



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

MISSOURI
Garage Insurance
State Specific Application

Unsigned & incomplete applications will be refused and no coverage will have been bound.

Named Insured: _____ Quote # _____

DBA: _____ EFFECTIVE DATE: ___/___/___ TIME: _____ []PM []AM

MISSOURI SPECIFIC COVERAGES / LIMITS SELECTION:

GARAGE LIABILITY

Limited Liability For Customers Vehicles (Applicable to Non-Franchised Auto Dealer Program Only.)

**UNINSURED / UNDERINSURED MOTORISTS COVERAGE
 (MISSOURI)**

UNINSURED MOTORISTS COVERAGE SELECTION (Check All That Apply)

- Uninsured Motorists Bodily Injury. UMBI-\$50,000 per accident. (Mandatory)
- Underinsured Motorists Bodily Injury. UIMBI-\$50,000 per accident. (Optional)

Uninsured Motorists Property Damage. UMPD (Not Available in Missouri)

I / We have the following:	
Number of Dealer Plates.....	_____
Number of Registered Vehicles Private Passenger Type.....	_____
Number of Registered Vehicles Commercial Type.....	_____

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

INSURED'S SIGNATURE OF ACCEPTANCE _____ DATE _____

ROKERS SIGNATURE OF COMPLETION _____ DATE _____