



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"

KANSAS
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: _____

KANSAS SPECIFIC COVERAGES/LIMITS SELECTION:

GARAGE LIABILITY: Unlimited Liability For Customers Test Driving Autos.

PERSONAL INJURY PROTECTION

Mandatory - Statutory - \$4,500 per person medical; \$4,500 per person Rehabilitation; 85% Work loss, subject to a maximum of \$900 per month for one year; \$25 per day for 365 days Essential services; \$2,000 Funeral Expense; Coverage may not be rejected.

KANSAS UNINSURED MOTORISTS COVERAGE EXCESS LIMITS REJECTION
(ACKNOWLEDGEMENT OF COVERAGE REJECTION)

I acknowledge that I have been offered the options of selecting Uninsured Motorists Coverage (including Underinsured Motorists Protection) up to the limits of my bodily injury (BI) liability coverage, or UM coverage less than my BI limits. I am selecting \$50,000 combined single limit unless a higher limit is shown here \$ _____ CSL.

I/We have the following:	
Number of Dealer Plates	_____
Number of Registered Vehicles Private Passenger Type	_____
Number of Registered Vehicles Commercial Type	_____

NOTICE OF INSURANCE INFORMATION PRACTICES

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.

Applicant's statement: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true. (In the case of automobile liability insurance, I understand that liability limits that are sufficient to meet the financial responsibility requirements of the state may be available through the Kansas Automobile Insurance Plan. The foregoing statement is not applicable when the policy is issued through the Kansas Automobile Insurance Plan.)

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.

INSURED'S SIGNATURE OF ACCEPTANCE _____ DATE: _____

PRODUCER'S SIGNATURE OF COMPLETION _____ DATE: _____