



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"

**ALABAMA**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**EFFECTIVE TIME:** \_\_\_\_\_

**ALABAMA SPECIFIC COVERAGES / LIMITS SELECTION:**

☒ **GARAGE LIABILITY: Limited Liability for Customers.**

**UNINSURED MOTORISTS COVERAGE (ALABAMA)**

Alabama law permits you to make certain decisions regarding Uninsured Motorists (including Underinsured Motorists) Coverage. This document briefly describes these coverages and provides you with choices from available options.

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Please indicate your choices by **initialing** next to the appropriate item(s) below:

\_\_\_\_\_ I / We select **Uninsured Motorists** at a limit of \$50,000 Bodily Injury for each accident.

\_\_\_\_\_ I / We select **Uninsured Motorists** – at a limit I have selected: \$\_\_\_\_\_.

\_\_\_\_\_ I / We **REJECT Uninsured Motorists** Coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

I / We understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_



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

**ARKANSAS**  
**State Specific Application**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

Arkansas law permits you to make certain decisions regarding Uninsured Motorists Coverages, Underinsured Motorists Coverage and Personal Injury Protection Coverage. This document briefly describes these coverages and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage, Underinsured Motorists Coverage, or Personal Injury Protection Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

**Bodily Injury Uninsured Motorists Coverage**

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, your policy must include Bodily Injury Uninsured Motorists Coverage at limits not less than a single limit of \$50,000 for each accident with respect to bodily injury. You may select optional higher limits up to the Policy's liability limits. If you purchase Bodily Injury Uninsured Motorists Coverage, then you may also select Property Damage Uninsured Motorists Coverage and/or Underinsured Motorists Coverage.

I / We select the following Bodily Injury Uninsured Motorists Coverage option:

- ☐ Single Limit of \$50,000
- ☐ Single Limit of \$ \_\_\_\_\_.
- ☐ REJECT Bodily Injury Uninsured Motorists Coverage

**Property Damage Uninsured Motorists Coverage**

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

I / We select the following Property Damage Uninsured Motorists Coverage option:

- ☐ Limit of \$25,000
- ☐ Limit of \$ \_\_\_\_\_.
- ☐ REJECT Property Damage Uninsured Motorists

**Underinsured Motorists Coverage**

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of a motor vehicle because of bodily injury caused by an automobile accident whenever the liability insurance limits of such other owner or operator are less than the amount of the damages incurred by the insured.

I / We select the following Underinsured Motorists Coverage option:

- ☐ Single Limit of \$50,000
- ☐ Single Limit of \$ \_\_\_\_\_.
- ☐ REJECT Bodily Damage Underinsured Motorists

## Personal Injury Protection Coverage

Personal Injury Protection Coverage provides insurance benefits for medical expenses, work loss and accidental death to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected in whole or in part, Personal Injury Protection Coverage will be afforded at the limits described below:

- A. Medical Expenses - \$5,000 per person
- B. Work Loss
  - 1. Income earner - 70% of loss of gross income per week, not to exceed \$140 per week
  - 2. Non-income earner – a sum not to exceed \$70 per week or pro rata for a lesser period
- C. Accidental Death Benefit - \$5,000 per eligible injured person

In accordance with Arkansas Insurance Law, the undersigned insured (and each of them):

- ☐ REJECTS Medical Expenses Coverage
- ☐ REJECTS Work Loss Coverage
- ☐ REJECTS Accidental Death Benefit Coverage
- ☐ REJECTS Personal Injury Protection in its entity

**Fraud Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

I / We understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

INSURED'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INSURED'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_



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**ARIZONA**  
State Specific Application

NAMED INSURED: \_\_\_\_\_

CONTROL #: \_\_\_\_\_

DBA: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**Arizona Specific Coverages / Limits Selection:**

You have the legal right to purchase both Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. These coverages protect you, your family, and your passengers. Liability coverage does not in most cases.

Uninsured motorists insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of the coverages, refer to your policy. This policy will provide Uninsured / Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$50,000 single limit up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$ \_\_\_\_\_

Please indicate your choice for UM/UIM coverage by initialing next to the appropriate item in each column:

Uninsured Motorists Liability		Underinsured Motorists Liability	
(Initials)		(Initials)	
_____ Combined single limit of \$50,000.		_____ Combined single limit of \$50,000.	
_____ Combined single limit equal to Bodily Injury Limit.		_____ Combined single limit equal to Bodily Liability Limit.	
_____ Combined single limit of \$ _____		_____ Combined single limit of \$ _____	
_____ I/We reject Uninsured Motorist Coverage.		_____ I/We reject Underinsured Motorist Coverage.	
Combined Single Limit	Premium Per Plate	Combined Single Limit	Premium Per Plate
\$50,000	\$10	\$50,000	\$28
\$100,000	\$12	\$100,000	\$47
\$300,000	\$17	\$300,000	\$87
\$500,000	\$18	\$500,000	\$108
\$1,000,000	\$20	\$1,000,000	\$134

**For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.**

I/We understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

California law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available and discloses certain limitations.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverage you are provided.

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

**Uninsured Motorists Bodily Injury Selection/Rejection**

I select the following Uninsured Motorists Bodily Injury option:

- ☐ Combined Single Limit of \$ \_\_\_\_\_
- ☐ Combined Single Limit equal to Bodily Injury Liability Combined Single Limit
- ☐ REJECT Uninsured Motorists Coverage

**Uninsured Motorists Property Damage** provides insurance protection to an insured for compensatory damages for injury to or destruction of a covered auto caused by an automobile accident which an insured is legally entitled to recover from the owner or operator of certain types of uninsured motor vehicles. However, Property Damage Uninsured Motorists Coverage is available only if you have not rejected Bodily Injury Uninsured Motorists Coverage and applies only to autos for which you have not purchased Collision Coverage.

If applicable, select one of the following Uninsured Motorists Property Damage Coverage options:

- ☐ SELECT Uninsured Motorists Property Damage Coverage at a limit of \$ 3,500 for each accident
- ☐ REJECT Uninsured Motorists Property Damage Coverage

**Uninsured Motorists Collision Deductible Waiver Coverage** waives your collision deductible when an accident is caused by an Uninsured Motorists. However, Uninsured Motorists Collision Deductible Waiver is available only if you have not rejected Bodily Injury Uninsured Motorists Coverage and you have purchased Collision Coverage.

If applicable, select one of the following Uninsured Motorists Collision Deductible Waiver options:

- ☐ SELECT Uninsured Motorists Collision Deductible Waiver Coverage
- ☐ REJECT Uninsured Motorists Collision Deductible Waiver Coverage

**For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_



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"Automotive Program Specialists"

**COLORADO**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**COLORADO SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY** ☒ **Limited Liability For Customers.**

**UNINSURED MOTORISTS COVERAGE REJECTION OR SELECTION OF HIGHER LIMIT OF BODILY INJURY LIABILITY**

Colorado law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage for bodily injury or to select a limit for such coverage higher than the required minimum financial responsibility limit, of \$50,000 limit each accident up to the limit for Bodily Injury Coverage in the policy, but not more than \$300,000. Uninsured Motorists Coverage for bodily injury provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from the owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death resulting therefrom.

If you reject Uninsured Motorists Coverage or wish to increase the limits applying to Uninsured Motorists Coverage, such should be indicated below by marking the appropriate ballot box.

The undersigned insured (and each of them) –  
(Applicable item marked X)

- ☐ agrees that the Uninsured Motorists Coverage afforded in the policy is hereby rejected in its entirety.  
☐ agrees that UM Bodily Injury coverage at the Basic Limit of \$50,000 each accident applies unless another limit is selected here: \$ \_\_\_\_\_

**MEDICAL PAYMENTS**

Colorado law requires that Medical Payments Coverage be offered in an amount of at least \$5,000. You may accept or reject this offer. Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

The undersigned insured (and each of them).

- ☐ agrees that the Medical Payments Coverage afforded in the policy is hereby deleted.  
☐ agrees to a limit of \$ 5,000.

A credit report or other investigate report about you may be requested in connection with this application for insurance and subsequent renewal. Credit scoring information may be used to determine either your eligibility for insurance, or the premium you will be charged. Any information which we have or may obtain about you or other individuals listed as policyholders on your policy will be treated confidentially. However, this information, as well as other personal or privileged information subsequently collected, may, under certain circumstances, be disclosed without prior authorization to non-affiliated third parties. We may also share such information with affiliated companies for such purposes as claims handling, servicing, underwriting and insurance marketing. You have the right to see personal information collected about you, and you have the right to correct any information which may be wrong. If you are interested in obtaining a description of our information practices, and your rights regarding information we collect, ask your agent, or, if you have been issued a policy, please write to us at the address provided with your policy.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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

**CONNECTICUT**  
**State Specific Application**

NAMED INSURED: \_\_\_\_\_

CONTROL #: \_\_\_\_\_

DBA: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

This document contains certain provisions from State of Connecticut Insurance Department Bulletin PC-65 (dated December 21, 2009), including, but not limited to, the text contained in Section I. Types Of Coverage, which is derived from Bulletin PC-65.

**I. Types Of Coverage**

**Uninsured Motorist (UM)/Underinsured Motorist (UIM) Coverage.**

Our law requires you to buy Uninsured Motorist (UM/UIM) coverage. Generally, this coverage only applies where the person who causes an accident is not an insured under your policy.

Anyone injured in an accident may seek to recover damages from the person causing the loss. These losses include your medical bills, lost wages (past and future), as well as payment for disabilities, pain and suffering and loss of enjoyment of life's activities.

Normally, these damages would be paid by the other person's insurance company. UM/UIM coverage protects you, your family and others in your car for injuries caused by someone who did not buy insurance.

You have the right to choose the amount of coverage. It can be as low as \$50,000 per accident, or as high as twice your policy's bodily injury liability coverage limit. The amount of liability coverage you buy will govern the maximum amount of UM/UIM coverage you can buy.

