



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

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

Types of Operations		Types of Vehicles	
General Service/Repair: _____%	Smog Testing: _____%	Cars/Light Trucks: _____%	Boats/Watercrafts: _____%
Body/Paint: _____%	Transmission Rebuild: _____%	Heavy Trucks: _____%	Classics: _____%
Quick Lube/Oil: _____%	Classic Restoration: _____%	Tractor Trailers: _____%	Exotics: _____%
Brake/Muffler: _____%	Off-Road/Racing: _____%	RVs/Motorhomes: _____%	Buses/Taxis: _____%
Tint/Audio Installation: _____%	Tire Sales: _____%	Motorcycles: _____%	Off-Highway Vehicles: _____%
Detailing: _____%	Salvage/Dismantling: _____%	Emergency Vehicles: _____%	Golf Carts: _____%

NAMED INSURED: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Applicant Business Entity is:  Individual  Partnership  Corporation  LLC  
 Year Business Started: \_\_\_\_\_ If less than 3 years, attach Experience Questionnaire  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_ Email: \_\_\_\_\_

**PREMISES - For more than 2 locations, attach additional pages**

LOC	STREET ADDRESS	CITY	STATE	ZIP	OWNERSHIP
1					<input type="checkbox"/> Own <input type="checkbox"/> Lease
2					<input type="checkbox"/> Own <input type="checkbox"/> Lease

**PREVIOUS INSURANCE - List carrier information from prior 4 years**

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

**LOSS HISTORY - List all losses in last 4 years**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	LOSS AMOUNT	STATUS
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed
			\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed

**REMARKS**

\_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS PERSONNEL**

LIST ALL OWNERS / OFFICERS, EMPLOYEES, AND CONTRACTORS WHO WORK FOR THE BUSINESS.

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

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

**SCHEDULED OWNED AUTOS**

YEAR	MAKE	MODEL	VIN	COST NEW
<b>OWNED AUTOS LIABILITY</b>		SAME LIMIT AS SELECTED IN AUTO LIABILITY		
<input type="checkbox"/> <b>COMPREHENSIVE</b>	DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000			
<input type="checkbox"/> <b>COLLISION</b>	DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500			
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000			
<b>UNINSURED MOTORISTS</b>	LIMIT: _____	<b>***ATTACH STATE SPECIFIC FORM FOR UM/UIM &amp; PIP***</b>		
VEHICLE #1 LOSS PAYEE:				
VEHICLE #2 LOSS PAYEE:				

**REMARKS**

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I WARRANT THAT ALL EMPLOYEES, INDEPENDENT CONTRACTORS, OFFICERS AND PARTNERS, BOTH ACTIVE AND NON-ACTIVE, HAVE BEEN DISCLOSED ON THIS APPLICATION. I 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, 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 \_\_\_\_\_

