



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)

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** _____