



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"

CAR-HAULER/TOW TRUCK/TRAILER QUESTIONNAIRE

FAX To DMI: (408) 778-0298 ATTN: _____ Underwriting Department

From Producer: _____ Phone: _____ Fax: _____

Name of Insured: _____

Address of Insured: _____

Policy &/or Quote Number: _____

NOTE: WHEN YOU OPERATE YOUR OWN CAR CARRIER TO TRANSPORT VEHICLES YOU ARE UNDERWRITTEN ACCORDING TO TRUCKING GUIDELINES. FOR EXAMPLE, ALL DRIVERS MUST BE AT LEAST 25, WITH AT LEAST 3 YEARS TRANSPORT DRIVING EXPERIENCE AND HAVE NO MOVING VIOLATIONS WITHIN THE LAST 3 YEARS.

1. Complete description of hauler including GVW & ACV: _____

2. Does the car hauler pull a trailer? YES NO

If yes, describe trailer: _____

3. Maximum number of cars that can be transported at one time: _____

4. Average one-way miles per trip: _____ Maximum distance driven: _____

5. Average number of trips per month: _____

6. Do you want physical damage coverage on hauler? YES NO

If yes, on a scheduled basis? or add to DOL amount of coverage (ACV): _____

7. Names of owner's/employees allowed to drive car hauler: _____

8. Attach MVR's for ALL Drivers.

9. List years of transport driving experience of each driver: _____

10. Name of company currently insuring hauler: _____

11. List all hauling related losses in the last four years: _____

12. Do you own or operate a towing business OR

are you engaged in any other garage business? YES NO

13. Do you occasionally haul cars for others or plan to do so in the future? YES NO

14. I have mailed (emailed) you a photograph of the hauler &/or trailer YES NO

Applicant signature

Producer signature

Date

THIS AREA TO BE COMPLETED BY DMI

APPROVED If approved, on what basis: _____

DISAPPROVED If disapproved, explanation: _____

DMI Management Approval & Date: _____