



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

MICHIGAN
 State Specific Application

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

MICHIGAN SPECIFIC COVERAGES / LIMITS SELECTION

I. BODILY INJURY LIABILITY COVERAGE – Refer to attached Bodily Injury Liability Coverage Limits from.

I/We select the following Bodily Injury Liability Coverage Option:

- Combined single limit of \$110,000.
- Combined single limit of \$300,000.
- Combined single limit of \$510,000.
- Combined single limit, \$1,000,000.

II. PERSONAL INJURY PROTECTION – Refer to attached PIP Selection form

- COORDINATION OF BENEFITS** (Applicable to individual entities only): Both Medical & Work Loss Medical Expense Work Loss
- BROADENED PERSONAL INJURY PROTECTION** – List Names:
 - 1) _____ 2) _____
 - 3) _____ 4) _____
- PROPERTY PROTECTION - \$1,000,000**
- PROPERTY DAMAGE LIABILITY BUYBACK - \$3,000**

III. UNINSURED / UNDERINSURED MOTORISTS (Optional)

I/We select the following Uninsured/Underinsured Motorists Coverage Option:

- Combined single limit of \$110,000.
- Combined single limit equal to Bodily Injury Liability Limit.
- I reject Uninsured/Underinsured Motorists coverage.

I / We have the following:
 Number of Dealer Plates: _____
 Number of Registered Vehicles: _____

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 \$5,000.00.

APPLICANT'S SIGNATURE _____

DATE _____

APPLICANT'S NAME _____

TITLE _____

**MICHIGAN SELECTION OF PERSONAL INJURY PROTECTION (PIP)
MEDICAL COVERAGE - COMMERCIAL/BUSINESS**

AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY:	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:

READ THIS ENTIRE FORM CAREFULLY

THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your **Personal Injury Protection (PIP) medical** coverage and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences for you, your company, and your employees.

Personal Injury Protection (PIP) Medical Coverage Explained

Personal Injury Protection (PIP) pays allowable expenses for medical care, recovery, rehabilitation, wage loss, and replacement services. PIP coverage also includes some funeral expense benefits and survivor's benefits which are paid to the dependents of a covered person if injuries from an auto accident result in their death. This form allows you to select the level of **PIP medical** coverage you want included with your commercial auto policy.

This form is divided into three sections, which are described below.

- Section A will review your **PIP medical** coverage options and the risks and benefits of each option.
- Section B will ask you to choose ONE coverage option.
- Section C will ask you to certify your choice and acknowledge the information within this form.

NOTICE

You must choose the level of **PIP medical** coverage you wish to have under your auto policy. If you do not make a selection from the options listed:

- Your policy will be issued with unlimited **PIP medical** coverage; AND
- You will be charged the appropriate premium for this coverage.

Definitions

The terms in bold letters throughout this form are defined below.

Applicant means a person, company or business who has submitted an application for insurance but is not yet insured under a policy.

Attendant care means services to assist an injured person with tasks they would normally do for themselves (e.g., eating, bathing, dressing, grooming, and medication administration). It may also involve supervision or other types of support.

Excess attendant care means additional coverage purchased for **attendant care** above the **PIP medical** coverage limit selected for your policy.

Named insured means the individual(s), company or business named in an insurance policy.

Personal Injury Protection (PIP) Medical is coverage under an auto insurance policy issued in Michigan that pays allowable expenses for medical care, recovery, rehabilitation, and some funeral expenses.

Section A: Your PIP Medical Choices and the Risks and Benefits of Each

Option 1: Unlimited Coverage

This option provides the most coverage. It will pay for all allowable expenses for care, recovery, and rehabilitation if a person covered under this policy is injured in an auto accident.

Risks	The premiums for this option are higher than premiums for other options.
Benefits	PIP medical will cover costs that may not be covered by health insurance, such as rehabilitation and attendant care . This choice will significantly limit the risk that anyone covered under this policy will have out-of-pocket costs for their care.

Option 2: Limited Coverage of \$500,000 OR

Option 3: Limited Coverage of \$250,000

If you choose one of these limits, this amount is the most your auto insurance company will pay per person per accident for an injured person's expenses under **PIP medical** coverage.

Risks	Limited PIP medical coverages may not be enough to cover medical expenses. If the PIP medical limit is reached, an injured person may need to rely on other health coverage, which may not cover all medical, rehabilitation, or attendant care costs. If an injured person does not have other health coverage, they may be personally responsible for paying these expenses. NOTE: Your insurance company must offer excess attendant care coverage, which you may purchase for an additional premium. Check with your agent or company for additional information.
Benefits	Lower coverage limits have less expensive premiums than plans with higher or unlimited PIP medical coverage. Up to the limit chosen, PIP medical will cover the cost of products and services that may not be covered by health insurance, such as rehabilitation and attendant care .

Section B: PIP Medical Coverage Options and Certification

Make your selection carefully because the choice you make will have financial consequences for you, your company, and your employees. If you choose more than one option, your insurer will provide the option that has the highest level of benefits and will charge the appropriate premium for that option.

INITIAL ONE AND ONLY ONE option on the line next to your choice.

_____ Option 1: Unlimited coverage **OR**
(Initial)

_____ Option 2: \$500,000 per person per accident **OR**
(Initial)

_____ Option 3: \$250,000 per person per accident **OR**
(Initial)

Section C: Certification

You must initial each line and sign and date this form.

_____ I have read this form. I understand the **PIP medical** options available and the benefits and risks associated with those options.
(Initial)

_____ I have made a coverage selection and I understand that the selection I have made applies to any person claiming benefits under this policy.
(Initial)

_____ I understand that if I have not made a selection the policy will be issued with unlimited **PIP medical** coverage and I will be charged the premium for this option.
(Initial)

APPLICANT/NAMED INSURED SIGNATURE

DATE

MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS

AGENCY:	APPLICANT/NAMED INSURED:	
	INSURANCE COMPANY:	
	POLICY/QUOTE NO.:	EFFECTIVE DATE:

READ THIS ENTIRE FORM CAREFULLY

THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED

Bodily injury liability insurance covers claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident (“\$250,000/\$500,000”) for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$50,000 per person and \$100,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.



If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will pay for such damages, but only up to the amount of the limit you choose. You will be required to pay any amount over the limit you choose. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver’s license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE

(Initials) I have received a list of all the bodily injury liability coverage options available to me and the price for each option.

(Initials) I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.

(Initials) I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIALLY SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.

Named Insured/Applicant Signature

Date