



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"

NORTH CAROLINA
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: _____

SELECTION/REJECTION FORM

GARAGE LIABILITY **Limited Liability for Customers.**

OPTIONAL SELECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE LIMITS

Combined Uninsured/Underinsured Motorists Coverage (UM/UIM) is required because I have chosen a Bodily Injury and Property Damage Limit exceeding the North Carolina minimum limits. I understand that:

1. The UM and UM/UIM limits shown for vehicles on this policy may not be added together to determine the total amount of coverage provided.
2. UM and UM/UIM bodily injury limits up to \$1,000,000 per person and \$1,000,000 per accident are available.
3. UM property damage limits up to the highest policy property damage liability limits are available. Coverage for Property damage is applicable only to damages caused by uninsured motor vehicles.
4. My selection or rejection of coverage below will apply to any renewal, substitute, altered, transfer or reinstatement, amended, modified, or replacement policy with this company, or affiliated company, unless a named insured makes a written request to the company to exercise a different option.
5. My selection or rejection of coverage below is valid and binding on all insureds and vehicles under the policy, unless a named insured makes a written request to the company to exercise a different option.

I/We: _____ choose Combined Uninsured/Underinsured Motorists(UM/UIM) Coverage at limits of:
 (initials) \$85,000 OTHER _____

* Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

*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.

INSURED'S SIGNATURE OF ACCEPTANCE _____

PRODUCER'S SIGNATURE OF COMPLETION _____ **DATE:** _____