



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"

WISCONSIN

State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured: _____ **Quote #** _____

DBA: _____ **EFFECTIVE DATE:** _____
EFFECTIVE TIME: _____

WISCONSIN SPECIFIC COVERAGES / LIMITS SELECTION:

LIABILITY

- Limited Liability For Dealer's Customers.

SELECTION OF UNINSURED MOTORISTS COVERAGE SELECTION OF UNDERINSURED MOTORISTS COVERAGE (WISCONSIN)

UNINSURED MOTORISTS BODILY INJURY (Mandatory in Wisconsin – Minimum: \$50,000 Combined Single Limit)

UNDERINSURED MOTORISTS BODILY INJURY (Optional in Wisconsin – Minimum: \$100,000 Combined Single Limit)

The undersigned insured (and each of them):

All Applicable Item(s) Marked:

- Select \$50,000 per accident for **UNINSURED MOTORISTS BODILY INJURY**.
- Select \$_____ per accident for **UNINSURED MOTORISTS BODILY INJURY**.
(Subject to company approval)
- Select \$100,000 per accident for **UNDERINSURED MOTORISTS BODILY INJURY**.
- Select \$_____ per accident for **UNDERINSURED MOTORISTS BODILY INJURY**.
(Subject to company approval)
- Reject **UNDERINSURED MOTORISTS BODILY INJURY**.

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

INSURED'S SIGNATURE OF ACCEPTANCE _____ **DATE** _____

PRODUCER'S SIGNATURE OF COMPLETION _____ **DATE** _____