



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: _____%	Classics: _____%
Wholesale: _____%	Heavy Trucks: _____%	Exotics: _____%
Service/Repair: _____%	RV's/Motorhomes: _____%	Buses/Taxis/Limos: _____%
Body/Paint: _____%	Motorcycles: _____%	Off-Highway Vehicles: _____%
	Boats/Watercrafts: _____%	Salvage/Rebuilt: _____%

NAMED INSURED: _____

DBA: _____

Business Entity: 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, 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 SPOUSES, 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

ANYONE UNDER THE AGE OF 18 IS INELIGIBLE FOR COVERAGE AND WILL BE EXCLUDED FROM POLICY WHERE ALLOWABLE BY LAW

- Transportation of vehicles is performed by: Commercial Transporter Employees Contract/Misc. Drivers (Hours/week: ___)
- 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
- Does anyone repair, maintain, recondition, or wash vehicles on the premises? Yes No
- Do you allow buyers or wholesalers to use your dealer plates or inventory autos?..... Yes No
- Do you allow employees to drive owned or inventory vehicles for personal use or to take them home at night? Yes No
- Are you or any owners/officers married? Yes No
- Do you or any owners/officers have any children between the ages of 14 and 25?..... Yes No
- Do you or any owners/officers have any other family members, relatives, or significant others who have use of an owned or inventory auto? Yes No

ALL PERSONS IDENTIFIED IN QUESTIONS 3 - 8 MUST BE LISTED ABOVE

REMARKS

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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 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, attach a copy of your borrowed car agreement that indicates the customer's insurance is primary.
3. 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
4. Do you rent, lease, or loan vehicles under any other circumstances? Yes No
 If yes, explain: _____
5. Do you rent or loan your dealer plates? Yes No
 If yes, explain: _____
6. Do you own a tow truck, car hauler, or trailer? Yes No
 If yes, please attach Hauler/Trailer Questionnaire for each one with the exception of single car capacity trailers/dollies.
7. Do you do any towing or hauling outside of this business? Yes No
 If yes, explain: _____
8. Do you do any involuntary repossession of vehicles without using a licensed and insured repossession company? Yes No
9. 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
10. Do you have a tire mounting and/or balancing machine? Yes No
11. Do you sell, install or have a sub-contractor install used tires? Yes No
 If yes, how many per month? _____
12. Do you sell salvage or rebuilt titled autos? Yes No
 If yes, how many per month? _____
13. Do you handle or sell propane, butane or other gases? Yes No
14. Do you sell or drive vehicles with a wholesale value over \$60,000? Yes No
 If yes, what is the highest value? _____
15. Are unattended vehicles ever left unlocked? Yes No
 If yes, explain: _____
16. What were your gross annual sales over the last 12 months? _____
17. Average number of vehicles sold per year: _____
18. Average model age of vehicle sold: 1 – 5 years 5 – 10 years 10 years and older.
19. Has any insurance for this business been declined, canceled, or non-renewed in the last 3 years? N/A in MO..... Yes No
 If yes, explain: _____

REMARKS

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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 _____

LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

Location: _____ Address: _____ City: _____ State: _____ Zip: _____

1. How many years have you been at this location? _____
2. Is the property shared with any other businesses? Yes No
 If yes, list name(s): _____
 describe physical separations: _____
3. Do any individuals reside on the premises? Yes No
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. Average wholesale value of cars \$ _____ x _____ # of cars = \$ _____ (Minimum insurable value on lot)
9. Describe the type of alarm you have: None Local burglar alarm Central reporting and monitored alarm
10. Describe the window protection: None Bars or grates Alarmed
11. Are there deadbolts on ALL doors?..... Yes No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) Yes No
13. Are there any underground tanks on the premises? Yes No
14. Are there currently serviced, charged and operable fire extinguishers? Yes No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? Yes No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? Yes No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? Yes No
18. Do you discard oily rags in a self-closing metal container? Yes No
19. Are vehicles serviced or repaired 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. Average value of customers cars \$ _____ X _____ # of cars = \$ _____ (Minimum GKLL Limit)
2. Where are customer's keys kept at night: _____
 During business hours: _____
3. Where are customer's vehicles stored at night: Building Enclosed Area Publicly Accessible Area
4. Do you do any painting? Yes No
5. Do you have a spray paint booth? Yes No
 If yes, check all that apply: Self-Made Sprinklered U.L. Listed
6. Do you perform any performance enhancement modifications? Yes No
7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? Yes No
8. Do you salvage, rebuild, or dismantle autos? Yes No