This coverage also includes standard Underinsured Motorist (UIM) coverage. It protects you where injuries are caused by someone whose insurance is not enough to pay your damages and is less than your UM/UIM limits. UIM coverage will pay your damages to fill in the difference between those limits. However, the protection available under standard UIM coverage is usually reduced by amounts paid by workers' compensation, or by or on behalf of the person at-fault.

**Underinsured Motorist Conversion Coverage**

Under our law, you can convert standard UIM coverage to UNDERINSURED MOTORIST CONVERSION (UIMC) COVERAGE. This coverage is not reduced by payments from any source. If your damages exceed the amount of the at-fault person's insurance, or other payments, your UIMC coverage will be available for damages not paid.

Both standard (UIM) and conversion (UIMC) coverages only become available after the liability insurance of the at-fault person has been fully paid.

**Stacking**

Connecticut law does not provide for stacking of UM/UIM coverage. Stacking allows insureds to add together UM/UIM coverage under separate policies or, in multi-car policies, the insurance applicable to each car.

With stacking, if you had two insured cars and you purchased \$100,000 of UM/UIM coverage, you received (and you paid for) \$200,000 of protection. Under current law, the amount purchased (\$100,000) is not multiplied by the number of cars insured.

Also, your UM/UIM coverage is limited to the highest available limit under any of the policies that apply to the accident. If you are injured in a car you own, you are limited to the amount of coverage for that car.

**II. Election Of Coverage**

**BODILY INJURY LIABILITY LIMIT:**     \$ \_\_\_\_\_

**Uninsured Motorist (UM/UIM) Coverage**

If you do not check a box below, your policy will be issued with standard UIM coverage (**not** Underinsured Motorist Conversion Coverage) with limits equal to your Bodily Injury Liability (BI) coverage limits.

If you check more than one box, your policy will be issued with the highest level of coverage selected.

SELECT ONE OPTION UNDER EITHER STANDARD UIM COVERAGE OR CONVERSION UIM COVERAGE.

Do Not Check More Than One Box Below.

**UNINSURED MOTORISTS WITH STANDARD UNDERINSURED MOTORISTS COVERAGE**

I / We select the following Uninsured Motorists with Standard Underinsured Motorists Coverage Option:

- ☐ Combined single limit of \$50,000.
- ☐ Combined single limit equal to Bodily Injury Liability Limit.
- ☐ Combined single limit equal to 2x Bodily Injury Liability Limit.
- ☐ Combined single limit of \$\_\_\_\_\_.

Combined Single Limit	Total Coverage Premium Per Plate
\$50,000	\$15
\$100,000	\$23
\$300,000	\$60
\$500,000	\$85
\$1,000,000	\$120
\$2,000,000	\$153

**UNINSURED MOTORISTS/UNDERINSURED MOTORISTS CONVERSION COVERAGE (UIMC)**

I / We select the following Uninsured Motorists/Underinsured Motorists Conversion Coverage (UIMC) Coverage Option:

- ☐ Combined single limit of \$50,000.
- ☐ Combined single limit equal to Bodily Injury Liability Limit.
- ☐ Combined single limit equal to 2x Bodily Injury Liability Limit.
- ☐ Combined single limit of \$\_\_\_\_\_.

Combined Single Limit	Total Coverage Premium Per Plate
\$50,000	\$31
\$100,000	\$48
\$300,000	\$86
\$500,000	\$107
\$1,000,000	\$133
\$2,000,000	\$158

**IF YOU HAVE SELECTED A LIMIT LESS THAN YOUR BODILY INJURY LIABILITY LIMIT, WHEN YOU SIGN THIS FORM, YOU ARE CHOOSING A REDUCED PREMIUM, BUT YOU ARE ALSO CHOOSING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY. IF YOU ARE UNCERTAIN ABOUT HOW THIS DECISION WILL AFFECT YOU, YOU SHOULD GET ADVICE FROM YOUR INSURANCE AGENT OR ANOTHER QUALIFIED ADVISER.**

Coverage is generally described here. Only the Policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_





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**FLORIDA**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_

**Quote #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**EFFECTIVE TIME:** \_\_\_\_\_

**FLORIDA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

Limited Liability For Customers.

**UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS,  
ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE – FOR  
USE ONLY WITH NEW BUSINESS**

**YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH  
PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST  
LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM.  
PLEASE READ CAREFULLY.**

Florida law requires that your automobile policy include Uninsured Motorists coverage; the amount of Uninsured Motorists coverage must equal the amount of Bodily Injury liability limits in your policy unless you select lower limits or reject Uninsured Motorists coverage entirely.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury limits are less than your damages.

Please indicate by **initialing below** whether you desire to entirely reject Uninsured Motorist coverage or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy.

**(Initials)**

\_\_\_\_\_ I reject Uninsured Motorists coverage entirely.

\_\_\_\_\_ I select the following Uninsured Motorists limits which are lower than my Bodily Injury liability limits.

(Choose one):

**(Initials)** Split Limit

\_\_\_\_\_ \$ 10,000/ 20,000

\_\_\_\_\_ 25,000/ 50,000

\_\_\_\_\_ 50,000/100,000

\_\_\_\_\_ 100,000/300,000

\_\_\_\_\_ 250,000/500,000

\_\_\_\_\_ \$ \_\_\_\_\_

(Other)

**(Initials)**

Combined Single Limit

\_\_\_\_\_ \$ 20,000

\_\_\_\_\_ 50,000

\_\_\_\_\_ 100,000

\_\_\_\_\_ 300,000

\_\_\_\_\_ 500,000

\_\_\_\_\_ \$ \_\_\_\_\_

(Other)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

**ELECTION OF NON-STACKED COVERAGE**  
**(Do not complete if you have rejected Uninsured Motorists Coverage)**

If you are designated as a individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely.

**ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL**  
**(Do not complete if you have rejected Uninsured Motorist Coverage)**

If your are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any loss suffered by you or a family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or such family member was occupying at the time of the accident; and
2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss.

**(Initials)**

\_\_\_\_\_ I elect the non-stacked form of Uninsured Motorists coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## LIMIT SELECTION/PERSONAL INJURY PROTECTION

### Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

☐ \$10,000 Basic limit applies unless another limit is indicated here: \_\_\_\_\_

A Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("loss wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident."

I hereby elect a deductible of \$ \_\_\_\_\_ (if "0" is entered, I do not want a deductible).

Choose one if a deductible is chosen:

The deductible applies to the named insured only ☐

The deductible applies to the named insured and all dependent resident relatives ☐

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity ☒ YES ☐ NO Choose one if loss of gross income and loss of earning capacity is excluded:

This election applies to the named insured only ☐

This election applies to the named insured and all dependent resident relatives ☐

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHYSICAL DAMAGE ON DEALERS AUTOS

You have the option to purchase physical damage coverage for Dealers Autos. You may purchase Collision coverage and/or Other Than Collision coverage.

If you choose Comprehensive Causes Of Loss, you have the option to purchase, at a reduced rate, coverage with Windstorm and Flood and/or Hail exclusions.

Please indicate by **initialing below** whether you desire to reject or select these coverages.

**(Initials)**

\_\_\_\_\_ I reject Collision coverage

\_\_\_\_\_ I select Collision coverage

\_\_\_\_\_ I reject Other Than Collision coverage

\_\_\_\_\_ I select the following Other Than Collision Coverage:

**(Initials)**

\_\_\_\_\_ Fire Only coverage

\_\_\_\_\_ Fire and Theft coverage

\_\_\_\_\_ Comprehensive coverage

**(Initials)**

\_\_\_\_\_ with Windstorm and Flood exclusion

\_\_\_\_\_ with Hail exclusion exclusion

\_\_\_\_\_ with Windstorm, Flood and Hail exclusion

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_



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"

**GEORGIA**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**GEORGIA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY** ☒ **Limited Liability For Customers.**

**UNINSURED MOTORISTS COVERAGE – SELECTION/REJECTION AND OF LIMIT OF LIABILITY**

Georgia Law permits you, the insured named in the policy, to reject the Uninsured Motorists Coverage or to select a limit of liability higher than the basic financial responsibility limit but not higher than the limit for Liability Coverage in the policy.

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified. You may choose:

TRADITIONAL Uninsured Motorists Coverage – Reduced By At-Fault Liability Limits provides insurance protection, in general, wherein the amount of coverage is reduced by all sums paid by or on behalf of anyone who is legally responsible.

NEW Uninsured Motorists Coverage – Added On To At-Fault Liability Limits provides insurance protection, in general, with respect to an insured's covered losses that are in addition to the limits of liability under any applicable bonds or policies.

Deductibles are available under Uninsured Motorists Coverage. If chosen, any amount payable under this coverage will be in excess of the applicable per accident deductible.

If you have chosen to accept Uninsured Motorists coverage from your automobile insurance company, and have any questions after reading this statement regarding Uninsured Motorists coverage or the amount of coverage you have selected, your agent or company representative will be able to assist you. The purpose of this notice is informational. This notice does not change or replace the wording in your policy.

In accordance with the Georgia Insurance Code, the undersigned insured (and each of them) selects the following Uninsured Motorists Coverage, Limits and Deductibles:

(Applicable item(s) marked ☒ )

☐ **Rejection of Uninsured Motorists Bodily Injury & Property Damage**

☐ **Selection of TRADITIONAL Uninsured Motorists Coverage (Reduced by At-Fault Liability Limits)**

☐ **Rejection of TRADITIONAL Uninsured Motorists Coverage and Selection of NEW Uninsured Motorists Coverage (Added on At-Fault Liability Limits)**

☐ **\$75,000 CSL Bodily Injury and Property Damage**

☐ **Other limit: \$ \_\_\_\_\_ CSL Bodily Injury and Property Damage**

**Deductible Options:** ☐ **None** ☐ **\$500** ☐ **\$1,000**

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_



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"

**IDAHO**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**IDAHO SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**    ☒ **Limited Liability For Customers.**

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE (IDAHO)**

Idaho law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and provides you with choices from available options.

