



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"

SOUTH CAROLINA
 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: _____

SOUTH CAROLINA SPECIFIC COVERAGES/LIMITS SELECTION:

GARAGE LIABILITY Limited Liability For Customers.

UNINSURED/UNDERINSURED MOTORISTS COVERAGE REJECTION/LIMITS SELECTION

SELECTION OF UNINSURED MOTORISTS COVERAGE

OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000 in property damage coverage for each accident which you may cause. You may have seen these limits described at \$25,000/\$50,000/\$25,000 or 25-50-25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

Uninsured motorists 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. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill-in the amounts of increased premium.

Underinsured Motorist 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. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this Form. If there are other limits in which you are interested, but which are not shown upon this Form, then fill-in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill-in the amounts of increased premium.

It is important that you understand that, if you reject either one of these coverages upon this Form and if you are involved in an automobile accident, then this Form may be used by your insurance company as evidence against you if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this Form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this Form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be canceled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, then you must contact either your insurance agent or your insurance company. You will not be presented with another copy of this Form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this Form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company must answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services
 State of South Carolina Department of Insurance
 1201 Main Street, Suite 1000
 Post Office Box 100105
 Columbia, South Carolina 29202
 (803)737-6160
 (800)768-3467 (Accessible only in SC)
 E-mail Address: consumers@doi.sc.gov

II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE

Limits of Coverage

Amounts of Increased Premium

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

Minimum limits of uninsured motorist coverage are automatically provided by your insurance policy.

\$25,000 / \$50,000 / \$25,000

_____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____

\$75,000 Combined Single Limits Bodily Injury and Property Damage Uninsured Motorist Coverage are automatically provided by your insurance policy.

Your Policy's Liability Coverage Limits: _____

Do you wish to purchase additional uninsured motorist coverage? Yes _____ No _____

If your answer is "no", then you must sign here:

Signature of First Named Insured: _____

If your answer is "yes", then specify the limit which you desire. This limit cannot exceed your automobile insurance liability limits.

I select _____

III. OFFER OF ADDITIONAL UNDERINSURED MOTORIST COVERAGE

Limits of Coverage

Amounts of Increased Premium

\$25,000 / \$50,000 / \$25,000
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

(These increased premium charges must be filled-in by your insurance agent prior to your decision and signature.)

\$75,000 Combined Single Limits Bodily Injury and Property Damage Underinsured Motorist Coverage are automatically provided by your insurance policy.

Your Policy's Liability Coverage Limits: _____

Do you wish to purchase additional underinsured motorist coverage? Yes _____ No _____

If your answer is "no", then you must sign here:

Signature of First Named Insured: _____

If your answer is "yes", then specify the limit which you desire. This limit cannot exceed your automobile insurance liability limits.

I select _____

IV. APPLICANT'S ACKNOWLEDGMENT

By my signature, I acknowledge that I have read -- or I have had read to me -- the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: _____

Your Signature: _____

Your Address: _____

Today's Date: _____

<p>I/We have the following: Number of Dealer Plates _____ Number of Registered Vehicles Private Passenger Type _____ Number of Registered Vehicles Commercial Type _____</p>
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The insurer can cancel this policy for which you are applying without cause during the first 90 days. That is the insurer's choice. After the 90 days, the insurer can only cancel this policy for reasons stated in the policy.

NOTICE OF INSURANCE INFORMATION PRACTICES

Personal information about you 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 without your authorization. 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 instructions on how to submit a request to us.

It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

I 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: _____

PRODUCER'S SIGNATURE OF COMPLETION _____ DATE: _____