



DMI INSURANCE SERVICES, INC.
 P.O. BOX 248, Morgan Hill, CA 95038
 Phone 800-877-2525 Fax 408-778-0298
 "Automotive Program Specialists"

PENNSYLVANIA
Garage Insurance
State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured _____ Quote # _____
 DBA: _____ Effective Date: _____

PENNSYLVANIA SPECIFIC COVERAGES/LIMITS SELECTION

WARNING NOTICE: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

GARAGE LIABILITY **Limited Liability for Customers.**

PERSONAL INJURY PROTECTION **Mandatory \$5,000 per person medical including rehabilitation. May not be rejected.**

**UNINSURED MOTORIST SELECTION/REJECTION
 (Limit up to Bodily Injury Liability Limit)**

REJECTION OF UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting uninsured motorist coverage under this policy, for myself and all relatives residing in my household. Uninsured coverage protects me and relatives living in my household for damages suffered if injury is caused by the negligence of a driver who does not have any insurance to pay for losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured _____ **Date** _____

REJECTION OF STACKED UNINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting stacked limits of uninsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limit selected below. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured _____ **Date** _____

SELECTION OF UNINSURED MOTORIST BODILY INJURY PROTECTION

\$35,000 Minimum Limit or other limit shown here \$ _____

UNDERINSURED MOTORIST SELECTION/REJECTION

REJECTION OF UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting underinsured motorist coverage under this policy, for myself and all relatives residing in my household. Underinsured coverage protects me and relatives living in my household for losses and damages suffered if injury is caused by the negligence of a driver who does not have enough insurance to pay for all losses and damages. I knowingly and voluntarily reject this coverage.

Signature of First Named Insured _____ Date _____

REJECTION OF STACKED UNDERINSURED MOTORIST PROTECTION

By signing this waiver I am rejecting stacked limits of underinsured motorist coverage under the policy for myself and members of my household under which the limits of coverage available would be the sum of limits for each motor vehicle insured under the policy. Instead, the limits of coverage that I am purchasing shall be reduced to the limit selected below. I knowingly and voluntarily reject the stacked limits of coverage. I understand that my premiums will be reduced if I reject this coverage.

Signature of First Named Insured _____ Date _____

SELECTION OF UNDERINSURED MOTORIST BODILY INJURY PROTECTION

\$35,000 Minimum Limit or other limit shown here \$ _____

IMPORTANT NOTICE

Insurance companies operating in the Commonwealth of Pennsylvania are required by law to make available for purchase the following benefits for you, your spouse, or other relatives or minors in your custody or in the custody of your relatives residing in your household, occupants of your motor vehicle, or persons struck by your motor vehicle:

- (1) Medical benefits up to at least \$100,000.
- (2) Extraordinary medical benefits from \$100,000 to \$1,000,000 that may be offered in increments of \$100,000.
- (3) Income loss benefits up to at least \$2,500 per month up to a maximum benefit of at least \$50,000.
- (4) Accidental death benefits up to at least \$25,000.
- (5) Funeral benefits of \$2,500.
- (6) As an alternative to the coverage options outlined in paragraphs (1) through (5) above, a combination benefit of up to at least \$177,500 is available. This benefit is subject to either the aggregate limit or benefits payable for up to three years from the date of the accident, whichever occurs first and is subject to a limit on the accidental death benefit of up to \$25,000 and a limit on the funeral benefit of \$2,500, provided that nothing contained in this subsection shall be construed to limit, reduce, modify, or change the provisions of section 1715(d) (relating to availability of adequate limits).

Additionally, insurers may offer higher benefit levels than those enumerated above as well as additional benefits. However, an insured may elect to purchase lower benefit levels than those enumerated above. Your signature on this notice or your payment of any renewal premium evidences your actual knowledge and understanding of the availability of these benefits and limits as well as the benefits and limits you have selected.

If you have any questions or you do not understand all of the various options available to you, contact your agent or company.

If you do not understand any of the provisions contained in this notice, contact your agent or company before you sign.

ADDITIONAL GENERAL INFORMATION QUESTION APPLICABLE TO GARAGES AND DEALERS IN PENNSYLVANIA

Is this garage or dealer an official Pennsylvania vehicle inspection station? YES NO

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

* Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

*I/we understand that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

INSURED'S SIGNATURE _____ DATE: _____

PRODUCER'S SIGNATURE _____ DATE: _____