



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"

MICHIGAN
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: _____

MICHIGAN SPECIFIC COVERAGES / LIMITS SELECTION:

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

☒ **PERSONAL INJURY PROTECTION:**

Medical Expenses including Rehabilitation-No specific dollar amount. Funeral Expenses-up to \$1,750 per person, but no more than \$5000 per accident. Work loss-up to 85% of insured's actual loss of income (Maximum of \$5,189 for any 30 day period) from work up to 3 years after the date of accident. Replacement Services-\$20 per day up to 3 years after the date of accident. Survivors loss benefit consisting of income loss benefits and replacement services-up to \$5,189 for any 30 day period subject to a \$20 per day maximum for replacement services.

Deductible (Applicable to INDIVIDUAL entities only): ☐ \$100 ☐ \$200 ☐ \$300 ☐ None

☐ **COORDINATION OF BENEFITS:**

(Applicable to INDIVIDUAL entities only) ☐ Both Medical Expense & Work Loss ☐ Medical Expense ☐ Work Loss

BROADENED PERSONAL INJURY PROTECTION – Only available to Officers, Inactive proprietors, those furnished an auto, and their spouse(s). List Names: 1)_____ 2)_____

3)_____ 4)_____

☒ **PROPERTY PROTECTION - \$1,000,000**

☐ **PROPERTY DAMAGE LIABILITY BUYBACK**

UNINSURED / UNDERINSURED MOTORISTS (Optional):

☐ I SELECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$40,000 SINGLE limit each accident.

☐ I SELECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$_____ SINGLE limit each accident
(Subject to prior Company approval).

☐ I REJECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$40,000 SINGLE limit each accident.

I / We have the following:

Number of Dealer/Transporter Plates..... _____

Number of Registered Vehicles Private Passenger Type..... _____

Number of Registered Vehicles Commercial Type..... _____

In making this application for insurance, it is understood that as part of our underwriting procedure, an investigative consumer report containing driving record information may be obtained for each driver.

I 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.

Any person who knowingly and with intent to injure or defraud any insurer submits a claim containing any false, incomplete or misleading information shall upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5000.00

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

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