## AUTO SERVICE & REPAIR QUESTIONNAIRE

1. Average value of customers cars \$ \_\_\_\_\_ X \_\_\_\_\_ # of cars = \$ \_\_\_\_\_ (Minimum GKLL Limit)
2. What were your gross annual sales over the last 12 months? \_\_\_\_\_
3. Do you own a tow truck, car hauler, or trailer? .....  Yes  No
4. Do you do any towing or hauling for hire or for others? .....  Yes  No  
If yes, for whom: \_\_\_\_\_ and how often: \_\_\_\_\_
5. Do you rent or loan vehicles to customers while their vehicles are being serviced or repaired? .....  Yes  No
6. Do you do any painting? .....  Yes  No
7. Do you have a spray paint booth? .....  Yes  No  
If yes, check all that apply:  Self-Made  Sprinklered  U.L. Listed
8. Do you do any performance enhancement modifications (off-road, racing, etc.)?.....  Yes  No
9. Do you do any frame, chassis, or structural repairs, fabrications, or modifications? .....  Yes  No
10. Do you salvage, rebuild, or dismantle autos? .....  Yes  No
11. Do you have a tire mounting and/or balancing machine? .....  Yes  No
12. Do you sell, install, or have a sub-contractor install used tires? .....  Yes  No  
If yes, how many per month? \_\_\_\_\_
13. Do you handle or sell propane, butane or other gases? .....  Yes  No
14. 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
15. How many years have you been at this location? \_\_\_\_\_
16. Is the property shared with any other businesses?.....  Yes  No  
If yes, list names: \_\_\_\_\_  
Describe physical separations: \_\_\_\_\_
17. Do any individuals reside on the premises? .....  Yes  No
18. Where are customer's vehicles stored at night:  Building  Enclosed Area  Publicly Accessible Area
19. Are unattended vehicles ever left unlocked? .....  Yes  No  
If yes, explain: \_\_\_\_\_
20. Where are customer's keys kept at night: \_\_\_\_\_  
During business hours: \_\_\_\_\_
21. Describe the type of alarm you have:  None  Local burglar alarm  Central reporting and monitored alarm
22. Describe the window protection:  None  Bars or grates  Alarmed
23. Are there deadbolts on ALL doors? .....  Yes  No
24. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) .....  Yes  No
25. Are there any underground tanks on the premises? .....  Yes  No
26. Are there currently serviced, charged and operable fire extinguishers? .....  Yes  No
27. Are there NO SMOKING signs posted in all areas where combustible materials are located? .....  Yes  No
28. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? .....  Yes  No
29. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? .....  Yes  No
30. Do you discard oily rags in a self-closing metal container? .....  Yes  No
31. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO.....  Yes  No

I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND 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 \_\_\_\_\_

**COVERAGES & LIMITS**

<b>NON-OWNED AUTO LIABILITY</b> (Combined Single Limit) <b>&amp; COMMERCIAL GENERAL LIABILITY</b>	<b>DEDUCTIBLE</b>	<b>PER OCCURRENCE LIMIT</b>	<b>AGGREGATE</b>		
	<input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$100,000 <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: _____	<b>Auto Liability:</b> No Aggregate Limit  <b>General Liability:</b> <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		
<b>Auto Liability –</b> Bodily Injury & Property Damage <b>General Liability –</b> Bodily Injury & Property Damage, Personal & Advertising Injury, Products & Work You Performed (Refer to policy for conditions, definitions, and limits)					
<input type="checkbox"/> <b>HIRED AUTOS</b>	SAME LIMIT AS SELECTED IN AUTO LIABILITY				
<input type="checkbox"/> <b>DAMAGE TO PREMISES RENTED</b>  <input type="checkbox"/> <b>BUILDING LEGAL LIABILITY</b>	<b>LOC</b>	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"/> <b>LESSOR'S RISK</b>	<b>LOC</b>	<b>BUSINESS NAMES AND OPERATIONS OF TENNANTS</b>	<b>SQ. FT. LEASED</b>		
	1				
	2				
<input type="checkbox"/> <b>ADDITIONAL INSURED – CGL – OWNERS OF PREMISES</b>	SAME LIMITS AS SELECTED IN LIABILITY				
	<b>LOC</b>	<b>NAME / ADDRESS</b>			
	1				
	2				
<input type="checkbox"/> <b>MEDICAL PAYMENTS</b>	LIMIT PER PERSON: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000				
<input type="checkbox"/> <b>BROAD FORM PRODUCTS</b>	SAME LIMITS AS SELECTED IN LIABILITY				
<input type="checkbox"/> <b>GARAGEKEEPERS</b>	<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>	<b>OTHER THAN COLLISION</b>	<b>COLLISION</b>
			1. \$ _____	<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"/> \$500 <input type="checkbox"/> \$1,000
			2. \$ _____	<input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<input type="checkbox"/> \$2,500

**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 cover letter for actual amount)</b> I hereby consent to and accept a fully earned policy 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 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.

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

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

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