



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"

**MISSOURI**  
**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:** \_\_\_\_\_

**MISSOURI SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

**Limited Liability For Customers.**

**UNINSURED / UNDERINSURED MOTORISTS COVERAGE  
 (MISSOURI)**

**UNINSURED MOTORISTS COVERAGE SELECTION (Check All That Apply)**

- Uninsured Motorists Bodily Injury. UMBI-\$50,000 per accident unless another limit is selected \$ \_\_\_\_\_  
 (Optional) (Prior company approval required)
- Underinsured Motorists Bodily Injury. UIMBI-\$50,000 per accident.  
 (Optional)

**Uninsured Motorists Property Damage. UMPD (Not Available in Missouri)**

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

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.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**BROKER'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_