



DMI INSURANCE SERVICES, INC.
Automotive Program Specialists
www.dmi-insurance.com

OHIO
State Specific Application

NAMED INSURED: _____

CONTROL #: _____

DBA: _____

EFFECTIVE DATE: _____

OHIO SPECIFIC COVERAGES / LIMITS SELECTION

Uninsured Motorist Bodily Injury Coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle.

Underinsured Motorist Bodily Injury Coverage compensates you, or other persons insured under your automobile insurance policy, for amounts which you legally may be entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle.

For a more detailed explanation of these coverages, refer to your policy.

You have the opportunity to purchase Uninsured/Underinsured Motorist Coverage with limits equal to or lower than your Bodily Injury Liability limit.

I / We select the following Uninsured/Underinsured Motorist Coverage Option:

☐ UNINSURED/UNDERINSURED MOTORIST BODILY INJURY - \$75,000 Single Limit per accident unless another limit is shown here: \$ _____

☐ REJECT UNINSURED/UNDERINSURED MOTORISTS COVERAGE

Uninsured Motorists Property Damage Coverage pays for damages or destruction of a covered auto caused by an auto accident where an insured is legally entitled to recover from the owner or operator of an uninsured motor vehicle. Uninsured Motorists Property Damage Coverage is available only for autos for which you have not purchased Collision Coverage.

I / We select the following Uninsured Motorist Property Damage Coverage Option:

☐ UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE - \$7,500 for each accident subject to \$250.00 deductible.

☐ REJECT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you, including information from a credit report, may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instruction on how to submit a request to us.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

APPLICANT'S SIGNATURE _____

DATE _____

APPLICANT'S NAME _____

TITLE _____