



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"

NEW YORK
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: _____

NEW YORK SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY - Minimum State Liability Limit For Customers.

UNINSURED MOTORISTS - Form CA 31130996

\$25,000 per person/\$50,000 per accident. If bodily injury results in death: \$50,000 per person/\$100,000 per accident.

SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS INSURANCE

New York State law requires that you purchase Uninsured Motorists (UM) insurance, with limits of \$25,000 per person, \$50,000 per accident. No other limits of liability may be provided for this coverage. Uninsured Motorists coverage pays for bodily injury losses to you and your passengers as a result of an accident with a driver who has no liability protection and is legally responsible for the injuries. However, you should consider purchasing Supplementary Uninsured/Underinsured Motorists (SUM) insurance coverage in order to protect against the possibility of an accident involving another motor vehicle whose owner or operator was negligent and who:

- (1) may have no insurance whatsoever; or
- (2) even if insured, is only insured for third-party bodily injury at relatively low liability limits, in comparison to your own liability limits for bodily injury sustained by third-parties.

By purchasing SUM coverage, which cannot be purchased in an amount exceeding the amount of third party liability coverage purchased, you and any insured can:

- (1) be protected for bodily injury to yourselves, up to the limit of the SUM coverage purchased; and
- (2) receive from your own insurer payment for bodily injury sustained due to the negligence of the other motor vehicle's owner or operator.

The maximum amount payable under the SUM coverage shall be the policy's SUM limit reduced and thus offset by motor vehicle bodily injury liability insurance policy or bond payments received from, or on behalf of, any negligent party involved in the accident.

The law requires that we offer you SUM limits up to \$250,000 per person, \$500,000 per accident split limits, or \$500,000 per accident single limit provided that the SUM limits do not exceed the limits of your bodily injury coverage.

Please indicate your choice by initialing next to the appropriate item below:

_____ I request the following limits: \$ _____ per person, \$ _____ per accident, or
 \$ _____ per accident combined single limit

_____ I reject SUM coverage

PERSONAL INJURY PROTECTION

Basic Economic Loss - \$50,000 per person, per accident; Medical including Rehabilitation; Work Loss-80% of earnings up to \$2,000 per month maximum for 3 years; Other Expenses-\$25 per day for one year including reasonable transportation up to \$25 per day for one year for medical treatments; Death Benefit \$2,000.

OPTIONAL BASIC ECONOMIC LOSS (OBEL) - \$25,000

(In addition to \$50,000 mandatory coverage.)

_____ I request OBEL

_____ I do not want OBEL

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

I have had statutory UNINSURED MOTORISTS and SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORISTS coverage including the available options and limits explained to me. I understand that the coverage selection and limit choices indicated here will apply to my insurance policy.

I understand that all Owners, Spouses, Corporate Officers, their Spouses, and ALL employees, whether they drive or not must have acceptable Motor Vehicle Records for this policy to remain in force. Driver exclusions for unacceptable driving records are not available to this policy.

I understand that the coverage selection and limit choices indicated here or in any state supplement will apply to all future policy renewals, continuation and changes unless I notify you otherwise in writing.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

INSURED'S SIGNATURE OF ACCEPTANCE _____ **DATE** _____

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