

DMI INSURANCE SERVICES, INC. P. O. Box 248 Morgan Hill, CA 95038 Phone (800)877-2525 Fax(408)778-0298 www.dmi-insurance.com Automotive Program Specialists

ARKANSAS

Garage Insurance
State Specific Application

Named Insured:	Effective Date:
DBA:	Effective Time:
REJECTION OF LININSURED AND U	NDERINGURED MOTORISTS COVERAGES, OFFER OF

REJECTION OF UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, OFFER OF INCREASED UNINSURED LIMITS, PERSONAL INJURY PROTECTION

□ GARAGE LIABILITY: Unlimited Liability for Customers.

UNINSURED MOTORISTS COVERAGE

Under Arkansas Insurance Laws (Section 23-89-403) of the Arkansas Code), Uninsured Motorists Coverage provides insurance for the protection of persons insured there under who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of **bodily injury**, sickness or disease, including death, resulting there from.

Uninsured Motorists Coverage (Sections 23-89-404) also provides insurance for the protection of persons insured there under for *property damage* to the insured for losses in excess of two hundred dollars (\$200). "Property damage" means damage to the insured's vehicle, plus a reasonable allowance for loss of use of the vehicle.

Under the law (Section 27-19-605), the minimum limits for Uninsured Motorists Coverage are:

- At least \$25,000 of coverage of bodily injury/death for each insured person who may be injured in any single accident, and
- At least \$50,000 of coverage of bodily injury/death for two or more insured people who may be injured in any single
 accident, and
- At least \$25,000 of coverage of property damage in any single accident.

Offer of Increased Limits

Under Arkansas Insurance Laws (Section 23-89-403 of the Arkansas Code), if you choose **not** to reject Uninsured Motorists Coverage, you, the insured named in the policy, have the right to purchase uninsured motorists coverage limits up to the limits of third party liability coverage you will carry under you automobile insurance policy. Alternatively, the law also permits you to reject any offered increased limits.

Rejection of Uninsured Motorists Coverage

The law permits you, the insured named in the policy, to reject Uninsured Motorists Coverage in its entirety or to reject the property damage portion of the Uninsured Motorists Coverage. The law requires that if you **do not** reject Uninsured Motorists Coverage for **bodily injury**, the insurer will **automatically** provide you with this coverage in the minimum limits prescribed by law.

Rejection of Underinsured Motorists Coverage

Under Arkansas Insurance Laws(Sections 23-89-209), <u>Under insured</u> Motorists Coverage enables the insured or his/her legal representative to recover from the insurer the amount of damages for bodily injury or death to which the insured is legally entitled from the owner or operator of another vehicle whenever the liability insurance limits of such other owner/operator are less than the amount of the damages incurred by the insured. Coverage shall not be reduced by the other party's insurance coverage except to the extent that the insured party would receive compensation in excess of his/her damages.

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n accordance with the above mentioned Arkansas Insurance Laws the undersigned insured (and each of them)):
 Select Bodily Injury Uninsured Motorists Coverage and Property Damage equal to the minimum limits require Arkansas Law: \$75,000 Combined Single Limit. 	∍d by
□ Select higher Bodily Injury Uninsured Motorists Coverage and Property Damage limits of:	_CSL
☐ REJECTS Uninsured Motorists Coverage. Coverage is completely removed and deleted from the policy.	
☐ REJECTS <u>Underinsured Motorists Coverage</u> . Coverage is completely removed and deleted from the policy.	
□ REJECTS only the property damage portion of the Uninsured Motorist Coverage.	

PERSONAL INJURY PROTECTION

Arkansas law permits you to make certain decisions regarding Personal Injury Protection Coverage. This document briefly describes this coverage and the options available.

You should read this document carefully and contact us or your agent if you have any questions regarding Personal Injury Protection Coverage and your options with respect to this coverage.

This document includes general descriptions of coverage. However, no coverage is provided by this document. You should read your policy and review your Declarations Page(s) and/or Schedule(s) for complete information on the coverages you are provided.

PERSONAL INJURY PROTECTION COVERAGE

Personal Injury Protection Coverage provides insurance benefits for medical expenses, work loss and accidental death to or for an insured who sustains bodily injury caused by an automobile accident.

Unless rejected in whole or in part, Personal Injury Protection Coverage will be afforded at the limits described below:

- A. Medical Expenses \$5,000 per person
- B. Work Loss
 - 1. Income earner 70% of loss of gross income per week, not to exceed \$140 per week
 - 2. Non-income earner a sum not to exceed \$70 per week or pro rata for a lesser period
- C. Accidental Death Benefit \$5,000 per eligible injured person

In accordance with Arkansas Insurance Law the undersigned insured (and each of them):		
 □ REJECTS Medical Expenses Coverage. □ REJECTS Work Loss Coverage. □ REJECTS Accidental Death Benefit Coverage. □ REJECTS Personal Injury Protection in its entirety. 		
In making this application for insurance, it is understood that as part of our underwriting procedure consumer report containing driving record information may be obtained for each driver.	e, an investigative	
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison		
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.		
INSURED'S SIGNATURE OF ACCEPTANCE	DATE	
BROKER'S SIGNATURE OF COMPLETION	DATE	