



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"**

**MICHIGAN**  
**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:** \_\_\_\_\_

**MICHIGAN SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY: Limited Liability For Customers.**

**PERSONAL INJURY PROTECTION:**

Medical Expenses including Rehabilitation-No specific dollar amount. Funeral Expenses-up to \$1,750 per person, but no more than \$5000 per accident. Work loss-up to 85% of insured's actual loss of income (Maximum of \$5,718 for any 30 day period) from work up to 3 years after the date of accident. Replacement Services-\$20 per day up to 3 years after the date of accident. Survivors loss benefit consisting of income loss benefits and replacement services-up to \$5,718 for any 30 day period subject to a \$20 per day maximum for replacement services.

**Deductible (Applicable to INDIVIDUAL entities only):**     \$100     \$200     \$300     None

**COORDINATION OF BENEFITS:**

**(Applicable to INDIVIDUAL entities only)**     Both Medical Expense & Work Loss     Medical Expense     Work Loss

**BROADENED PERSONAL INJURY PROTECTION** – Only available to Officers, Inactive proprietors, those furnished an auto, and their spouse(s). List Names:    1)\_\_\_\_\_ 2)\_\_\_\_\_

3)\_\_\_\_\_ 4)\_\_\_\_\_

**PROPERTY PROTECTION - \$1,000,000**

**PROPERTY DAMAGE LIABILITY BUYBACK**

**UNINSURED / UNDERINSURED MOTORISTS (Optional):**

I SELECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$40,000 SINGLE limit each accident.

I SELECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$\_\_\_\_\_ SINGLE limit each accident (Subject to prior Company approval).

I REJECT UNINSURED / UNDERINSURED MOTORISTS COVERAGE OF \$40,000 SINGLE limit each accident.

**I / We have the following:**

Number of Dealer/Transporter Plates.....\_\_\_\_\_

Number of Registered Vehicles Private Passenger Type.....\_\_\_\_\_

Number of Registered Vehicles Commercial Type.....\_\_\_\_\_

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 \$5000.00

INSURED'S SIGNATURE OF ACCEPTANCE \_\_\_\_\_

DATE \_\_\_\_\_

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_

DATE \_\_\_\_\_