



DMI INSURANCE SERVICES, INC.  
 Automotive Program Specialists  
 www.dmi-insurance.com

**ARIZONA**  
 State Specific Application

**NAMED INSURED:** \_\_\_\_\_

**CONTROL #:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**Arizona Specific Coverages / Limits Selection:**

You have the legal right to purchase both Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. These coverages protect you, your family, and your passengers. Liability coverage does not in most cases.

Uninsured motorists insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of the coverages, refer to your policy. This policy will provide Uninsured / Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$50,000 single limit up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$ \_\_\_\_\_ Combined Single Limit

**Please indicate your choice for UM/UIM coverage by initialing next to the appropriate item in each column:**

Uninsured Motorists Liability		Underinsured Motorists Liability	
(Initials)		(Initials)	
_____ Combined single limit of \$50,000.		_____ Combined single limit of \$50,000.	
_____ Combined single limit equal to Bodily Injury Limit.		_____ Combined single limit equal to Bodily Liability Limit.	
_____ Combined single limit of \$ _____		_____ Combined single limit of \$ _____.	
_____ I/We reject Uninsured Motorist Coverage.		_____ I/We reject Underinsured Motorist Coverage.	
Combined Single Limit	Premium Per Plate	Combined Single Limit	Premium Per Plate
\$50,000	\$10	\$50,000	\$28
\$100,000	\$12	\$100,000	\$47
\$300,000	\$17	\$300,000	\$87
\$500,000	\$18	\$500,000	\$108
\$1,000,000	\$20	\$1,000,000	\$134

I / We have the following:  
 Number of Dealer Plates: \_\_\_\_\_  
 Number of Registered Vehicles: \_\_\_\_\_

**For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.**

I/We understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

TITLE \_\_\_\_\_