



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"

**ALABAMA**  
**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:** \_\_\_\_\_

**ALABAMA SPECIFIC COVERAGES / LIMITS SELECTION:**

**GARAGE LIABILITY: Limited Liability for Customers.**

**UNINSURED MOTORISTS COVERAGE (ALABAMA)**

Alabama law permits you to make certain decisions regarding Uninsured Motorists (including Underinsured Motorists) Coverage. This document briefly describes these coverages and provides you with choices from available options.

Uninsured Motorists Coverage insures you, the insured, for all amounts that you are legally entitled to recover as damages for bodily injury or death caused by accident and arising out of the ownership, maintenance or use of an uninsured motor vehicle, subject to the terms of the policy.

Underinsured motorists coverage insures you, the insured, and others covered under the Uninsured Motorists Coverage for damages you are legally entitled to recover to the extent that your Uninsured Motorists Coverage benefits are greater than the amount recovered from other motor vehicle liability insurance policies.

Please indicate your choices by **initialing** next to the appropriate item(s) below:

\_\_\_\_\_ I / We select **Uninsured Motorists** at a limit of \$50,000 Bodily Injury for each accident.

\_\_\_\_\_ I / We select **Uninsured Motorists** – at a limit I have selected: \$ \_\_\_\_\_.

\_\_\_\_\_ I / We **REJECT Uninsured Motorists** Coverage.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

I / We 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 \_\_\_\_\_