



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"

OREGON
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: _____

OREGON SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY

Limited Liability For Customers.

PERSONAL INJURY PROTECTION

Mandatory add-on endorsement. \$15,000 per person aggregate medical; 70% Income Loss, maximum \$3,000 per month for 52 weeks; \$30 per day maximum Essential Services Expenses for 52 weeks; \$5,000 Funeral Benefits; \$25 per day Child Care, \$750 maximum. Coverage may not be rejected.

**SELECTION / REJECTION OF UNINSURED MOTORISTS COVERAGE
(OREGON)**

Oregon Insurance Laws (ORS 742.502) permits you, the named insured in the policy, to select a limit of liability for Uninsured Motorists Coverage lower than the limit for Bodily Injury Liability Coverage in the policy. Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Uninsured Motorists Coverage includes underinsured motorists coverage. Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Comparison of prices for coverage:

(Must Be Completed Only If Uninsured Motorists Limit Requested Is Lower Than The Liability Limits In The Policy)

\$ _____ is the price for **UNINSURED MOTORISTS BODILY INJURY** Coverage at a limit equal to the bodily injury liability limit under the policy issued or to be issued.

\$ _____ is the price for **UNINSURED MOTORISTS BODILY INJURY** Coverage with a lower limit than the bodily injury liability limit under the policy issued or to be issued.

In accordance with Oregon Insurance Laws (ORS 742.502) the undersigned insured (and each of them):

All Applicable Item(s) Marked:

- Uninsured Motorists Bodily Injury Coverage** - Basic Limit: \$50,000 or \$ _____ Requested
- Uninsured Motorists Property Damage Coverage** - \$20,000 Requested

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