



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"

TEXAS
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: _____

TEXAS SPECIFIC COVERAGES / LIMITS SELECTION:

- GARAGE LIABILITY: Limited Liability For Customers.**
- TEXAS UNINSURED/UNDERINSURED MOTORISTS COVERAGE SELECTION/REJECTION**

Texas law permits you to make certain decisions regarding Uninsured/Underinsured Motorists 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 Uninsured/Underinsured Motorists 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.

Uninsured/Underinsured Motorists and Property Damage Coverage provides insurance protection to an insured for damages which the insured is legally entitled to recover from the owner or operator of an uninsured 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, Uninsured/Underinsured Motorists Coverage will be afforded at limits at least equal to a combined single limit of \$85,000 for each accident, but you may select optional higher limits.

UNINSURED/UNDERINSURED MOTORISTS (Optional):

- (Initials):**
- _____ Uninsured/Underinsured Motorists and Property Damage Coverage is hereby DELETED.
- _____ Uninsured/Underinsured Motorist Coverage and Property Damage Coverage is limited to Texas minimum financial responsibility limits of \$85,000 Combined Single Limit.
- _____ Combined Single Limit UM/UIM and Property Damage at limit of \$ _____

PERSONAL INJURY PROTECTION COVERAGE SELECTION/REJECTION

Texas 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 and funeral expenses, loss of income and replacement services expenses to or for an insured who sustains bodily injury caused by an automobile accident. Unless rejected, Personal Injury Protection Coverage will be provided at limits of at least \$2,500 for each insured injured in an automobile accident.

- (Initials):**
- _____ Personal Injury Protection Coverage is REJECTED. The Personal Injury Protection Coverage described above and offered by the Insured is completely removed and deleted from the policy.
- _____ Personal Injury Protection is selected with limits of \$2,500 per person.
- _____ Other: _____ per person.

I / We have the following:
 Number of Dealer/Transporter Plates: _____
 Number of Registered Vehicles Private Passenger
 Type: _____
 Number of Registered Vehicles Commercial
 Type: _____

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 _____

BROKER'S SIGNATURE OF COMPLETION _____ DATE _____