

2013

Damage Appraisers of
North America

[COMPANY INFORMATION]

Contains coverage maps with rates, company Quick Facts, W-9 tax form, and copies of important corporation documents that could be of use to you and your company in the future.

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Company History & Philosophy

Damage Appraisers of North America (DANA), formally Michigan Damage Appraisers, was founded in 1985, and is a division of LMC Insurance Services, INC. The company was started by Tony and Valerie Serio with a Polaroid camera, pens, crash books and a fax machine. They handled 20 claims a week in the Detroit, Michigan area. At the time, Tony was a licensed adjuster and would handle the entire claim. DANA is well versed in knowing what a company looks for in an assignment.

The company pioneered the flat rate appraisal service with no mileage fee. They became the only damage appraisal company with a central collection and review facility. They were also the first company in Michigan to utilize employed damage appraisers versus the use of contractors. The company's emphasis on communication, use of technology, experience and superior service has created outstanding growth for the company.

That growth led to the incorporation of LMC Insurance Services in 1994. Several divisions were created to handle the unique needs of our clients that included: Michigan Automobile Damage Appraisers, Great Lakes Marine and Equipment Adjusters, National Repair Audit Bureau, Detroit Property Adjusters, Claims Management Re-inspectors, and Universal Appraisal Service.

Today, DANA has combined experience, service commitment, resources and fee philosophy into one powerful physical damage appraisal service to meet all your needs. We look forward to the opportunity to show you why many consider us...

“The Best Route to Damage Appraising”

Sincerely,

Tony Serio
President
Damage Appraisers of North America
E-mail: tserio@damageana.com
Phone: (586) 752-1460
Mobile: (586) 822-8225



THE BEST ROUTE TO DAMAGE APPRAISING

Damage Appraisers of North America

PO Box 81817

Rochester, MI 48308

Phone: (586) 752-1460

Fax: (586) 752-4537

E-mail: office@damageana.com

www.damageana.com



Quick Fact Sheet

- In business since 1987
- Incorporated in State of Michigan in 1994
- Fully insured with the ability to name a client as an additional insured
- Available for credit check through Dun & Bradstreet: 947243317
- All of the company's appraisers are full-time employees, *no contract appraisers*
- Multiple certificates held by a majority of the appraisers
- Average appraiser experience: 15 years
- Central claims office with 6 clerical staff with direct contact, no voicemail
- Members of the IADA – Independent Automotive Damage Appraisers Association
- Members of TARA – Truck frame and Axle Repair Association
- Over 300 current clients with yearly gross receipts in excess of \$1,500,000
- Average claims volume per month in excess of 1,000 claims
- Average turnaround time: 2.95 days
- References are available

More information can be obtained from Tony Serio, President

Business: (586) 752-1460 Mobile: (586) 822-8225

Damage Appraisers of North America Brochure Rate Fees—2013

PO Box 81817, Rochester MI, 48308

Phone: (586) 752-1460 - Fax: (586) 752-4537 - Email: office@damageana.com

www.damageana.com



Please contact our offices at (586) 752-1460 to discuss our rates. Thank you!

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Please contact our offices at (586) 752-1460 to discuss our rates. Thank you!

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) LMC Insurance Services	
	Business name/disregarded entity name, if different from above Damage Appraisers of North America	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) P.O. Box 81817 City, state, and ZIP code Rochester, MI 48308-1817 List account number(s) here (optional)	
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
Employer identification number	
3 8 - 3 1 4 9 3 1 9	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶ **1-10-13**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL & INSURANCE SERVICES
LICENSING SECTION**

THIS LICENSEE HAS FULFILLED THE REQUIREMENTS OF PUBLIC ACT 218 OF 1956 AS AMENDED. LICENSE IS GRANTED BY THE COMMISSIONER OF THE OFFICE OF FINANCIAL AND INSURANCE SERVICES OF THE STATE OF MICHIGAN TO ENGAGE IN BUSINESS IN THE CAPACITY STATED ON THIS LICENSE. SUBJECT TO ALL APPLICABLE LAWS AND ADMINISTRATIVE RULES.

