



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** _____