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an insurance accident.

Please indicate your choice with respect to these coverages:

- ☐ UNINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ \_\_\_\_\_
- ☐ UNDERINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ \_\_\_\_\_
- ☐ I reject Uninsured Motorists Coverage.
- ☐ I reject Uninsured Motorists and Underinsured Motorists Coverage.

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

This statement will remain in force until a named insured rescinds it in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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"

**ILLINOIS**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**ILLINOIS UNINSURED MOTORISTS COVERAGE AND  
UNDERINSURED MOTORISTS COVERAGE  
SELECTION / REJECTION**

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

**A. Bodily Injury Uninsured And Underinsured Motorists Coverages**

**Bodily Injury Uninsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motorist vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

**Bodily Injury Underinsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limit is greater than a combined single limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limit will be equal to your Uninsured Motorists Coverage limit.

Please indicate by initialing below if you are selecting Uninsured Motorists Coverage at a limit less than the Bodily Injury liability limit of your policy and initial below to indicate the limit selected.

I select the following limit: (Choose one):			
(Initials)	Combined Single Limit	Initials	Combined Single Limit
_____	\$ 50,000*	_____	\$ 350,000
_____	100,000	_____	500,000
_____	250,000	_____	1,000,000
_____	300,000	_____	\$ _____
			(Other)

**\* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.**

**B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage**

**Property Damage Uninsured Motorists Coverage** provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

(Initials) \_\_\_\_\_ I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 (optional)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection and limit choices indicated here will apply to all future renewals, continuations and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_



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"

**INDIANA**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**INDIANA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

☒ **Limited Liability For Customers.**

**UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS  
COVERAGE SELECTION**

The Indiana Insurance Code (Section 27-7-5-2) amended, states an insurer may make available Bodily Injury Uninsured Motorists Coverage and Underinsured Motorists Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorists coverage at the basic financial responsibility limit. Property Damage Uninsured Motorists Coverage is only available if Bodily Injury Uninsured Motorists Coverage is afforded under the policy.

The insured named in the policy, can reject either coverages, reject the property damage portion of the Uninsured Motorists Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorists Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

**ONLY INITIAL THE APPLICABLE BELOW**

The undersigned (and each of them):  
(Initials Below)

- \_\_\_\_\_ Select UNINSURED / UNDERINSURED MOTORISTS coverage equal to the liability limits afforded in the (primary) policy.
- \_\_\_\_\_ Agrees that the UNINSURED MOTORISTS coverage afforded in the policy is REJECTED.
- \_\_\_\_\_ Agrees that the UNDERINSURED MOTORISTS coverage afforded in the policy is REJECTED.
- \_\_\_\_\_ Agrees that only the PROPERTY DAMAGE portion of the UNINSURED MOTORISTS coverage provisions afforded in the policy is REJECTED.
- \_\_\_\_\_ Agrees that the following limit\* of liability applies with respect to the UNINSURED MOTORISTS coverage afforded in the policy:  
\* Minimum limit if property damage is rejected is \$50,000 Single limit. Minimum limit if property damage is afforded is \$75,000 CSL.  
\$ \_\_\_\_\_ each accident.
- \_\_\_\_\_ Agrees that the following limit\* of liability applies with respect to the UNDERINSURED MOTORISTS coverage afforded in the policy:  
\*Minimum is \$50,000 Single limit  
\$ \_\_\_\_\_ each accident.

**NOTICE OF INSURANCE INFORMATION PRACTICES:**

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL UNINSURED OR UNDERINSURED MOTORIST COVERAGE, WHETHER PRIMARY, EXCESS, OR UMBRELLA, IN OR SUPPLEMENTAL TO A RENEWAL OR REPLACEMENT ISSUED TO THE SAME INSURED BY THE SAME INSURER OR A SUBSIDIARY OR AN AFFILIATE OF THE ORIGINAL ISSUING INSURER UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.**

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_





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"

**KANSAS**  
**Garage Insurance**  
**State Specific Application**

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

Named Insured \_\_\_\_\_ Quote# \_\_\_\_\_

DBA: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

EFFECTIVE TIME: \_\_\_\_\_

**KANSAS SPECIFIC COVERAGES/LIMITS SELECTION:**

**GARAGE LIABILITY:** ☒ Unlimited Liability For Customers Test Driving Autos.

**PERSONAL INJURY PROTECTION**

- ☒ Mandatory - Statutory - \$4,500 per person medical; \$4,500 per person Rehabilitation; 85% Work loss, subject to a maximum of \$900 per month for one year; \$25 per day for 365 days Essential services; \$2,000 Funeral Expense; Coverage may not be rejected.

**KANSAS UNINSURED MOTORISTS COVERAGE EXCESS LIMITS REJECTION**  
**(ACKNOWLEDGEMENT OF COVERAGE REJECTION)**

I acknowledge that I have been offered the options of selecting Uninsured Motorists Coverage (including Underinsured Motorists Protection) up to the limits of my bodily injury (BI) liability coverage, or UM coverage less than my BI limits. I am selecting \$50,000 combined single limit unless a higher limit is shown here \$ \_\_\_\_\_ CSL.

**I/We have the following:**

Number of Dealer Plates ..... \_\_\_\_\_

Number of Registered Vehicles Private Passenger Type ..... \_\_\_\_\_

Number of Registered Vehicles Commercial Type ..... \_\_\_\_\_

**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (In the case of automobile liability insurance, I understand that liability limits that are sufficient to meet the financial responsibility requirements of the state may be available through the Kansas Automobile Insurance Plan. The foregoing statement is not applicable when the policy is issued through the Kansas Automobile Insurance Plan.)

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

INSURED'S SIGNATURE OF ACCEPTANCE \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE: \_\_\_\_\_



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

**MICHIGAN**  
State Specific Application

NAMED INSURED: \_\_\_\_\_

CONTROL #: \_\_\_\_\_

DBA: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**MICHIGAN SPECIFIC COVERAGES / LIMITS SELECTION**

**I. BODILY INJURY LIABILITY COVERAGE** – Refer to attached Bodily Injury Liability Coverage Limits from.

I/We select the following Bodily Injury Liability Coverage Option:

- ☐ Combined single limit of \$110,000.  
☐ Combined single limit of \$300,000.  
☐ Combined single limit of \$510,000.  
☐ Combined single limit, \$1,000,000.

**II. PERSONAL INJURY PROTECTION** – Refer to attached PIP Selection form

☐ **COORDINATION OF BENEFITS** (Applicable to individual entities only): ☐ Both Medical & Work Loss ☐ Medical Expense ☐ Work Loss

☐ **BROADENED PERSONAL INJURY PROTECTION** – List Names:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

☐ **PROPERTY PROTECTION - \$1,000,000**

☐ **PROPERTY DAMAGE LIABILITY BUYBACK - \$3,000**

**III. UNINSURED / UNDERINSURED MOTORISTS (Optional)**

I/We select the following Uninsured/Underinsured Motorists Coverage Option:

- ☐ Combined single limit of \$110,000.  
☐ Combined single limit equal to Bodily Injury Liability Limit.  
☐ I reject Uninsured/Underinsured Motorists coverage.

In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative consumer report containing driving record information may be obtained for each driver.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP)  
MEDICAL COVERAGE - COMMERCIAL/BUSINESS**

AGENCY:

APPLICANT/NAMED INSURED:

INSURANCE COMPANY:

POLICY/QUOTE NO.:

EFFECTIVE DATE:

**READ THIS ENTIRE FORM CAREFULLY**

**THE PURPOSE OF THIS FORM**

The purpose of this form is to explain the choice you have regarding your **Personal Injury Protection (PIP) medical** coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences for you, your company, and your employees.

**Personal Injury Protection (PIP) Medical Coverage Explained**

Personal Injury Protection (PIP) pays allowable expenses for medical care, recovery, rehabilitation, wage loss, and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits which are paid to the dependents of a covered person if injuries from an auto accident result in their death. This form allows you to select the level of **PIP medical** coverage you want included with your commercial auto policy.

This form is divided into three sections, which are described below.

- Section A will review your **PIP medical** coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will ask you to certify your choice and acknowledge the information within this form.

**NOTICE**

You must choose the level of **PIP medical** coverage you wish to have under your auto policy. If you do not make a selection from the options listed:

- Your policy will be issued with unlimited **PIP medical** coverage; AND
- You will be charged the appropriate premium for this coverage.

**Definitions**

The terms in bold letters throughout this form are defined below.

**Applicant** means a person, company or business who has submitted an application for insurance but is not yet insured under a policy.

**Attendant care** means services to assist an injured person with tasks they would normally do for themselves (e.g., eating, bathing, dressing, grooming, and medication administration). It may also involve supervision or other types of support.

**Excess attendant care** means additional coverage purchased for **attendant care** above the **PIP medical** coverage limit selected for your policy.

**Named insured** means the individual(s), company or business named in an insurance policy.

**Personal Injury Protection (PIP) Medical** is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

## Section A: Your PIP Medical Choices and the Risks and Benefits of Each

### Option 1: Unlimited Coverage

This option provides the most coverage. It will pay for all allowable expenses for care, recovery, and rehabilitation if a person covered under this policy is injured in an auto accident.

Risks	The premiums for this option are higher than premiums for other options.
Benefits	<b>PIP medical</b> will cover costs that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> . This choice will significantly limit the risk that anyone covered under this policy will have out-of-pocket costs for their care.

### Option 2: Limited Coverage of \$500,000 OR

### Option 3: Limited Coverage of \$250,000

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

Risks	Limited <b>PIP medical</b> coverages may not be enough to cover medical expenses. If the <b>PIP medical</b> limit is reached, an injured person may need to rely on other health coverage, which may not cover all medical, rehabilitation, or <b>attendant care</b> costs. If an injured person does not have other health coverage, they may be personally responsible for paying these expenses. NOTE: Your insurance company must offer <b>excess attendant care</b> coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited <b>PIP medical</b> coverage. Up to the limit chosen, <b>PIP medical</b> will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and <b>attendant care</b> .

