

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:	
\boxtimes	☑ 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 \$5,541 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 \$5,541 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		
BROADENED PERSONAL INJURY PROTECTION — Only available to Officers, Inactive proprietors, those furnished at			
		ork Loss ☐ Medical Expense ☐ Work Loss	
		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.			
Ш	☐ 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 follow	ing:	
	Number of Dealer/Transporter Plates	<u> </u>	
	Number of Registered Vehicles Private Passe		
	Number of Registered Vehicles Commercial Type	······	
	n making this application for insurance, it is understood that as part of our underwriting	procedure, an investigative consumer report con-	
ta	taining 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 sha pay	ny person who knowingly and with intent to injure or defraud any insurer submits a cla all upon conviction, be subject to imprisonment for up to one year for a misdemeanor ayment of a fine of up to \$5000.00	im containing any false, incomplete or misleading information conviction or up to ten years for a felony conviction and	
INS	INSURED'S SIGNATURE OF ACCEPTANCE DATE		
BR	ROKER'S SIGNATURE OF COMPLETION	DATE	