



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"**

**IDAHO**  
**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:** \_\_\_\_\_

**IDAHO SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**     **Limited Liability For Customers.**

**UNINSURED/UNDERINSURED MOTORISTS COVERAGE (IDAHO)**

Idaho law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document briefly describes these coverages and provides you with choices from available options.

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.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury caused by an insurance accident.

Please indicate your choice with respect to these coverages:

- UNINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ \_\_\_\_\_
- UNDERINSURED MOTORISTS - \$50,000 BI or other limit selected: \$ \_\_\_\_\_
- I reject Uninsured Motorists Coverage.
- I reject Uninsured Motorists and Underinsured Motorists Coverage.

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

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

This statement will remain in force until a named insured rescinds it in writing.

**INSURED'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRODUCER'S SIGNATURE OF COMPLETION** \_\_\_\_\_ **DATE:** \_\_\_\_\_