## Section B: PIP Medical Coverage Options and Certification

**Make your selection carefully because the choice you make will have financial consequences for you, your company, and your employees.** If you choose more than one option, your insurer will provide the option that has the highest level of benefits and will charge the appropriate premium for that option.

**INITIAL ONE AND ONLY ONE** option on the line next to your choice.

\_\_\_\_ Option 1: Unlimited coverage **OR**  
(Initial)

\_\_\_\_ Option 2: \$500,000 per person per accident **OR**  
(Initial)

\_\_\_\_ Option 3: \$250,000 per person per accident **OR**  
(Initial)

## Section C: Certification

**You must initial each line and sign and date this form.**

\_\_\_\_ I have read this form. I understand the **PIP medical** options available and the benefits and risks associated with those options.  
(Initial)

\_\_\_\_ I have made a coverage selection and I understand that the selection I have made applies to any person claiming benefits under this policy.  
(Initial)

\_\_\_\_ I understand that if I have not made a selection the policy will be issued with unlimited **PIP medical** coverage and I will be charged the premium for this option.  
(Initial)

**APPLICANT/NAMED INSURED SIGNATURE**

**DATE**

**MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS**

AGENCY:

APPLICANT/NAMED INSURED:

INSURANCE COMPANY:

POLICY/QUOTE NO.:

EFFECTIVE DATE:

**READ THIS ENTIRE FORM CAREFULLY****THE PURPOSE OF THIS FORM**

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

**PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED**

Bodily injury liability insurance covers claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident ("250,000/500,000") for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$50,000 per person and \$100,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.



If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

**PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS**

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will pay for such damages, but only up to the amount of the limit you choose. You will be required to pay any amount over the limit you choose. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver's license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

**PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE**

\_\_\_\_\_  
(Initials) I have received a list of all the bodily injury liability coverage options available to me and the price for each option.

\_\_\_\_\_  
(Initials) I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.

\_\_\_\_\_  
(Initials) I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

**BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIALLY SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.**

\_\_\_\_\_  
Named Insured/Applicant Signature\_\_\_\_\_  
Date



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"

**MINNESOTA**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**MINNESOTA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**    ☒ Limited Liability For Customers.

**- MINNESOTA POLICYHOLDER NOTICE AS RESPECTS AUTOMOBILE MEDICAL PAYMENTS COVERAGE -  
AUTOMOBILE MEDICAL PAYMENTS COVERAGE IS ONLY AVAILABLE UNDER PERSONAL INJURY PROTECTION**

☒ **PERSONAL INJURY PROTECTION – COMPULSORY COVERAGE**  
☐ INDIVIDUAL    ☐ PARTNERSHIP    ☐ CORPORATION

Minimum aggregate limit of \$40,000 per person, subject to a \$20,000 per person medical and total of \$20,000 per person for work loss, essential services, funeral expenses and survivor benefits.

☐ NONSTACKED    ☐ STACKED PERSONAL INJURY PROTECTION\*

\* [STACKED AVAILABLE ONLY FOR AN INDIVIDUAL ENTITY NOT A PARTNERSHIP OR A CORPORATION]

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE (MINNESOTA)**

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Uninsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage are required by Minnesota State Statute. The minimum limit for each is \$50,000 per accident - Bodily Injury.

☒ UNINSURED MOTORISTS - \$50,000 BI or other limit selected:    \$ \_\_\_\_\_

☒ UNDERINSURED MOTORISTS - \$50,000 BI or other limit selected:    \$ \_\_\_\_\_

I understand that all Owners, Spouses, Corporate Officers, their Spouses, and ALL employees, whether they drive or not must have acceptable Motor Vehicle Records for this policy to remain in force. Driver exclusions for unacceptable driving records are not available to this policy.

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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:** \_\_\_\_\_



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"

**MISSOURI**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**MISSOURI SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

☒ **Limited Liability For Customers.**

**UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
(MISSOURI)**

**UNINSURED MOTORISTS COVERAGE SELECTION (Check All That Apply)**

- ☐ Uninsured Motorists Bodily Injury. UMBI-\$50,000 per accident unless another limit is selected \$ \_\_\_\_\_  
(Optional) (Prior company approval required)
- ☐ Underinsured Motorists Bodily Injury. UIMBI-\$50,000 per accident.  
(Optional)

**Uninsured Motorists Property Damage. UMPD (Not Available in Missouri)**

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** \_\_\_\_\_

**BROKER'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_



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"

**MISSISSIPPI**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**MISSISSIPPI SPECIFIC COVERAGES/LIMITS SELECTION:**

**GARAGE LIABILITY** ☒ **Limited Liability For Customers Test Driving Autos.**

**REJECTION OF  
UNINSURED/UNDERINSURED MOTORISTS COVERAGE  
(MISSISSIPPI)**

The Mississippi Insurance Code (Section 83-11-101) provides that no automobile liability insurance policy shall be issued unless it contains provisions undertaking to pay the insured all sums which the insured shall become legally entitled to recover as damages for (1) bodily injury or death and (2) property damage from the owner or operator of an uninsured motor vehicle, within limits which shall be no less than those set forth in the Mississippi Motor Vehicle Safety Responsibility Law, as amended, under provisions approved by the Commissioner of Insurance. The Code also provides that any insured named in the policy is permitted to reject such coverage in writing, whether in its entirety or partially, that is, the damage for bodily injury or death and the property damage coverage may be rejected or the property damage coverage only may be rejected.

I understand and acknowledge that Uninsured/Underinsured Motorists (UM) Bodily Injury (BI) and Property Damage (PD) coverages have been explained to me. I have been offered the options of selecting UM/UIM, rejecting UMPD only, or rejecting UM/UIM BI and UM/UIM PD coverages entirely.

- ☐ I reject UM/UIM BI and PD coverage in its entirety. \_\_\_\_\_ (Initials)  
☐ I reject UM/UIM PD coverage in its entirety. \_\_\_\_\_ (Initials)

**THIS FORM TO BE USED WHEN INSURED SELECTS NON-STACKABLE UM COVERAGE**

**MISSISSIPPI NON-STACKING  
UNINSURED MOTORIST INSURANCE**

The following language is derived from Mississippi Insurance Department Bulletin 2013-3, dated May 10, 2013:

*Miss. Code Ann. § 83-11-102 provides for an **optional** Non-stacking Uninsured Motorist Coverage available to an insured under an auto liability policy that covers **four (4) or more** vehicles. The Non-stacking Uninsured Motorist limits selected shall cover all vehicles listed in the policy and does not apply per vehicle. The selection of this Non-stacking coverage imposes a limitation on adding together or stacking of coverages. **If the insured selects the Non-stacking Uninsured Motorist Policy, in the event of an accident, the total limit of uninsured motorist coverage available from the Policy will be only the one limit previously selected by the insured. It is an alternative to stackable uninsured motorist coverage where the coverage limits for each vehicle may be added together or stacked to determine the total coverage available. While only one limit of uninsured motorist coverage is available from a Non-stacking Uninsured Motorist policy, other limits of uninsured motorist coverage from other policies might be available to add to the single coverage available from the Non-stacking Uninsured Motorist policy depending upon the specific circumstances.***

The minimum limits required under Mississippi law for Non-stacking Uninsured Motorist Coverage are four (4) times the limits required by the Mississippi Motor Vehicle Safety Responsibility Law. Therefore, the Non-stacking Uninsured Motorist Coverage limits pursuant to Miss. Code Ann. § 83-11-102 require \$100,000 per person, \$200,000 per accident and \$100,000 for property damage. An increase to the statutory limits under this law shall increase the minimum limits for Non-stacking Uninsured Motorist Coverage accordingly.

I understand the limitations imposed by the Non-stacking Uninsured Motorist policy and that such coverage is an alternative to coverage without such limitation. I further agree that acceptance of this limitation shall apply to any policy from the same insurer, including sister insurers in the same holding company, which renews the coverage, extends the coverage, or changes covered vehicles unless and until I make a written request for a change to stackable uninsured motorist coverage.



Selection of Non-stacking Uninsured Motorist coverage is affirmed by your signature below. I select the following coverages at the limits shown below:

- ☐ Non-stackable UM Bodily Injury and UM Property Damage at limits of \_\_\_\_\_ per person/ \_\_\_\_\_ per accident/ \_\_\_\_\_ property damage.
- ☐ Non-stackable UM Bodily Injury Coverage (No Property Coverage) at limits of \_\_\_\_\_ per person / \_\_\_\_\_ per accident.
- ☐ Non-stackable Combined Single-limit UM Coverage (Includes Bodily Injury and Property Damage Coverage together) at the limit of **\$300,000** per accident.
- ☐ Other - Stackable Combined Single Limit of \$75,000.

\*Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

\*I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

North Carolina law permits you to make certain decisions regarding Uninsured Motorists (UM) Coverage and Underinsured Motorists (UIM) Coverage. This document describes this coverage and the options available and discloses certain limitations.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverage you are provided.

**OPTIONAL SELECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE LIMITS**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

Unless you select otherwise, your policy will include UM Coverage with limits at least equal to the following limits applicable to any one vehicle insured under your policy that is not a "commercial motor vehicle", as defined in G.S. 20-4.01(3d): (1) the highest bodily injury liability coverage limit with respect to Bodily Injury Uninsured Motorists Coverage; and (2) the highest property damage liability coverage limit with respect to Property Damage Uninsured Motorists Coverage.

Your policy must also include UIM Coverage with limits equal to the limits of UM Bodily Injury Coverage.

You may, however, select optional higher limits for UM Bodily Injury Coverage, up to and including a Combined Single Limit of \$1,000,000.

You may also select optional lower limits for UM Bodily Injury Coverage and UM Property Damage Coverage, provided that the limits selected are not less than a Combined Single Limit of \$150,000.

