



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"**

**INDIANA**  
**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:** \_\_\_\_\_

**INDIANA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY**

**Limited Liability For Customers.**

**UNINSURED MOTORISTS COVERAGE AND UNDERINSURED MOTORISTS COVERAGE SELECTION**

The Indiana Insurance Code (Section 27-7-5-2) amended, states an insurer may make available Bodily Injury Uninsured Motorists Coverage and Underinsured Motorists Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorists coverage at the basic financial responsibility limit. Property Damage Uninsured Motorists Coverage is only available if Bodily Injury Uninsured Motorists Coverage is afforded under the policy.

The insured named in the policy, can reject either coverages, reject the property damage portion of the Uninsured Motorists Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorists Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

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

<b>ONLY INITIAL THE APPLICABLE BELOW</b>
The undersigned (and each of them): (Initials Below)
_____ Select UNINSURED / UNDERINSURED MOTORISTS coverage equal to the liability limits afforded in the (primary) policy.
_____ Agrees that the UNINSURED MOTORISTS coverage afforded in the policy is REJECTED.
_____ Agrees that the UNDERINSURED MOTORISTS coverage afforded in the policy is REJECTED.
_____ Agrees that only the PROPERTY DAMAGE portion of the UNINSURED MOTORISTS coverage provisions afforded in the policy is REJECTED.
_____ Agrees that the following limit* of liability applies with respect to the UNINSURED MOTORISTS coverage afforded in the policy: * Minimum limit if property damage is rejected is \$50,000 Single limit. Minimum limit if property damage is afforded is \$75,000 CSL. \$ _____ each accident.
_____ Agrees that the following limit* of liability applies with respect to the UNDERINSURED MOTORISTS coverage afforded in the policy: *Minimum is \$50,000 Single limit \$ _____ each accident.

**NOTICE OF INSURANCE INFORMATION PRACTICES:**  
 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. 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 AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) BODILY INJURY COVERAGE (BI), AND UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) UP TO THE LIABILITY LIMITS IN MY POLICY. IF THE LIABILITY LIMITS I HAVE SELECTED ARE LESS THAN \$50,000 EACH ACCIDENT, I HAVE BEEN OFFERED UIMBI OF \$50,000.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL UNINSURED OR UNDERINSURED MOTORIST COVERAGE, WHETHER PRIMARY, EXCESS, OR UMBRELLA, IN OR SUPPLEMENTAL TO A RENEWAL OR REPLACEMENT ISSUED TO THE SAME INSURED BY THE SAME INSURER OR A SUBSIDIARY OR AN AFFILIATE OF THE ORIGINAL ISSUING INSURER UNLESS I NOTIFY YOU OTHERWISE IN WRITING.  
**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.**

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

**BROKER'S SIGNATURE OF ACCEPTANCE** \_\_\_\_\_ **DATE** \_\_\_\_\_