



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”

OHIO
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: _____

OHIO SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY

Unlimited Liability For Customers Test Driving Autos.

UNINSURED MOTORIST COVERAGE SELECTION/REJECTION FORM

UNINSURED MOTORIST BODILY INJURY LIABILITY

Uninsured motorist insurance provides protection for you, your family and passengers, for bodily injuries caused by a negligent motorist who has no insurance, or has limits of insurance which are too low to cover the injuries. For a more detailed explanation of this coverage, refer to your policy.

- Agrees that Uninsured/Underinsured Motorist Bodily Injury is selected with a basic limit of \$25,000 Single Limit per accident unless another limit is shown here \$ _____
- Rejects Uninsured/Underinsured Motorists Bodily Injury coverage in its entirety.

UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE*

* Not available when collision coverage is purchased.

- Agrees that \$7,500 Uninsured/Underinsured Motorists Property Damage coverage is selected, subject to a \$250.00 deductible.
- Rejects Uninsured/Underinsured Motorists Property Damage Coverage in its entirety.

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, 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.

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

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