"Commercial motor vehicles" as defined in G.S. 20-4.01(3d) includes:

- a. A combination of motor vehicles that has a gross combination weight of at least 26,001 pounds and includes as part of the combination a trailer or semitrailer that has a gross vehicle weight of at least 10,001 pounds;
- b. A single motor vehicle that has a gross vehicle weight of at least 26,001 pounds;
- c. A combination of motor vehicles that includes as part of the combination a towing unit that has a gross vehicle weight of at least 26,001 pounds and a trailer, semitrailer, service or utility trailer that has a gross vehicle weight of less than 10,001 pounds;
- d. Any motor vehicle that is designed to transport 16 or more passengers, including the driver; or
- e. A motor vehicle transporting hazardous materials and is required to be placarded in accordance with 49 C.F.R. Part 172, Subpart F.

**Uninsured/Uninsured Motorists Coverage Selection**

I select the following Combined Single Limit for Bodily Injury Uninsured Motorists Coverage, Property Damage Uninsured Motorists Coverage and Underinsured Motorists Coverage:

☐ Combined Single Limit equal to Bodily Injury Liability Combined Single Limit

☐ Combined Single Limit of \$ \_\_\_\_\_

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



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

**NEW JERSEY**  
**State Specific Application**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

New Jersey law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and provides you with choices from available options.

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury including death or property damage caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured Motorists Coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Property Damage is subject to a \$500 deductible.

**Selection Of Uninsured/Underinsured Motorist Coverage**

I / We select one the following Uninsured/Underinsured Motorists Coverage Options:

- ☐ Combined single limit of \$100,000.
- ☐ Combined single limit of \$\_\_\_\_\_.

**PERSONAL INJURY PROTECTION COVERAGE**

As required by New Jersey law, your standard automobile coverage includes Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, medical expense benefits up to an amount of \$250,000 per person per accident, income continuation benefits of up to \$100 maximum weekly and subject to a total of \$5,200 per person, essential services benefits of up to \$12 per day maximum and subject to a total limit of \$4,380 per person, death benefits up to a total of \$5,200, and funeral expenses benefits up to a maximum amount of \$1,000 for each such person.

**Selection Of Personal Injury Protection Coverage Right To Sue Option**

- ☐ **LIMITED:** Although you may sue for economic damages such as medical expenses and lost wages, you agree not to sue the person who caused an auto accident for pain and suffering unless you suffer a). loss of body part; b.) significant disfigurement or significant scarring; c). a displaced fracture; d.) loss of a fetus; e.) permanent injury(the body part or organ has not healed to function normally and will not heal to function normally with further medical treatment based on objective medical proof); or f.) death. This choice reduces your premium.
- ☐ **UNLIMITED:** You may sue for pain and suffering for any injury.

**Warning:** Insurance companies or their producers or representatives shall not be held liable for your choice of lawsuit option (limitation on lawsuit option or no limitation on lawsuit option). Insurers or their producers or representatives also shall not be liable if the limitation on lawsuit option is imposed by law because no choice was made on the coverage selection form. Insurers, their producers or representatives can lose this limitation on liability for failing to act in accordance with the law. See N.J.S.A. 17:28 - 1.9 for more information.

### Additional Personal Injury Protection Coverage Options

In addition to the Standard Personal Injury Protection Benefits described above, you may choose to purchase higher limits for the Income Continuation Benefit, Essential Services Benefit, Death Benefit, and Funeral Benefit by selecting one of the following available options:

Option	Income Continuation Benefit		Essential Services Benefit		Death Benefit	Funeral Benefit
	Weekly	Total	Per Day	Total	Total	Total
<input type="checkbox"/> 1	\$100	\$10,400	\$12	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> 2	\$125	\$13,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 3	\$175	\$18,200	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 4	\$250	\$26,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 5	\$400	\$41,600	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 6	\$500	\$52,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 7	\$600	\$64,000	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 8	\$700	\$72,800	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 9	\$100	Unlimited	\$12	\$8,760	\$10,000	\$2,000
<input type="checkbox"/> 10	\$125	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 11	\$175	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 12	\$250	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 13	\$400	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 14	\$500	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 15	\$600	Unlimited	\$20	\$14,600	\$10,000	\$2,000
<input type="checkbox"/> 16	\$700	Unlimited	\$20	\$14,600	\$10,000	\$2,000

**Fraud Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

I / We understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

New Mexico law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available and discloses certain limitations.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or underinsured motor vehicle because of bodily injury or property damage caused by a motor vehicle accident. Also included are damages due to bodily injury or property damage that result from a motor vehicle accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured Motorists Coverage will be afforded at a Combined Single Limit equal to your limit for Liability Coverage.

**UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

If you choose to reject Uninsured Motorists Coverage at a limit equal to your limit for Liability Coverage, please indicate your choice initialing next to the appropriate item and signing below.

**Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits**

<b>Combined Single Limit</b>	<b>Premium Per Plate</b>
\$60,000**	\$31
\$100,000	\$42
\$200,000	\$62
\$250,000	\$69
\$300,000	\$76
\$350,000	\$81
\$500,000	\$92
\$1,000,000	\$112

\*\* If you choose this limit, there may be no coverage available under this policy for bodily injury and property damage caused from an accident with an underinsured motorist.

\_\_\_\_\_  
(Initials) **I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select a lower Combined Single Limit of \$ \_\_\_\_\_.**

**Rejection Of Uninsured Motorists Coverage**

\_\_\_\_\_  
(Initials) **I reject Uninsured Motorists Coverage.**

By signing this waiver, I am rejecting Uninsured Motorists Coverage at limits equal to my limit for Liability coverage and selecting the option I have indicated above.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

## LIMITATIONS OF UNINSURED MOTORISTS COVERAGE

The Uninsured Motorists Coverage limits available to you under this Policy and any other policy will be reduced or eliminated by the sum of the other party's limits of liability under all liability policies or bonds applicable at the time of the accident, subject to other policy provisions.

## REJECTION OF INTRA-POLICY STACKED UNINSURED MOTORISTS COVERAGE

(Do not complete if you have rejected Uninsured Motorists Coverage.)

If you are designated as an individual in the Declarations of such policy, your policy will include intra-policy stacked Uninsured Motorists Coverage, unless you reject Uninsured Motorists Coverage entirely or you select Non-stacked Uninsured Motorists Coverage. Subject to the provisions of the Policy, intra-policy stacking allows the Uninsured Motorists Coverage limits, for you and members of your household, for each vehicle specifically insured under the Policy to be added together in the event of a covered loss.

If you are rejecting intra-policy Stacked Uninsured Motorists Coverage, please indicate such rejection by signing below.

By signing this waiver, I am rejecting intra-policy Stacked Uninsured Motorists Coverage and, instead, purchasing Non-Stacked Uninsured Motorists Coverage.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about your coverage, please contact us at:

DMI Insurance Services  
9020 N Capital of Texas Hwy Ste 1-270  
Austin, TX 78759  
1.800.877.2525

**Fraud Notice:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_



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"**

**NEVADA**  
**Garage Insurance**  
**State Specific Application**

**Named Insured:** \_\_\_\_\_

**Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**EFFECTIVE TIME:** \_\_\_\_\_

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

**NEVADA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

- ☒ **Liability coverage is extended to provide the full covered autos liability limit for customers. However, in accordance with Nevada law, such coverage will be excess over any coverage provided by the customer's policy.**

**BUSINESS ENTITY - (Check appropriate box and fill in number)**

- ☐ **Individual / Sole Proprietorship - (Enter Social Security Number) SSN:** \_\_\_\_\_
- ☐ **Partnership / Corporation - (Enter Employer Identification Number) EIN:** \_\_\_\_\_

**UNINSURED MOTORISTS COVERAGE - SELECTION OR REJECTION**

The Nevada Insurance Code (Section 687B.145) requires that Uninsured Motorists Coverage be offered at a limit equal to the Bodily Injury Limit of Liability in your policy unless you, the insured named in the policy, select a lower limit or reject the Uninsured Motorists Coverage entirely. Uninsured Motorists Coverage includes underinsured motorists coverage and provides insurance for the protection of persons insured under the policy if they sustain bodily injury in an accident for which the owner or operator of a motor vehicle is legally liable and does not have insurance (uninsured) or does not have enough insurance (underinsured).

Nevada law requires that Uninsured Motorists (including Underinsured Motorists) coverage be offered for passenger cars at limits up to, but not in excess of, your policy limits for Bodily Injury Liability Coverage. You may however, reject these coverages.

**PLEASE READ ALL OPTIONS BEFORE MAKING YOUR CHOICE.**

I/We (applicant/named insured) acknowledge and understand the offers described below and request the Company issue the appropriate policy in accordance with the choices indicated below.

**OFFER 1** ☐ I / We select limits in an amount equal to my/our Bodily Injury Liability Coverage limits.

**OFFER 2** I / We select limits in an amount that is less than my/our Bodily Injury Liability Coverage limits. The limits that I / We select are indicated by the box checked below:

☐ \$50,000 ☐ \$100,000 ☐ \$250,000 ☐ \$300,000 ☐ \$350,000 ☐ \$500,000 ☐ \$1,000,000 ☐ Other \_\_\_\_\_.

**OFFER 3** ☐ I / We select limits in an amount equal to the minimum limits of liability required by the financial responsibility law of Nevada.

**OFFER 4** ☐ I / We REJECT the Company's offer to provide Uninsured Motorists (including Underinsured Motorists) Coverage on my/our policy.

**MEDICAL PAYMENTS**

Section 687B.145 further requires that Medical Payments Coverage be offered in an amount of at least \$1,000 or at a higher amount if the minimum limit offered by an insurer is greater than \$1,000. You may accept or reject this offer. Medical Payments Coverage provides protection without regard to legal liability for reasonable and necessary medical expenses resulting from accidental bodily injury while operating or occupying an insured vehicle or being struck as a pedestrian by a motor vehicle or trailer.

