



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 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** _____