



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"

WASHINGTON
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: _____

WASHINGTON SPECIFIC COVERAGES / LIMITS SELECTION

GARAGE LIABILITY **Limited Liability for Customers.**

UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Washington law permits you to make certain decisions regarding Underinsured Motorists Coverage. This document briefly describes this coverage and provides you with choices from available options.

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. Contact us or your agent if you have any questions regarding Underinsured Motorists Coverage and your options with respect to this coverage.

Underinsured Motorists Coverage provides insurance protection to an insured for compensatory damages which the insured is legally entitled to recover from the owner or operator of an underinsured motor vehicle because of bodily injury or property damage caused by an automobile accident. Also included are damages due to bodily injury or property damage that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

Unless rejected in whole or in part, Underinsured Motorists Coverage will be provided at limits equal to your policy's Combined Single Limits for Liability Coverage. Property Damage Underinsured Motorists Coverage need only be issued in conjunction with Bodily Injury Underinsured Motorists Coverage, unless you reject this coverage. Property Damage is subject to a \$300 deductible to "property damage" to each "insured" as the result of any one "accident" caused by a hit-and-run vehicle and \$100 to "property damage", each "insured" in all other cases.

Please indicate your choice with respect to this coverage:

- UNDERINSURED MOTORISTS - \$60,000 CSL or other limit selected: \$ _____
- I REJECT UNDERINSURED MOTORISTS COVERAGE.

SELECTION OF PERSONAL INJURY PROTECTION COVERAGE(Available only to Individual Named Insureds)

As required by Washington law, your standard automobile coverage includes Personal Injury Protection Coverage. Personal Injury Protection Coverage consists of provisions in a motor vehicle liability policy which provide for payment to the named insured in the motor vehicle liability policy and members of the insured's household, an authorized operator or passenger of the named insured's motor vehicle including a guest occupant, or to a pedestrian if the accident involves a covered "auto". Coverage includes medical expense benefits up to an amount of \$10,000 per person per accident, income continuation benefits of up to \$200 maximum weekly and subject to a total of \$10,000 per person, essential services benefits of up to \$40 per day/\$200 per week for up to one year maximum, and funeral expenses benefits up to a maximum amount of \$2,000.

Please indicate your choice with respect to this coverage:

- PERSONAL INJURY PROTECTON - \$10,000 Medical Expense or other limit selected:\$ _____
- I REJECT PERSONAL INJURY PROTECTION COVERAGE.

I / We have the following:

Number of Dealer Plates....._____

Number of Registered Vehicles Private Passenger Type....._____

Number of Registered Vehicles Commercial Type....._____

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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

INSURED'S SIGNATURE OF ACCEPTANCE _____ DATE: _____

PRODUCER'S SIGNAURE OF COMPLETION _____ DATE: _____