



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"

MINNESOTA
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: _____

MINNESOTA SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY Limited Liability For Customers.

- MINNESOTA POLICYHOLDER NOTICE AS RESPECTS AUTOMOBILE MEDICAL PAYMENTS COVERAGE - AUTOMOBILE MEDICAL PAYMENTS COVERAGE IS ONLY AVAILABLE UNDER PERSONAL INJURY PROTECTION

PERSONAL INJURY PROTECTION – COMPULSORY COVERAGE
 INDIVIDUAL PARTNERSHIP CORPORATION

Minimum aggregate limit of \$40,000 per person, subject to a \$20,000 per person medical and total of \$20,000 per person for work loss, essential services, funeral expenses and survivor benefits.

NONSTACKED STACKED PERSONAL INJURY PROTECTION*

* [STACKED AVAILABLE ONLY FOR AN INDIVIDUAL ENTITY NOT A PARTNERSHIP OR A CORPORATION]

UNINSURED/UNDERINSURED MOTORISTS COVERAGE (MINNESOTA)

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Uninsured Motorists Bodily Injury Coverage and Underinsured Motorists Bodily Injury Coverage are required by Minnesota State Statute. The minimum limit for each is \$50,000 per accident - Bodily Injury.

UNINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ _____

UNDERINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ _____

I / We have the following:

Number of Dealer Plates..... _____

Number of Registered Vehicles Private Passenger Type _____

Number of Registered Vehicles Commercial Type _____

I understand that all Owners, Spouses, Corporate Officers, their Spouses, and ALL employees, whether they drive or not must have acceptable Motor Vehicle Records for this policy to remain in force. Driver exclusions for unacceptable driving records are not available to this policy.

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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:** _____

PRODUCER'S SIGNATURE OF COMPLETION _____ **DATE:** _____