



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"

**ARIZONA**  
**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:** \_\_\_\_\_

**ARIZONA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

**Limited Liability For Customers.**

**UNINSURED AND UNDERINSURED MOTORISTS COVERAGE SELECTION FORM**

**DO NOT SIGN UNTIL YOU READ**

You have a legal right to purchase *both* Uninsured and Underinsured Motorists coverages with the proposed automobile liability policy. THESE COVERAGES PROTECT YOU, YOUR FAMILY, AND YOUR PASSENGERS, LIABILITY COVERAGE DOES NOT IN MOST CASES.

Uninsured motorists insurance provides protection for bodily injuries caused by a negligent motorist who has no insurance. Underinsured motorist coverage provides protection if the negligent motorist does not have enough liability insurance to pay for the injuries caused. For a more detailed explanation of these coverages, refer to your policy. This policy will provide Uninsured / Underinsured coverage in the same amount as the policy's Bodily Injury Liability Limit, unless you select a lower amount or no coverage as stated in this notice.

You have a right to purchase both Uninsured Motorist coverage and Underinsured Motorist coverage in any amount from \$30,000 single limit (or \$15,000/\$30,000 split limits) up to your policy's liability limit, or you may reject the coverage entirely. Neither limit may exceed your liability coverage limits for Bodily Injury.

Your Bodily Injury Limit on the policy: \$ \_\_\_\_\_ Combined Single Limit

**Options available for Uninsured and Underinsured Motorist coverages:**

Uninsured Motorist Liability (initial)				Underinsured Motorist Liability (initial)			
Accept	Reject	Limit	Premium	Accept	Reject	Limit	Premium
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	Limit	Premium	_____	_____	Limit	Premium
_____	_____	Limit	Premium	_____	_____	Limit	Premium
_____	I do not wish to purchase Uninsured Motorist coverage.			_____	I do not wish to purchase UNDERinsured Motorist coverage.		

**I / We have the following:**

Number of Dealer Plates ..... \_\_\_\_\_

Number of Registered Vehicles Private Passenger Type ..... \_\_\_\_\_

Number of Registered Vehicles Commercial Type ..... \_\_\_\_\_

**DO NOT SIGN UNTIL YOU READ**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

I understand and agree that selection of any of the above options applies to my liability insurance policy and future renewals or replacements of such policy which are issued at the same Bodily Injury Liability Limits. If I decide to select another option at some future time, I must let the Company know in writing.

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

BROKER'S SIGNATURE OF COMPLETION \_\_\_\_\_ DATE \_\_\_\_\_