



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
 www.dmi-insurance.com

CAR HAULER SUPPLEMENTAL

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

USDOT #: _____

ATTACH PHOTO OF EACH HAULER TO SUBMISSION

VEHICLE #1 INFORMATION			
YEAR:	MAKE:	MODEL:	
VIN:	GVW:	ACV:	
TYPE OF HAULER:		HAULING CAPACITY (# OF CARS):	
OPERATING RADIUS:	MAXIMUM DISTANCE DRIVEN:	NUMBER OF TRIPS PER MONTH:	
DO YOU WANT PHYSICAL DAMAGE COVERAGE ON HAULER?: <input type="checkbox"/> YES <input type="checkbox"/> NO			

VEHICLE #2 INFORMATION			
YEAR:	MAKE:	MODEL:	
VIN:	GVW:	ACV:	
TYPE OF HAULER:		HAULING CAPACITY (# OF CARS):	
OPERATING RADIUS:	MAXIMUM DISTANCE DRIVEN:	NUMBER OF TRIPS PER MONTH:	
DO YOU WANT PHYSICAL DAMAGE COVERAGE ON HAULER?: <input type="checkbox"/> YES <input type="checkbox"/> NO			

SCHEDULED PHYSICAL DAMAGE	
<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"/> \$2,000
VEHICLE #1 LOSS PAYEE:	
VEHICLE #2 LOSS PAYEE:	

PERSONNEL – List all drivers to be covered while operating hauler		
FIRST NAME	LAST NAME	YEARS AUTO TRANSPORT EXPERIENCE

1. Do you own or operate a towing business? Yes No
2. Do you tow for hire? Yes No
3. Do you haul for others or plan to do so in the future? Yes No
4. Have you had any hauling related losses in the past four years? Yes No

REMARKS

COMPANIES THAT OPERATE COMMERCIAL VEHICLES TRANSPORTING PASSENGERS OR HAULING CARGO IN INTERSTATE COMMERCE MUST BE REGISTERED WITH THE FMCSA AND MUST HAVE A USDOT NUMBER. APART FROM FEDERAL REGULATIONS, SOME STATES REQUIRE THEIR INTRASTATE COMMERCIAL MOTOR VEHICLE REGISTRANTS TO OBTAIN A USDOT NUMBER. FOR INTRASTATE MOTOR CARRIER REGISTRATION, CHECK WITH YOUR RESPONSIBLE STATE AGENCY.

APPLICANT'S SIGNATURE _____ DATE _____

BROKER'S SIGNATURE OF COMPLETION _____ DATE _____