐ Yes ☐ No
6. What is the lot security: ☐ None ☐ Fence & Gate ☐ Post & Cable/Chain ☐ Building ☐ Other: \_\_\_\_\_
7. Is the lot lit at night when closed for business?..... ☐ Yes ☐ No
8. Is the lot paved?..... ☐ 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)
10. What type of alarm do 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: ☐ Somewhat Below Average ☐ Somewhat above average ☐ Superior
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?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a spray paint booth?.....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, check all that apply: <input type="checkbox"/> Self-Made <input type="checkbox"/> Sprinklered <input type="checkbox"/> U.L. Listed |  |
| 3. Do you repair vehicles in excess of 20,000 lbs. gross vehicle weight?.....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**REMARKS**


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

DATE \_\_\_\_\_

## SYMBOLS / COVERAGES / LIMITS

<b>COVERED AUTO SYMBOL:</b> [21] ANY AUTO [30] AUTOS LEFT FOR SERVICE, REPAIR, STORAGE, OR SAFE KEEPING		[22] ALL OWNED AUTOS [31] DEALERS AUTOS & INVENTORY AUTOS		[27] SPECIFIED AUTOS ONLY	
<b>COVERAGE/AUTO SYMBOL</b>	<b>DEDUCTIBLE</b>	<b>LIMITS OF LIABILITY</b>			
<b>GARAGE LIABILITY [21]</b>	<input type="checkbox"/> NONE <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	<input type="checkbox"/> Other: _____ <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$100,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$250,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$300,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$350,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$500,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <input type="checkbox"/> \$1,000,000 COMBINED SINGLE LIMIT <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X AGGREGATE <b>(AGGREGATE DOES NOT APPLY TO AUTO ACCIDENTS)</b>			
<input type="checkbox"/> LESSOR'S RISK	<b>LOC</b>	<b>BUSINESS NAME AND OPERATION(S) OF TENNANT(S)</b>		<b>SQ. FT. LEASED</b>	
	1				
	2				
<input type="checkbox"/> FEDERAL ODOMETER <input type="checkbox"/> TRUTH IN LENDING <input type="checkbox"/> TITLE ERRORS AND OMISSIONS	<b>\$300,000 AGGREGATE APPLIES PER COVERAGE</b>				
<input type="checkbox"/> PERSONAL INJURY LIABILITY	SAME LIMITS AS SELECTED IN LIABILITY (Not needed if Broadened Coverage is selected)				
<b>OWNER OF PREMISES (LANDLORD)</b> <input type="checkbox"/>	SAME LIMITS AS SELECTED IN LIABILITY				
	<b>LOC</b>	<b>NAME / ADDRESS</b>			
	1				
	2				
<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"/> MEDICAL PAYMENTS	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> FIRE LEGAL LIABILITY  <input type="checkbox"/> BUILDING LEGAL LIABILITY	<b>LOC</b>				
	1	Construction type:		Limit \$	
		Bldg. Use		Year Built:	
	2	Construction type:		Limit \$	
		Bldg. Use		Year Built:	
<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 _____			
<b>UNINSURED MOTORISTS</b>	<b>LIMIT: \$</b> _____		<b>DEALER PLATES:</b> _____	<b>PERSONAL REGISTERED AUTOS:</b> _____	
<b>***ATTACH STATE SPECIFIC FORM FOR UNINSURED MOTORISTS AND PERSONAL INJURY PROTECTION***</b>					
<input type="checkbox"/> GARAGEKEEPERS [30]	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> COLLISION	<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT PRIMARY	<b>LIMIT BY LOC</b> 1. \$ _____ 2. \$ _____	<b>OTHER THAN COLLISION (AGGREGATE)</b> <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	<b>COLLISION</b> <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500

**PHYSICAL DAMAGE ON DEALERS AUTO (31) – INVENTORY MUST BE INSURED 100% TO VALUE**

<b>INDICATE INTERESTS TO BE COVERED</b>	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"/>
<b>MAXIMUM PER AUTO \$60,000</b>				
UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> OTHER: \$ _____				
<b>OTHER THAN COLLISION COVERAGE</b>			<input type="checkbox"/> <b>BLANKET COLLISION</b>  <b>COLLISION DEDUCTIBLE PER AUTO :</b>  <input type="checkbox"/> \$500 <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Unlimited Radius Collision Included</b></div> <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500  <b>AVERAGE COST NEW : \$ _____</b>	
<b>LIMIT FOR LOCATION 1:</b> \$ _____		<b>LIMIT FOR LOCATION 2:</b> \$ _____		
<b>COVERAGES ARE SUBJECT TO ELIGIBILITY</b>				
<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY				
<b>O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURENCE &amp; LOCATION</b>				
<input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$50,000 <input type="checkbox"/> \$2,000 / \$25,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$1,000 / NO AGG <input type="checkbox"/> \$2,000 / \$50,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / NO AGG				
<input type="checkbox"/> <b>FALSE PRETENSE (\$25,000 LIMIT)</b>				
<input type="checkbox"/> <b>HIRED AUTO PHYSICAL DAMAGE</b> (Deductibles same as Dealer's Physical Damage)				
TEMPORARY LOCATION / IN TRANSIT LIMIT: LESSOR OF \$100,000 OR LIMIT OF INVENTORY COVERAGE PURCHASED				
<b>LOSS PAYEE FOR INVENTORY:</b>				

**SCHEDULED VEHICLE PHYSICAL DAMAGE**

<input type="checkbox"/> <b>COMPREHENSIVE [27]</b>	YEAR	MAKE	MODEL	IDENTIFICATION NUMBER	COST NEW	DEDUCTIBLE
<input type="checkbox"/> <b>COLLISION [27]</b>						
VEH. #1 LOSS PAYEE: _____						
VEH. #2 LOSS PAYEE: _____						

**APPLICANT'S CONSENT / ADVISORY / WARRANTIES**

**APPLICANT'S INITIALS**

<b>ANIMAL EXCLUSION</b> I hereby consent to and accept an Animal Endorsement which will change the policy applied for.	<b>X</b> _____
<b>POLICY or SERVICE FEE (If applicable in your state, refer to quotation for actual amount.)</b> 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.	<b>X</b> _____
I understand that the insurance applied for within this application: <b>DOES NOT INCLUDE WORKERS COMPENSATION THAT IS REQUIRED BY LAW.</b>	<b>X</b> _____

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 NAME \_\_\_\_\_

TITLE \_\_\_\_\_

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

DATE \_\_\_\_\_