The undersigned insured (and each of them).

- ☐ agrees that the Medical Payments Coverage afforded in the policy is hereby deleted.
- ☐ agrees that the minimum limit applies with respect to Medical Payments Coverage afforded in the policy.
- ☐ agrees to select a higher limits of \$ \_\_\_\_\_

**I / We have the following:**

Number of Dealer Plates..... \_\_\_\_\_

Number of Registered Vehicles Private Passenger Type ..... \_\_\_\_\_

Number of Registered Vehicles Commercial Type..... \_\_\_\_\_

Pursuant to NRS 686A.291, any person who knowingly and willfully files a statement of claim that contains any false, incomplete, or misleading information concerning a material fact is guilty of a felony.

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** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_



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"

**NEW YORK**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**NEW YORK SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY** - Minimum State Liability Limit For Customers.

**UNINSURED MOTORISTS - Form CA 31130996**

\$25,000 per person/\$50,000 per accident. If bodily injury results in death: \$50,000 per person/\$100,000 per accident.

**SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS INSURANCE**

New York State law requires that you purchase Uninsured Motorists (UM) insurance, with limits of \$25,000 per person, \$50,000 per accident. No other limits of liability may be provided for this coverage. Uninsured Motorists coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has no liability protection and is legally responsible for the injuries. However, you should consider purchasing Supplementary Uninsured/Underinsured Motorists (SUM) insurance coverage in order to protect against the possibility of an accident involving another motor vehicle whose owner or operator was negligent and who:

- (1) may have no insurance whatsoever; or  
(2) even if insured, is only insured for third-party bodily injury at relatively low liability limits, in comparison to your own liability limits for bodily injury sustained by third-parties.

By purchasing SUM coverage, which cannot be purchased in an amount exceeding the amount of third party liability coverage purchased, you and any insured can:

- (1) be protected for bodily injury to yourselves, up to the limit of the SUM coverage purchased; and  
(2) receive from your own insurer payment for bodily injury sustained due to the negligence of the other motor vehicle's owner or operator. The maximum amount payable under the SUM coverage shall be the policy's SUM limit reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident. The law requires that we offer you SUM limits up to \$250,000 per person, \$500,000 per accident split limits, or \$500,000 per accident single limit provided that the SUM limits do not exceed the limits of your bodily injury coverage.

Please indicate your choice by initialing next to the appropriate item below:

\_\_\_\_\_ I request the following limits: \$ \_\_\_\_\_ per person, \$ \_\_\_\_\_ per accident, or  
\$ \_\_\_\_\_ per accident combined single limit

\_\_\_\_\_ I reject SUM coverage

**PERSONAL INJURY PROTECTION**

Basic Economic Loss - \$50,000 per person, per accident; Medical including Rehabilitation; Work Loss-80% of earnings up to \$2,000 per month maximum for 3 years; Other Expenses-\$25 per day for one year including reasonable transportation up to \$25 per day for one year for medical treatments; Death Benefit \$2,000.

**OPTIONAL BASIC ECONOMIC LOSS (OBEL) - \$25,000**

(In addition to \$50,000 mandatory coverage.)

\_\_\_\_\_ I request OBEL

\_\_\_\_\_ I do not want OBEL

I have had statutory UNINSURED MOTORISTS and SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS coverage including the available options and limits explained to me. I understand that the coverage selection and limit choices indicated here will apply to my insurance policy.

I understand that all Owners, Spouses, Corporate Officers, their Spouses, and ALL employees, whether they drive or not must have acceptable Motor Vehicle Records for this policy to remain in force. Driver exclusions for unacceptable driving records are not available to this policy.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuation and changes unless I notify you otherwise in writing.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_





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

**OHIO**  
**State Specific Application**

NAMED INSURED: \_\_\_\_\_

CONTROL #: \_\_\_\_\_

DBA: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**OHIO SPECIFIC COVERAGES / LIMITS SELECTION**

**Uninsured Motorist Bodily Injury Coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle.

**Underinsured Motorist Bodily Injury Coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle.

For a more detailed explanation of these coverages, refer to your policy.

You have the opportunity to purchase Uninsured/Underinsured Motorist Coverage with limits equal to or lower than your Bodily Injury Liability limit.

I / We select the following Uninsured/Underinsured Motorist Coverage Option:

☐ UNINSURED/UNDERINSURED MOTORIST BODILY INJURY - \$75,000 Single Limit per accident unless another limit is shown here: \$ \_\_\_\_\_

☐ REJECT UNINSURED/UNDERINSURED MOTORISTS COVERAGE

**Uninsured Motorists Property Damage Coverage** pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Uninsured Motorists Property Damage Coverage is available only for autos for which you have not purchased Collision Coverage.

I / We select the following Uninsured Motorist Property Damage Coverage Option:

☐ UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE - \$7,500 for each accident subject to \$250.00 deductible.

☐ REJECT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

I / We have the following:

Number of Dealer Plates: \_\_\_\_\_

Number of Registered Vehicles: \_\_\_\_\_

**NOTICE OF INSURANCE INFORMATION PRACTICES**

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



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"

**OKLAHOMA**  
**Garage Insurance**  
**State Specific Application**

Named Insured: \_\_\_\_\_ Quote # \_\_\_\_\_

DBA: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

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

**OKLAHOMA SPECIFIC COVERAGES / LIMITS SELECTION:**

**UNINSURED MOTORISTS COVERAGE - SELECTION OR REJECTION**

**A. Oklahoma Uninsured Motorists Coverage Law – Required Notice**

Oklahoma law gives you the right to buy Uninsured Motorists Coverage in the same amount as your bodily injury liability coverage. THE LAW REQUIRES US TO ADVISE YOU OF THIS VALUABLE RIGHT FOR THE PROTECTION OF YOU, MEMBERS OF YOUR FAMILY (IF YOU ARE DESIGNATED IN THE DECLARATIONS AS AN INDIVIDUAL), AND OTHER PEOPLE WHO MAY BE HURT WHILE RIDING IN YOUR INSURED VEHICLE. YOU SHOULD SERIOUSLY CONSIDER BUYING THIS COVERAGE IN THE SAME AMOUNT AS YOUR LIABILITY INSURANCE COVERAGE LIMIT.

Uninsured Motorists Coverage, unless otherwise provided in your policy, pays for bodily injury damages to you, members of your family who live with you (if you are designated in the Declarations as an individual) and other people riding in your car who are injured by: (1) an uninsured motorist, (2) a hit-and-run motorist or (3) an insured motorist who does not have enough liability insurance to pay for bodily injury damages to any insured person. Uninsured Motorists Coverage, unless otherwise provided in your policy, protects you and family members who live with you while riding in any vehicle or while a pedestrian. THE COST OF THIS COVERAGE IS SMALL COMPARED WITH THE BENEFITS!

**B. Mandatory Offer Uninsured Motorists Coverage**

Please indicate your choices by initialing next to the appropriate item below.

**1. Selection Of Uninsured Motorists Coverage**

(Initials)

\_\_\_\_\_

**I/We select Uninsured Motorists Coverage at limits equal to my/our Bodily Injury Liability Coverage limits.**

**2. Rejection Of Bodily Injury Uninsured Motorists Coverage**

(Initials)

\_\_\_\_\_

**I/We reject the Company's offer to provide Uninsured Motorists Coverage on my/our policy.**

**3. Lower Limit(s) For Uninsured Motorists Coverage**

(Initials)

\_\_\_\_\_

**I / We reject Uninsured Motorists Coverage at limits equal to my/our Bodily Injury Liability Coverage and I/We select the following lower limits.**

☐ \$50,000 ☐ \$75,000 ☐ \$100,000 ☐ \$200,000 ☐ \$250,000 ☐ \$300,000 ☐ \$350,000 ☐ \$500,000 ☐ \$1,000,000

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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 \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_

DATE \_\_\_\_\_



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"

**OREGON**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**OREGON SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

☒ **Limited Liability For Customers.**

**PERSONAL INJURY PROTECTION**

☒ Mandatory add-on endorsement. \$15,000 per person aggregate medical; 70% Income Loss, maximum \$3,000 per month for 52 weeks; \$30 per day maximum Essential Services Expenses for 52 weeks; \$5,000 Funeral Benefits; \$25 per day Child Care, \$750 maximum. Coverage may not be rejected.

**SELECTION / REJECTION OF UNINSURED MOTORISTS COVERAGE  
(OREGON)**

Oregon Insurance Laws (ORS 742.502) permits you, the named insured in the policy, to select a limit of liability for Uninsured Motorists Coverage lower than the limit for Bodily Injury Liability Coverage in the policy. Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Uninsured Motorists Coverage includes underinsured motorists coverage. Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

**Comparison of prices for coverage:**

**(Must Be Completed Only If Uninsured Motorists Limit Requested Is Lower Than The Liability Limits In The Policy)**

\$ \_\_\_\_\_ is the price for **UNINSURED MOTORISTS BODILY INJURY** Coverage at a limit equal to the bodily injury liability limit under the policy issued or to be issued.

\$ \_\_\_\_\_ is the price **for UNINSURED MOTORISTS BODILY INJURY** Coverage with a lower limit than the bodily injury liability limit under the policy issued or to be issued.