LICENSE TYPE

Res Insurance Adjuster

SYSTEM ID

0070940

SERIO, ANTHONY JR

PO Box 81817

Rochester, MI 48309

EFFECTIVE DATE

03-29-2005

QUALIFICATIONS

Fire and Other Hazards



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CA

DATE (MM/DD/YYYY)

05/29/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Huttenlocher Group 1007 W. Huron Waterford, MI 48328 William Basinger	Phone: 248-681-2100 Fax: 248-681-0362	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LMCIN-2	FAX (A/C, No):
	INSURED LMC Insurance Services, LLC PO Box 81817 Rochester, MI 48308		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Allmerica Financial INSURER B : Citizens Insurance Co. INSURER C : INSURER D : INSURER E : INSURER F :


COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY			07B5154232	03/16/13	03/16/14	EACH OCCURRENCE	\$ 2,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY			AWB5173701	03/16/13	03/16/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	07B5154232	03/16/13	03/16/14	EACH OCCURRENCE	\$ 1,000,000
	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 1,000,000
	DEDUCTIBLE							\$
	RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			W7B5154846	03/16/13	03/16/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

000000 Insured's Copy Informational Purposes Only xxxxxxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxxxxxx	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CLAIM PROFESSIONALS LIABILITY INSURANCE COMPANY
A RISK RETENTION GROUP

17742 Irvine Blvd., Suite 102 Tustin, CA 92780

Telephone: 714.731.7860 Fax: 714.731.4605

Certificate of Liability Insurance

Coverage provided by Claim Professionals Liability Insurance Company, RRG. This certificate is issued for information purposes only and confers no rights to or upon the Certificate Holder. It does not extend nor alter the coverage under the policies itemized in this Certificate of Insurance.

Certificate Holder	Additional Insured?	No	Named Insured
Damage Appraisers of North America 215 Piney Hill Oakland, MI 48363			Independent Automotive Damage Appraisers Association P O Box 12291 Columbus, GA 31917-2291

This is to certify that the policies of insurance described below have been issued to the insured named above for the policy period indicated below. The insurance afforded by the policies described by this certificate is subject to all the terms, conditions, and exclusions of such policies. Limits shown below may have been reduced by paid claims.

Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
Errors and Omissions, a Claims Made Policy	CP 40200-07	3/31/2013	3/31/2014	Each Occurrence	\$1,000,000.00
				General Aggregate	\$3,000,000.00
				Deductible	2,500/5,000
General Liability, a Claims Made Policy	CP 40200-07	3/31/2013	3/31/2014	Each Occurrence	\$1,000,000.00
				General Aggregate	\$3,000,000.00
				Deductible	2,500/5,000

