



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
 www.dmi-insurance.com

NEW MEXICO
 State Specific Application

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

UNINSURED MOTORISTS COVERAGE DISCLOSURE

New Mexico law permits you to make certain decisions regarding Uninsured Motorists Coverage. This document describes this coverage and the options available and discloses certain limitations.

You should read this document carefully and contact us or your agent if you have any questions regarding Uninsured Motorists Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations page(s) and/or Schedule(s) for complete information on the coverage you are provided.

Uninsured Motorists Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle or underinsured 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.

Unless rejected, Uninsured Motorists Coverage will be afforded at a Combined Single Limit equal to your limit for Liability Coverage.

UNINSURED MOTORISTS COVERAGE SELECTION/REJECTION

If you choose to reject Uninsured Motorists Coverage at a limit equal to your limit for Liability Coverage, please indicate your choice from **A** or **B** by initialing next to the appropriate items and signing below.

A. Rejection Of Uninsured Motorists Coverage At Limits Equal To Liability Coverage Limits

Combined Single Limit	Premium Per Plate
\$60,000**	\$27
\$100,000	\$36
\$200,000	\$54
\$250,000	\$60
\$300,000	\$66
\$350,000	\$80
\$500,000	\$80
\$1,000,000	\$98

** If you choose this limit, there may be no coverage available under this policy for bodily injury and property damage caused from an accident with an underinsured motorist.

 (Initials) **I reject Uninsured Motorists Coverage at limits equal to the limits of my Liability Coverage and I select a lower Combined Single Limit of \$ _____.**

B. Rejection Of Uninsured Motorists Coverage

 (Initials) **I reject Uninsured Motorists Coverage.**

By signing this waiver, I am rejecting Uninsured Motorists Coverage at limits equal to my limit for Liability coverage and selecting the option I have indicated above.

Signature of First Named Insured _____ Date _____

LIMITATIONS OF UNINSURED MOTORISTS COVERAGE

The Uninsured Motorists Coverage limits available to you under this Policy and any other policy will be reduced or eliminated by the sum of the other party's limits of liability under all liability policies or bonds applicable at the time of the accident, subject to other policy provisions.

If you have any questions about your coverage, please contact us at:

DMI Insurance Services
8911 N Capital of Texas Hwy Ste 4240
Austin, TX 78732
1.800.877.2525

INTRA-POLICY STACKED UNINSURED MOTORISTS COVERAGE REJECTION

If your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, and you have elected to purchase Uninsured Motorists Coverage, you have the option to reject intrapolicy Stacked Uninsured Motorists Coverage and, instead, purchase Non-Stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, intra-policy stacking refers to aggregating the Uninsured Motorists Coverage limits, for you and members of your household, for each vehicle specifically insured under the policy.

If you are rejecting intra-policy Stacked Uninsured Motorists Coverage, please indicate such rejection by signing below.

By signing this waiver, I am rejecting intra-policy Stacked Uninsured Motorists Coverage and, instead, purchasing Non-Stacked Uninsured Motorists Coverage.
Signature of First Named Insured _____ Date _____

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME _____ TITLE _____