In accordance with Oregon Insurance Laws (ORS 742.502) the undersigned insured (and each of them):

**All Applicable Item(s) Marked:**

- ☐ **Uninsured Motorists Bodily Injury Coverage** - Basic Limit: \$50,000 or \$ \_\_\_\_\_ Requested
- ☐ **Uninsured Motorists Property Damage Coverage** - \$20,000 Requested

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** \_\_\_\_\_

**BROKER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE** \_\_\_\_\_



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

**PENNSYLVANIA**  
**State Specific Application**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

Pennsylvania law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

**UNINSURED MOTORISTS COVERAGE**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that results from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

**Selection Of Uninsured Motorist Bodily Injury Protection**

I / We select the following Uninsured Motorists Bodily Injury Coverage Option:

- ☐ Combined single limit of \$35,000.
- ☐ Combined single limit equal to Bodily Injury Liability Limit.
- ☐ Combined single limit of \$\_\_\_\_\_.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

**Rejection Of Stacked Uninsured Motorist Protection**

By signing this waiver, I am rejecting stacked limits of uninsured motorist coverage under this policy that could stack on top of the coverage that may be available under a separate policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limit selected above. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

**Rejection Of Uninsured Motorist Protection**

By signing this waiver, I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured Motorists coverage protects me and relatives living in my household for damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

## **UNDERINSURED MOTORISTS COVERAGE**

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an automobile accident.

### **Selection Of Underinsured Motorist Bodily Injury Protection**

I / We select the following Underinsured Motorists Bodily Injury Coverage Option:

- ☐ Combined single limit of \$35,000.
- ☐ Combined single limit equal to Bodily Injury Liability Limit.
- ☐ Combined single limit of \$\_\_\_\_\_.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

### **Rejection Of Stacked Underinsured Motorist Protection**

By signing this waiver, I am rejecting stacked limits of underinsured motorist coverage under this policy that could stack on top of the coverage that may be available under a separate policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limit selected above. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

### **Rejection Of Underinsured Motorist Protection**

By signing this waiver, I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured Motorists coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured \_\_\_\_\_ Date \_\_\_\_\_

## FIRST PARTY BENEFITS NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse, or other relatives or minors in your custody or in the custody of your relatives residing in your household, occupants of your motor vehicle, or persons struck by your motor vehicle:

- (1) Medical benefits up to at least \$100,000.
- (2) Extraordinary medical benefits from \$100,000 to \$1,000,000 that may be offered in increments of \$100,000.
- (3) Income loss benefits up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (4) Accidental death benefits up to at least \$25,000.
- (5) Funeral benefits of \$2,500.
- (6) As an alternative to the coverage options outlined in paragraphs (1) through (5) above, a combination benefit of up to at least \$177,500 is available. This benefit is subject to either the aggregate limit or benefits payable for up to three years from the date of the accident, whichever occurs first and is subject to a limit on the accidental death benefit of up to \$25,000 and a limit on the funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify, or change the provisions of section 1715(d) (relating to availability of adequate limits).

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above. Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

### Basic First Party Benefit Coverage

"Basic First Party Benefits" are provided with your policy. The maximum limit for medical expenses provided for Basic First Party Benefits is \$5,000 for any one person injured in any one accident.

### Added First Party Benefit Coverage

"Added First Party Benefits" are also available for an additional premium. If you would like to purchase these optional First Party Benefits, make your selection(s) below by checking the corresponding boxes.

#### Increased Medical Expenses Benefit

- ☐ \$10,000  
☐ \$25,000  
☐ \$50,000  
☐ \$100,000

#### Income Loss Benefits

- ☐ \$1,000/month, \$5,000 Maximum  
☐ \$1,000/month, \$10,000 Maximum  
☐ \$1,000/month, \$15,000 Maximum  
☐ \$1,500/month, \$25,000 Maximum  
☐ \$2,500/month, \$50,000 Maximum

#### Funeral Expenses Benefit

- ☐ \$1,500      ☐ \$2,500

#### Accidental Death Benefit

- ☐ \$5,000      ☐ \$10,000      ☐ \$25,000

#### Combination First Party Benefits

- ☐ \$50,000      ☐ \$100,000      ☐ \$177,500

#### Extraordinary Medical Benefit

- ☐ \$100,000      ☐ \$300,000      ☐ \$1,000,000

**Fraud Notice:** Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine up to \$15,000.

I / We understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



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

**RHODE ISLAND**  
**State Specific Application**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

Rhode Island law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available with respect to the selection of Bodily Injury Uninsured Motorists Coverage limits and Property Damage Uninsured Motorists Coverage limits.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Bodily Injury Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Property Damage Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of property damage caused by an automobile accident. Also included are damages due to property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

If Bodily Injury Uninsured Motorists Coverage is purchased, coverage will be included in your policy at limits equal to your policy's liability limit for bodily injury, unless a lower limit is selected or you reject such coverage under a separate document.

Property Damage Uninsured Motorists Coverage will be included at the minimum limit of \$25,000 for any vehicle covered under your policy that is not insured for collision coverage, unless a higher limit is requested in writing or you reject such coverage in writing.

**BODILY INJURY UNINSURED MOTORISTS COVERAGE**

Please indicate your choice by checking one of the following options:

- ☐ I / We select Bodily Injury Uninsured Motorists coverage at a Combined Single Limit of \$50,000
- ☐ I / We select Bodily Injury Uninsured Motorists coverage at a Combined single limit equal to my policy's Liability Limit for Bodily Injury.
- ☐ I / We select Bodily Injury Uninsured Motorists coverage at a Combined single limit of \$ \_\_\_\_\_.

**PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE**

Please indicate your choice by checking one of the following options:

- ☐ I / We select Property Damage Uninsured Motorists coverage at a Limit of \$25,000.
- ☐ I / We select Property Damage Uninsured Motorists coverage at a Limit of \$ \_\_\_\_\_.
- ☐ I / We reject Property Damage Uninsured Motorists Coverage.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

Automobile liability insurance coverage pays other motor vehicle drivers and their passengers for damages caused by you and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. Bodily injury coverage pays for bodily injuries to others inflicted by your motor vehicle. Property damage coverage pays for damages which your motor vehicle causes to other motor vehicles or property.

Under South Carolina law, an insurance company may refuse to write your automobile liability insurance for a number of reasons. If an insurance company decides to write your automobile liability insurance coverage, however, it must provide at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide at least \$25,000 in property damage coverage for each accident you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly-known as minimum limits. In order to drive your automobile upon the roads of this State, you must have at least these minimum limits of insurance, unless you post a satisfactory bond or pay a \$550 fee to drive uninsured. There is no requirement that an insurance company offer higher than minimum limits of automobile liability insurance coverage. If your insurance company does offer more than the minimum limits, you will be required to pay an additional premium for those increased limits of protection.

An insurer that writes your automobile liability insurance coverage must also offer two additional coverages which will protect you in the event you are damaged in an automobile accident by an at-fault driver who either has no automobile insurance or whose automobile insurance liability limits are less than your damages in that accident. These coverages are termed additional uninsured motorist coverage and optional underinsured motorist coverage, respectively. You may also see them referred to as UM and/or UIM. If you decide to purchase either of these coverages, you will be required to pay an additional premium for each of these coverages.

Uninsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically provides uninsured motorist coverage of \$25,000/\$50,000/\$25,000. There is a \$200 deductible for uninsured property damage claims.

You also have the right to buy additional uninsured motorist coverage, in various limits up to the limits of the liability coverage you have purchased. The limits of additional uninsured motorist coverage which your insurance company is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those increased limits. You may not purchase uninsured motorist coverage with limits in excess of your liability limits.

Underinsured motorist coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but which is insufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy, and your insurance company is required to offer, optional underinsured motorist coverage in various limits up to the limits of liability coverage you have purchased. The limits of optional underinsured motorist coverage which your insurer is authorized to write and for which you are eligible are shown on this form, together with the additional premium for those limits. You may not purchase underinsured motorist coverage with limits in excess of your liability limits.

If you reject optional underinsured or additional uninsured motorist coverages shown on this form and if you are involved in an automobile accident that is not your fault, this form may be used by your insurance company as evidence against you if you make a claim for additional uninsured motorist coverage or optional underinsured motorist coverage.



If you do not complete this form and return it to your insurance company or insurance agent within 30 days, your insurance company is required by law to add additional uninsured motorist coverage and optional underinsured motorist coverage, in the same limits as your automobile liability insurance, to your automobile insurance policy. You will be required to pay an additional premium for each of these coverages and your policy may be canceled for non-payment of that additional premium.

In the future, if you wish to increase or to decrease your limits of additional uninsured motorist coverage or optional underinsured motorist coverage, you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or insurance company upon the renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, you may contact the Department of Insurance at:

Office of Consumer Services

South Carolina Department of Insurance

Capitol Center

1201 Main St, Ste 1000

Columbia, SC 29201

(803) 737-6180

E-mail Address: [consumers@doi.sc.gov](mailto:consumers@doi.sc.gov)

### Offer of Additional Uninsured Motorist Coverage

Minimum uninsured motorist coverage combined single limit of \$75,000 is automatically provided by your insurance policy. If you select additional uninsured motorist coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits.

Combined Single Limit	Total Coverage Premium Per Plate
\$75,000	\$14
\$100,000	\$15
\$300,000	\$19
\$500,000	\$20
\$1,000,000	\$22

Do you wish to purchase additional uninsured motorist coverage? ☐ Yes ☐ No

If your answer is "no", then you must then sign here: \_\_\_\_\_

If your answer is "yes", then specify the limit which you desire. This limit cannot exceed your automobile insurance liability limits.

I select: \$\_\_\_\_\_ single limit.

### Offer of Optional Underinsured Motorist Coverage

Minimum uninsured motorist coverage combined single limit of \$75,000 is automatically provided by your insurance policy. If you select optional underinsured motorist coverage, an additional premium will be charged. The schedule below indicates the premium charges for minimum and increased limits.

Combined Single Limit	Total Coverage Premium Per Plate
\$75,000	\$49
\$100,000	\$59
\$300,000	\$102
\$500,000	\$123
\$1,000,000	\$149

Do you wish to purchase optional underinsured motorist coverage? ☐ Yes ☐ No

If your answer is "no", then you must then sign here: \_\_\_\_\_

If your answer is "yes", then specify the limit which you desire. This limit cannot exceed your automobile insurance liability limits.

I select: \$\_\_\_\_\_ single limit.