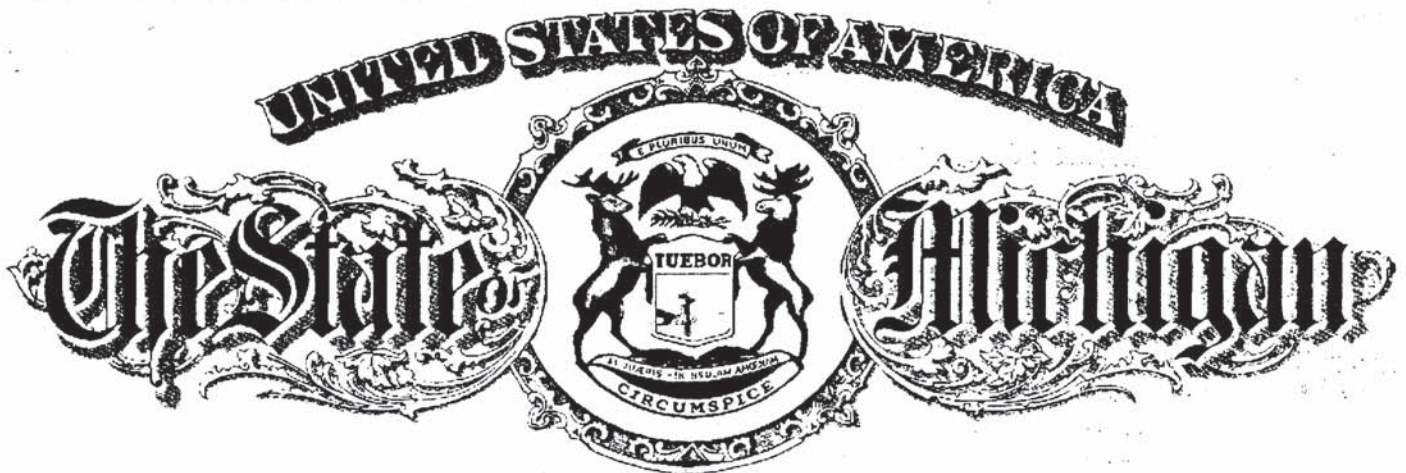
Description of Insured's Operations

Damage appraisal and adjustment of real property and automobile losses. Automobile includes trucks, heavy equipment, mobile equipment, and other vehicles. Appraisals and adjustments of Hull claims only for watercraft up to 50 feet in length, intended for non-commercial use. All other appraisal or adjustment activities are excluded.

Cancellation

Should any of the above policies be cancelled before the expiration date thereof, Claim Professionals Liability Insurance Company will endeavor to mail 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon the company or its agents or representatives.

Authorized Signature: _____



Michigan Department of Commerce

Lansing, Michigan

*This is to Certify That Articles of Incorporation of
LMC INSURANCE SERVICES, INC.*

*were duly filed in this office on the 10th day of March, 1994,
in conformity with Act 284, Public Acts of 1972, as amended.*



*In testimony whereof, I have hereunto set my
hand and affixed the Seal of the Department,
in the City of Lansing, this 10th day
of March, 1994.*

Carl L. Lysa , Director
Corporation & Securities Bureau

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES

Date Received	(FOR BUREAU USE ONLY)
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	

Trans Info: 10674420-1 02/09/09
Check: 14676
Fee: 870.00
098 00077A

Name LMC INSURANCE SERVICES		
Address 215 PINEY HILL		
City OAKLAND	State MI	Zip Code 48363

EXPIRATION DATE:
DECEMBER 31, 2014

FILED

FEB 11 2009

ADMINISTRATOR
BUREAU OF COMMERCIAL SERVICES

Document will be returned to the name and address you enter above.
If left blank document will be mailed to the registered office.

CERTIFICATE OF ASSUMED NAME
For use by Corporations, Limited Partnerships and Limited Liability Companies
(Please read information and instructions on reverse side)

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations), Act 162, Public Acts of 1982 (nonprofit corporations), Act 213, Public Acts of 1982 (limited partnerships), or Act 23, Public Acts of 1993 (limited liability companies), the corporation, limited partnership, or limited liability company in item one executes the following Certificate:

1. The name of the corporation, limited partnership, or limited liability company is:
LMC INSURANCE SERVICES, INC.

2. The identification number assigned by the Bureau is: 090-779

3. The assumed name under which business is to be transacted is:
DAMAGE APPRAISERS OF NORTH AMERICA

4. This document is hereby signed as required by the Act.

CH

COMPLETE ITEM 5 ON LAST PAGE IF THIS NAME IS ASSUMED BY MORE THAN ONE ENTITY.

Signed this 2nd day of FEBRUARY, 2009
 By Anthony Serio
(Signature)
ANTHONY SERIO PRESIDENT
(Type or Print Name) (Type or Print Title or Capacity)

(Limited Partnerships Only - Indicate Name of General Partner if the General Partner is a corporation or other entity)