



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"

ALASKA
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: _____

ALASKA SPECIFIC COVERAGES / LIMITS SELECTION:

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

UNINSURED AND UNDERINSURED MOTORISTS COVERAGE (ALASKA)

Alaska Statutes (Sections 21.89.020 and 28.20.445) permit you, the insured named in the policy, to reject Uninsured (UM) and Underinsured Motorists (UIM) Coverage in its entirety or to reject only the Property Damage portion of the Coverage. Alternatively you can select Property Damage only and reject Bodily Injury. If the Bodily Injury portion of the Uninsured and Underinsured Motorists Coverage is not rejected, you may select a limit for Bodily Injury lower than the limit for Bodily Injury Liability Coverage provided in your policy but not lower than the basic financial responsibility limit of \$ 50,000 per person/\$ 100,000per accident. If the Property Damage portion of the Uninsured and Underinsured Motorists Coverage is not rejected, you may select a limit higher than the basic financial responsibility limit of \$25,000.

Uninsured and Underinsured Motorists Coverage provides insurance for the protection of the persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury or death, or for damage to or destruction of the covered motor vehicle, or both.

In accordance with Alaska Statutes (Sections 21.89.020 and 28.20.445), the undersigned insured (and each of them) agrees to the following:

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

- _____ I / We select Uninsured/Underinsured Motorists coverage, Bodily Injury and Property Damage, that is equal to the applicant's voluntarily purchased liability limits.
- _____ I / We select Uninsured/Underinsured Motorists coverage, Bodily Injury and Property Damage, that is greater than the applicant's voluntarily purchased liability limits with specific limit options up to one million/two million.
- _____ I / We select Uninsured/Underinsured Motorists coverage that is less than the applicant's voluntarily purchased liability limits. The lowest amount that is allowed to be purchased by Alaska law is \$50,000 per person/\$100,000 per accident for Bodily Injury and \$25,000 per accident Property Damage with a \$250 deductible.
- _____ I / We **REJECT** Uninsured/Underinsured Motorists – Bodily Injury and accept Property Damage.
- _____ I / We **REJECT** Uninsured/Underinsured Motorists – Property Damage and **ACCEPT** Bodily Injury at:
- ☐ the same limit as the limit for Bodily Injury Coverage provided in your policy.
- ☐ a higher limit than the limit for Bodily Injury Coverage provided in your policy.
- ☐ a lower limit than the limit for Bodily Injury Coverage provided in your policy.
- _____ I / We **REJECT both** Uninsured/Underinsured Motorists – Bodily Injury and Uninsured/Underinsured Motorists Property Damage in their entirety.

COVERAGES

(Enter if a single limit of liability applies.)

\$ _____ each accident

(Enter if separate limits of liability apply to Bodily Injury and, if not rejected, Property Damage or if separate limits of liability apply to Bodily Injury only.)

\$ _____ each person } Bodily Injury
\$ _____ each accident }
\$ _____ each accident Property Damage

Premium Adjustment (if any)

\$ _____

I / We have the following:

Number of Dealer/Transporter Plates:

Number of Registered Vehicles Private Passenger Type:

Number of Registered Vehicles Commercial Type:

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.

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

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

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