



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"

FLORIDA
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: _____

FLORIDA SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY

Limited Liability For Customers.

**UNINSURED MOTORISTS COVERAGE SELECTION OF LOWER LIMITS,
 ELECTION OF NON-STACKED COVERAGE, REJECTION OF COVERAGE –
 FOR USE ONLY WITH NEW BUSINESS**

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.

Florida law requires that your automobile policy include Uninsured Motorists coverage; the amount of Uninsured Motorists coverage must equal the amount of Bodily Injury liability limits in your policy unless you select lower limits or reject Uninsured Motorists coverage entirely.

Uninsured Motorists coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering subject to limitations and conditions contained in the policy. For the purpose of this coverage, an uninsured motor vehicle may include a motor vehicle as to which the Bodily Injury limits are less than your damages.

Please indicate by **initialing below** whether you desire to entirely reject Uninsured Motorist coverage or whether you desire this coverage at limits lower than the Bodily Injury liability limits of your policy.

(Initials)

_____ I reject Uninsured Motorists coverage entirely.

_____ I select the following Uninsured Motorists limits which are lower than my Bodily Injury liability limits.

(Choose one):

(Initials)	Split Limit	(Initials)	Combined Single Limit
_____	\$ 10,000/ 20,000	_____	\$ 20,000
_____	25,000/ 50,000	_____	50,000
_____	50,000/100,000	_____	100,000
_____	100,000/300,000	_____	300,000
_____	250,000/500,000	_____	500,000
_____	\$ _____	_____	\$ _____
	(Other)		(Other)

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations, and changes unless I notify you otherwise in writing.

I / We have the following:

Number of Dealer Plates _____

Number of Registered Vehicles Private Passenger Type _____

Number of Registered Vehicles Commercial Type _____

ELECTION OF NON-STACKED COVERAGE
(Do not complete if you have rejected Uninsured Motorists Coverage)

If you are designated as a individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage unless you reject Uninsured Motorists Coverage entirely or you select non-stacked Uninsured Motorists Coverage. If you are designated as other than an individual in the Declarations, your policy will include non-stacked Uninsured Motorist Coverage, unless you reject Uninsured Motorist Coverage entirely.

ELECTION OF NON-STACKED COVERAGE IF YOU ARE AN INDIVIDUAL
(Do not complete if you have rejected Uninsured Motorist Coverage)

If your are designated as an individual in the Declarations, your policy will include stacked Uninsured Motorists Coverage. You have the option to purchase, at a reduced rate, non-stacked (a limited type of) Uninsured Motorists Coverage. Subject to the provisions of the policy, and except as provided in the following sentence, non-stacked Uninsured Motorists Coverage generally does not allow an insured to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists limit(s) for the same loss. However, if there is other applicable insurance available under one or more policies or provisions of coverage, any loss suffered by you or a family member residing with you while occupying a vehicle not owned by you or any such family member may not exceed the sum of:

1. The limit of liability for Uninsured Motorists Coverage applicable to the vehicle you or such family member was occupying at the time of the accident; and
2. The highest limit of liability for Uninsured Motorists Coverage applicable to any one vehicle under any one policy affording coverage to you or any such family member.

If you do not elect to purchase the non-stacked type of Uninsured Motorists Coverage, and if you do not reject Uninsured Motorists Coverage entirely, your policy will include stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, stacked Uninsured Motorists Coverage generally allows you or a family member under a commercial auto policy to combine or stack one applicable Uninsured Motorists Coverage limit with other applicable Uninsured Motorists Coverage limit(s) for the same loss.

(Initials)

_____ I elect the non-stacked form of Uninsured Motorists coverage.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand and agree that the coverage selection and limit choices indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Applicant's Signature _____ Date _____

LIMIT SELECTION/PERSONAL INJURY PROTECTION

Offer of Deductible and Exclusion of Coverage For Loss of Gross Income and Earning Capacity

\$10,000 Basic limit applies unless another limit is indicated here: _____

A Florida law requires that, "For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("loss wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident."

I hereby elect a deductible of \$ _____ (if "0" is entered, I do not want a deductible).

Choose one if a deductible is chosen:

The deductible applies to the named insured only

The deductible applies to the named insured and all dependent resident relatives

I hereby elect to exclude coverage for loss of gross income and loss of earning capacity YES NO

Choose one if loss of gross income and loss of earning capacity is excluded:

This election applies to the named insured only

This election applies to the named insured and all dependent resident relatives

Applicant's Signature _____ Date _____

PHYSICAL DAMAGE ON DEALERS AUTOS

You have the option to purchase physical damage coverage for Dealers Autos. You may purchase Collision coverage and/or Other Than Collision coverage.

If you choose Comprehensive Causes Of Loss, you have the option to purchase, at a reduced rate, coverage with Windstorm and Flood and/or Hail exclusions.

Please indicate by **initialing below** whether you desire to reject or select these coverages.

(Initials)

_____ I reject Collision coverage

_____ I select Collision coverage

_____ I reject Other Than Collision coverage

_____ I select the following Other Than Collision Coverage:

(Initials)

_____ Fire Only coverage

_____ Fire and Theft coverage

_____ Comprehensive coverage

(Initials)

- _____ with Windstorm and Flood exclusion
- _____ with Hail exclusion exclusion
- _____ with Windstorm, Flood and Hail exclusion

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Applicant's Signature _____

Date _____

Broker's Signature _____

Date _____