REMARKS

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 _____

GARAGE COVERAGE FORM

GARAGE LIABILITY [21]	DEDUCTIBLE <input type="checkbox"/> None <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500	COMBINED SINGLE 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 Garage Liability: <input type="checkbox"/> 1X <input type="checkbox"/> 2X <input type="checkbox"/> 3X		
<input type="checkbox"/> DAMAGE TO RENTED PREMISES <input type="checkbox"/> BUILDING LEGAL LIABILITY	LOC	If more than the \$100,000 Damage to Rented Premises 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 NAMES AND OPERATIONS OF TENNANTS	SQ. FT. LEASED		
	1				
	2				
<input type="checkbox"/> FEDERAL ODOMETER <input type="checkbox"/> TRUTH IN LENDING <input type="checkbox"/> TITLE ERRORS AND OMMISIONS	\$300,000 AGGREGATE APPLIES PER COVERAGE				
<input type="checkbox"/> PERSONAL INJURY LIABILITY	SAME LIMITS AS SELECTED IN LIABILITY (Not needed if Broadened Coverage is selected)				
<input type="checkbox"/> OWNERS OF PREMISES (LANDLORD)	SAME LIMITS AS SELECTED IN LIABILITY				
	LOC	NAME / ADDRESS			
	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"/> 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/UIM <input type="checkbox"/> MEDICAL <input type="checkbox"/> PIP (If applicable) <input type="checkbox"/> PHYS. DAMAGE		AVAILABLE ONLY TO OWNERS, PARTNERS, THEIR SPOUSES, AND MAJORITY SHAREHOLDERS AND THEIR SPOUSES. LIST NAMES		
			1		
			2		
			3		
			4		
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	OTHER THAN COLLISION (AGGREGATE)	COLLISION
			1. \$ _____	<input type="checkbox"/> \$500 / \$2,500 <input type="checkbox"/> \$1,000 / \$25,000	<input type="checkbox"/> \$500
			2. \$ _____	<input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$2,000 / \$10,000	<input type="checkbox"/> \$1,000
			<input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000	<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 (Subject to Eligibility) <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> SPECIFIED PERILS <input type="checkbox"/> FIRE & THEFT <input type="checkbox"/> FIRE ONLY			<input type="checkbox"/> BLANKET COLLISION	
LIMIT FOR LOCATION 1:			COLLISION DEDUCTIBLE PER AUTO :	
LIMIT FOR LOCATION 2:				
O.T.C. DEDUCTIBLE EACH AUTO / AGGREGATE PER OCCURANCE & LOCATION			<input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 Unlimited Radius Collision Included <input type="checkbox"/> \$2,500	
<input type="checkbox"/> \$1,000 / \$5,000 <input type="checkbox"/> \$1,000 / \$10,000 <input type="checkbox"/> \$1,000 / \$25,000 <input type="checkbox"/> \$1,000 / NO AGG <input type="checkbox"/> \$2,000 / \$10,000 <input type="checkbox"/> \$2,000 / \$25,000 <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 #1 FOR INVENTORY:				
LOSS PAYEE #2 FOR INVENTORY:				

SCHEDULED VEHICLE PHYSICAL DAMAGE

YEAR	MAKE	MODEL	VIN	COST NEW
<input type="checkbox"/> COMPREHENSIVE		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000		
<input type="checkbox"/> COLLISION		DEDUCTIBLE: <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500		
VEHICLE #1 LOSS PAYEE:				
VEHICLE #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 the cover letter for actual amount.) 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.	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 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 _____