



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"

CALIFORNIA
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: _____

CALIFORNIA SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY: Limited Liability for Customers.

MANDATORY OFFER OF BODILY INJURY UNINSURED MOTORIST COVERAGE

The California Insurance Code requires that all automobile liability policies contain Uninsured Motorists Bodily Injury Coverage with limits equal to your Bodily Injury Liability Coverage, but limits in excess of \$30,000 per person, \$60,000 per accident split limits, or \$60,000 per accident combined single limit are not required to be offered. You may reject these limits and select limits lower than the Bodily Injury Liability Coverage.

Uninsured Motorists Bodily Injury 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. This includes a hit-and-run vehicle whose owner and operator cannot be identified. Uninsured Motorists Bodily Injury Coverage also provides Underinsured Motorists Bodily Injury Coverage. This coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has liability protection with limits that are lower than the Uninsured Motorists Bodily Injury limits you have selected, and that person is legally responsible for your injuries.

The California Insurance Code requires an insurer to provide Uninsured Motorists Bodily Injury 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 agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured Motorists Bodily Injury 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.

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

_____ I / We select **Uninsured Motorists Bodily Injury Coverage** limit of \$60,000 combined single limit.

_____ I / We select **Uninsured Motorists Bodily Injury Coverage** limit of \$100,000 combined single limit.

_____ I / We select **Uninsured Motorists Bodily Injury Coverage** limit of \$ _____ combined single limit.

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 **Uninsured Motorist Property Damage Coverage** at a limit of \$3,500 for each accident.

Uninsured Motorists Collision Deductible Waiver waives the collision deductible when a collision is caused by Uninsured Motorists. This coverage is only available when Uninsured Motorists Bodily Injury Insurance, and Collision coverage is provided.

I / We select **Uninsured Motorists Collision Deductible Waiver**

I / We have the following:	
Number of Dealer/Transporter Plates.....	_____
Number of Registered Vehicles Private Passenger Type.....	_____
Number of Registered Vehicles Commercial Type.....	_____

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 / 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 _____