



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”

WISCONSIN
 State Specific Application

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

Named Insured: _____ **Quote #** _____
DBA: _____ **EFFECTIVE DATE:** _____
EFFECTIVE TIME: _____

WISCONSIN SPECIFIC COVERAGES / LIMITS SELECTION:

LIABILITY

Limited Liability For Dealer's Customers.

**SELECTION OF UNINSURED MOTORISTS COVERAGE
 SELECTION OF UNDERINSURED MOTORISTS COVERAGE
 (WISCONSIN)**

UNINSURED MOTORISTS BODILY INJURY (Mandatory in Wisconsin – Minimum: \$50,000 Combined Single Limit)

UNDERINSURED MOTORISTS BODILY INJURY (Optional in Wisconsin – Minimum: \$100,000 Combined Single Limit)

The undersigned insured (and each of them):

All Applicable Item(s) Marked:

- Select \$50,000 per accident for **UNINSURED MOTORISTS BODILY INJURY.**
- Select \$ _____ per accident for **UNINSURED MOTORISTS BODILY INJURY.**
(Subject to company approval)
- Select \$100,000 per accident for **UNDERINSURED MOTORISTS BODILY INJURY.**
- Select \$ _____ per accident for **UNDERINSURED MOTORISTS BODILY INJURY.**
(Subject to company approval)
- Reject **UNDERINSURED MOTORISTS BODILY INJURY.**

I / We have the following:	
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** _____

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