



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"

NEW MEXICO
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: _____

NEW MEXICO SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY

Limited Liability for Customers.

CHOICE OF UNINSURED MOTORISTS COVERAGE LIMIT

The state of New Mexico permits you to make certain decisions regarding Uninsured Motorists Coverage.

You should read this document carefully and contact us or your producer if you have any questions regarding your options for Uninsured Motorists Coverage.

New Mexico Law permits you, the insured named in the policy, to select a limit of liability at a limit no higher than the policy's liability limits and no lower than the minimum financial responsibility limit. Or you may reject uninsured motorists coverage in its entirety.

Uninsured Motorists Coverage provides insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured motor vehicles because of bodily injury, sickness or disease, including death, and for injury to or destruction of property. Uninsured Motorists Coverage includes Underinsured Motorists coverage where the person legally responsible for the damages does not have enough protection to pay the full amount that the injured person is legally entitled to recover. Also included are bodily injury and property damage losses caused by a hit-and-run vehicle whose owner or driver cannot be identified.

In accordance with the New Mexico Law the undersigned insured (and each of them) –

(Applicable item(s) marked)

- agrees that the Uninsured Motorists Coverage afforded in the policy is at maximum policy limit for a total policy premium of \$ _____
- agrees that \$60,000 CSL applies with respect to the Uninsured Motorists Coverage for a total policy premium of \$ _____
- agrees that the following limit applies with respect to the Uninsured Motorists Coverage \$ _____

(Enter combined single limit to apply to Bodily Injury and Property Damage.)

REJECTION OF INTRA-POLICY STACKED UNINSURED MOTORISTS COVERAGE

If your policy is a Personal Auto policy, or if your policy is a Commercial Auto policy and you are designated as an individual in the Declarations of such policy, and you have elected to purchase Uninsured Motorists Coverage, you have the option to reject intra-policy Stacked Uninsured Motorists Coverage and, instead, purchase Non-Stacked Uninsured Motorists Coverage. Subject to the provisions of the policy, intra-policy stacking refers to aggregating the Uninsured Motorists Coverage limits, for you and members of your household, for each vehicle specifically insured under the policy.

If you are rejecting intra-policy Stacked Uninsured Motorists Coverage, please indicate such rejection by initialing below.

_____ **by initialing this waiver, I am rejecting intra-policy Stacked Uninsured Motorists Coverage and, instead, purchasing Non-Stacked Uninsured Motorists Coverage.**

This statement will remain in force until a named insured rescinds it in writing or until the motor vehicle bodily injury liability limits are changed.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

INSURED'S SIGNATURE OF ACCEPTANCE _____ **DATE** _____

BROKER'S SIGNATURE OF COMPLETION _____ **DATE** _____