### Applicant's Acknowledgment

By my signature, I acknowledge that I have read, or I have had read to me, the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I understand the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and optional underinsured motorist coverage, and that payment of benefits under any of these coverages is subject both to the terms and conditions of my automobile policy and to the laws of the State of South Carolina.

My signature below further acknowledges that I understand the coverages as they have been explained to me, and the type and amounts of coverage marked on the preceding pages have been selected by me. This is the type and amount of insurance coverage I wish to purchase.

**Fraud Notice:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_



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

**TENNESSEE**  
**State Specific Application**

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**TENNESSEE SPECIFIC COVERAGES / LIMITS SELECTION**

Tennessee law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

No coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

**BODILY INJURY AND PROPERTY DAMAGE UNINSURED MOTORISTS COVERAGE**

I / We select the following Bodily Injury and Property Damage Uninsured Motorists Coverage Option:

- ☐ **Bodily Injury and Property Damage Uninsured Motorists Coverage** combined single limit of \$65,000.
- ☐ **Bodily Injury and Property Damage Uninsured Motorists Coverage** combined single limit of \$ \_\_\_\_\_.
- ☐ Reject **Bodily Injury and Property Damage Uninsured Motorists Coverage**.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



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"

**TEXAS**  
**Garage Insurance**  
**State Specific Application**

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

**Named Insured:** \_\_\_\_\_ **Quote #** \_\_\_\_\_

**DBA:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**EFFECTIVE TIME:** \_\_\_\_\_

**TEXAS SPECIFIC COVERAGES / LIMITS SELECTION:**

☒ **GARAGE LIABILITY: Limited Liability For Customers.**

**TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists Coverage. This document briefly describes this coverage and the options available. You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured/Underinsured Motorists Coverage and your options with respect to this coverage. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

Uninsured/Underinsured Motorists and Property Damage Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits.

**UNINSURED/UNDERINSURED MOTORISTS (Optional):**

**(Initials):**

\_\_\_\_\_ Uninsured/Underinsured Motorists and Property Damage Coverage is hereby DELETED.

\_\_\_\_\_ Uninsured/Underinsured Motorist Coverage and Property Damage Coverage is limited to Texas minimum financial responsibility limits of \$85,000 Combined Single Limit.

\_\_\_\_\_ Combined Single Limit UM/UIM and Property Damage at limit of \$ \_\_\_\_\_

**PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION**

Texas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available. You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage. This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverages you are provided.

**Personal Injury Protection Coverage**

Personal Injury Protection Coverage provides insurance benefits for medical and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident.

**(Initials):**

\_\_\_\_\_ Personal Injury Protection Coverage is REJECTED. The Personal Injury Protection Coverage described above and offered by the Insured is completely removed and deleted from the policy.

\_\_\_\_\_ Personal Injury Protection is selected with limits of \$2,500 per person.

\_\_\_\_\_ Other: \_\_\_\_\_ per person.

**Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**

I understand that the choices indicated here will apply to all future renewals, continuations, and changes unless I notify you in writing.

INSURED'S SIGNATURE OF ACCEPTANCE \_\_\_\_\_ DATE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_



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

**UTAH**  
**State Specific Application**

NAMED INSURED: \_\_\_\_\_

CONTROL #: \_\_\_\_\_

DBA: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**UTAH SPECIFIC COVERAGES / LIMITS SELECTION**

**Uninsured Motorist Coverage** provides benefits or protection to you and other covered persons for bodily injury resulting from an accident caused by the fault of another party where the other party has no liability insurance. Under Utah laws the limits of uninsured motorist coverage must be equal to the lesser of the limits of the named insured's liability coverage or the maximum uninsured motorist coverage limits available from the insurance company. The named insured may choose to buy UM limits lower than these limits, but uninsured motorist coverage may not be less than \$25,000 for one person in any one accident and \$65,000 for two or more injured people in any one accident or \$80,000 combined single limit for any one accident. For insureds engaged in the business of or accepting payment for transporting natural persons by motor vehicle and school districts transporting students, uninsured motorist coverage may not be less than \$25,000 for one person in any one accident and \$500,000 for two or more insured people in any one accident.

I / We select the following Uninsured Motorist Coverage Option:

☐ UNINSURED MOTORISTS - \$80,000 CSL or other limit selected: \$ \_\_\_\_\_

☐ REJECT UNINSURED MOTORISTS COVERAGE

**Underinsured Motorists Coverage** provides benefits or protection to you and other covered persons for bodily injury resulting from an accident caused by the fault of another party where the other party has insufficient liability insurance. Under Utah laws the limits of underinsured motorist coverage must be equal to the lesser of the limits of the named insured's liability coverage or the maximum underinsured motorist coverage limits available from the insurance company. The named insured may choose to buy UIM limits lower than these limits, but underinsured motorist coverage may not be less than \$10,000 for one person in any one accident and \$20,000 for two or more insured people in any one accident.

I / We select the following Underinsured Motorist Coverage Option:

☐ UNDERINSURED MOTORISTS - \$20,000 CSL or other limit selected: \$ \_\_\_\_\_

☐ REJECT UNDERINSURED MOTORISTS COVERAGE

**Uninsured Motorists Property Damage Coverage** pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Uninsured Motorists Property Damage Coverage is available only for autos for which you have not purchased Collision Coverage.

I / We select the following Uninsured Motorist Property Damage Coverage Option:

☐ UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE - \$3,500 for each accident.

☐ REJECT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

**Personal Injury Protection Coverage** consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, or to a pedestrian if the accident involves a covered "auto". Coverage includes medical expense benefits up to \$3,000 per person per accident, work loss benefits \$250 per week, essential services benefits up to \$20 per day, funeral expenses benefits up to a maximum amount of \$1,500, and survivor loss benefits up to \$3,000.

I / We select the following Personal Injury Protection Coverage Option:

☐ \$3,000 Medical Expense Benefit, \$250 Work Loss Benefit

☐ \$5,000 Medical Expense Benefit, \$300 Work Loss Benefit

☐ \$10,000 Medical Expense Benefit, \$350 Work Loss Benefit

☐ REJECT PERSONAL INJURY PROTECTION COVERAGE

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



**NAMED INSURED:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

Virginia law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to these coverages.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information of the coverages you are provided.

### **Uninsured Motorist Coverage**

Uninsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an uninsured or underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that results from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Virginia Law requires that your Uninsured Motorists Coverage must equal your Bodily Injury and Property Damage Liability limits unless you choose lower limits as indicated below, but not less than the Financial Responsibility Combined Single Limit of \$125,000 for Bodily Injury and Property Damage.

### **Uninsured Motorists Coverage (Alternative Coverage)**

Unless you select Uninsured Motorists Coverage (Alternative Coverage) as described below, any coverage that may be available, subject to the provisions of the Uninsured Motorists Coverage endorsement for damages caused by an accident with an underinsured motor vehicle, shall be paid in addition to any bodily injury liability or property damage liability coverage available for payment.

You have the option to select Uninsured Motorists Coverage (Alternative Coverage) for a reduced premium. If you select this option, any coverage that may be available, subject to the provisions of an uninsured motorists coverage (alternative coverage) endorsement for damages caused by an accident with an underinsured motor vehicle, may be reduced by any bodily injury liability or property damage liability coverage available for payment.

### **Uninsured Motorists Coverage Selection**

I / We select the following Uninsured Motorists Coverage Limit:

- ☐ Combined Single Limit equal to Bodily Injury Liability Combined Single Limit
- ☐ Combined Single Limit of \$125,000
- ☐ Combined Single Limit of \$ \_\_\_\_\_

### **Uninsured Motorists Coverage (Alternative Coverage) Selection**

If you wish to select Uninsured Motorists Coverage (Alternative Coverage), you may do so by checking the box:

- ☐ I / We select Uninsured Motorists Coverage (Alternative Coverage)

**Fraud Notice:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

I / We understand that the coverage selections and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_



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** \_\_\_\_\_



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"

**WASHINGTON**  
**Garage Insurance**  
**State Specific Application**

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

Named Insured: \_\_\_\_\_ Quote # \_\_\_\_\_

DBA: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

EFFECTIVE TIME: \_\_\_\_\_

**WASHINGTON SPECIFIC COVERAGES / LIMITS SELECTION**

**GARAGE LIABILITY** ☒ **Limited Liability for Customers.**

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE**

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This document briefly describes this coverage and provides you with choices from available options.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided. Contact us or your agent if you have any questions regarding Underinsured Motorists Coverage and your options with respect to this coverage.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Combined Single Limits for Liability Coverage. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage. Property Damage is subject to a \$300 deductible to "property damage" to each "insured" as the result of any one "accident" caused by a hit-and-run vehicle and \$100 to "property damage", each "insured" in all other cases.

Please indicate your choice with respect to this coverage:

- ☐ UNDERINSURED MOTORISTS - \$60,000 CSL or other limit selected: \$ \_\_\_\_\_  
☐ I REJECT UNDERINSURED MOTORISTS COVERAGE.

**SELECTION OF PERSONAL INJURY PROTECTION COVERAGE(Available only to Individual Named Insureds)**

As required by Washington law, your standard automobile coverage includes Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, or to a pedestrian if the accident involves a covered "auto". Coverage includes medical expense benefits up to an amount of \$10,000 per person per accident, income continuation benefits of up to \$200 maximum weekly and subject to a total of \$10,000 per person, essential services benefits of up to \$40 per day/\$200 per week for up to one year maximum, and funeral expenses benefits up to a maximum amount of \$2,000.

Please indicate your choice with respect to this coverage:

- ☐ PERSONAL INJURY PROTECTON - \$10,000 Medical Expense or other limit selected:\$ \_\_\_\_\_  
☐ I REJECT PERSONAL INJURY PROTECTION COVERAGE.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**I understand that the choices indicated here will apply to all future renewals, continuations, and changes unless I notify you in writing.**

INSURED'S SIGNATURE OF ACCEPTANCE \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNAURE OF COMPLETION \_\_\_\_\_ DATE: \_\_\_\_\_