



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"

**ILLINOIS**  
**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:** \_\_\_\_\_

**ILLINOIS UNINSURED MOTORISTS COVERAGE AND  
 UNDERINSURED MOTORISTS COVERAGE  
 SELECTION / REJECTION**

Illinois law permits you to make certain decisions regarding Uninsured Motorists Coverage and Underinsured Motorists Coverage. This document describes these coverages and the options available.

**A. Bodily Injury Uninsured And Underinsured Motorists Coverages**

**Bodily Injury Uninsured 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 uninsured motorist vehicle because of bodily injury caused by an automobile accident. Also included are damages due to bodily injury that result from an automobile accident with a hit-and-run vehicle whose owner or operator cannot be identified.

**Bodily Injury 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 caused by an automobile accident.

Underinsured Motorists Coverage will be provided to you ONLY IF your Bodily Injury Uninsured Motorists Coverage limit is greater than a combined single limit of \$50,000 for each accident. When provided, your Bodily Injury Underinsured Motorists Coverage limit will be equal to your Uninsured Motorists Coverage limit.

Please indicate by initialing below if you are selecting Uninsured Motorists Coverage at a limit less than the Bodily Injury liability limit of your policy and initial below to indicate the limit selected.

<b>I select the following limit:</b>			
(Choose one):			
<b>(Initials)</b>	<b>Combined Single Limit</b>	<b>Initials</b>	<b>Combined Single Limit</b>
_____	\$ 50,000*	_____	\$ 350,000
_____	100,000	_____	500,000
_____	250,000	_____	1,000,000
_____	300,000	_____	\$ _____
			(Other)
<b>* IF YOU CHOOSE THIS LIMIT, BODILY INJURY UNDERINSURED MOTORISTS COVERAGE WILL NOT BE PROVIDED.</b>			

**B. Notice Of Availability Of Property Damage Uninsured Motorists Coverage**

**Property Damage Uninsured 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 injury to or destruction of a covered auto caused by an automobile accident. However, Property Damage Uninsured Motorists Coverage is available only for autos for which you have not purchased Collision Coverage.

**(Initials)** \_\_\_\_\_ **I select Property Damage Uninsured Motorists Coverage at a limit of \$15,000 (optional)**

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

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

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

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