


## EXAMPLES OF FILLABLE PDF FORMS FOR YOUR AGENCY


**WARSEN**  
 INSURANCE

Name of Insured \_\_\_\_\_

READ CAREFULLY. YOUR SIGNATURE BELOW MEANS THAT YOU HAVE READ AND DO UNDERSTAND THE RESTRICTIONS OF COVERAGE YOU HAVE APPLIED FOR EVEN THOUGH THEY HAVE BEEN OFFERED BY WARSEN INSURANCE AGENTS THROUGH ITS AGENTS AND/OR SOLICITORS. PLEASE. CHECK ALL THAT APPLY.

☐ I have been offered, but do not want higher limits of residual bodily injury liability and residual property damage liability.

☐ I have been offered, but do not want uninsured motorist liability or higher limits than applied for.

☐ I have been offered, but do not want underinsured motorist liability or higher limits than applied for.

☐ I have been offered, but do not want higher limits of wage loss.

☐ I have been offered, but do not want Primary Personal Injury Protection.

☐ I have been offered, but do not want Broad form, Basic form or Limited form collision coverage.

☐ I have been offered, but do not want Comprehensive coverage.

☐ I have been offered, but do not want Road Service coverage.

☐ I have been offered, but do not want Car Rental coverage.

☐ I have been offered, but do not want an Excess Liability policy.

☐ I have been offered, but do not want \_\_\_\_\_.

**\*** Signature \_\_\_\_\_ Date \_\_\_\_\_

# MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS

<b>AGENCY:</b> Western Insurance Agency 6700 Division Ave South Grand Rapids, MI 49548	<b>APPLICANT NAME (INSURED):</b>   <b>NEARNESS/COMPANY:</b>   <b>SURETY TYPE:</b>  
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**READ THIS ENTIRE FORM CAREFULLY**

## THE PURPOSE OF THIS FORM

The purpose of this form is to explain the choice you have regarding your bodily injury liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will affect financial consequences.

## PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED

Bodily injury liability insurance covers most against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident ("\$250,000/\$500,000"); for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$250,000 per person and \$500,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.

**STEP** If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

## PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability limit of your policy will be the maximum amount of money you can select less than \$250,000. You will be required to pay any amount over the limit you place on choice. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver's license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

## PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE

☐ (initial) I have received a list of all the bodily injury liability coverage options available to me and the price for each option.

☐ (initial) I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.

☐ (initial) I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND MY CHOICES AND THE POTENTIAL SEVERE RISKS DESCRIBED ABOVE; AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.


Inured/Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

[illegible]

## Agency Checklist

# Michigan BI Form

## EFT Forms (2)



Name of Insured Joe Smith

READ CAREFULLY, YOUR SIGNATURE BELOW MEANS THAT YOU HAVE READ AND DO UNDERSTAND THE RESTRICTIONS OF COVERAGE YOU HAVE ACCEPTED FOR EVEN THOUGH THEY HAVE BEEN OFFERED BY WARSEN INSURANCE AGENCY THROUGH ITS AGENTS AND/OR SOLICITORS. PLEASE CHECK ALL THAT APPLY.

- ☒ I have been offered, but do not want higher limits of residual bodily injury liability and residual property damage liability.
- ☒ I have been offered, but do not want uninsured motorist liability or higher limits than applied for.
- ☒ I have been offered, but do not want underinsured motorist liability or higher limits than applied for.
- ☒ I have been offered, but do not want higher limits of wage loss.
- ☒ I have been offered, but do not want Primary Personal Injury Protection.
- ☒ I have been offered, but do not want Broad form, Basic form or Limited form collision coverage.
- ☒ I have been offered, but do not want Comprehensive coverage.
- ☒ I have been offered, but do not want Road Service coverage.
- ☒ I have been offered, but do not want Car Rental coverage.
- ☒ I have been offered, but do not want an Excess Liability policy.
- ☐ I have been offered, but do not want \_\_\_\_\_.

\* Signature \_\_\_\_\_ Date \_\_\_\_\_

**MICHIGAN CHOICE OF BODILY INJURY LIABILITY COVERAGE LIMITS**

APPLICANT INFORMATION

Mary Jones

INSURANCE COMPANY

Citizens

POLICY/QUOTE NO.:

ABC123456

EFFECTIVE DATE:

7/8/20

**READ THIS ENTIRE FORM CAREFULLY**

**THE PURPOSE OF THIS FORM**

The purpose of these forms is explain the choice you have regarding your bodily injury/liability insurance protection and to assist you in making that choice. Read this form carefully because the choice you make will have financial consequences.

**PART A: BODILY INJURY LIABILITY INSURANCE COVERAGE EXPLAINED**

Michigan's bodily injury liability insurance claims made against you for injuries to others if you are at fault in an auto accident. Michigan auto insurance policies are required to provide a minimum \$250,000 bodily injury liability insurance coverage of not less than \$250,000 per person and up to \$500,000 per accident ("\$250,000/\$500,000 liability") for these claims unless you select higher or lower limits depending on the amount of protection you need. In no event can you select less than \$50,000 per person and \$100,000 per accident. If you do not make a selection, your policy will be issued with limits of \$250,000/\$500,000.

If you want bodily injury liability coverage limits of \$250,000/\$500,000 or more, you do **NOT** need to complete this form.

**PART B: INCREASED RISKS WITH LOWER BODILY INJURY LIABILITY INSURANCE COVERAGE LIMITS**

If you are responsible for injuries to another person, you may be liable for damages for their pain and suffering, as well as the costs of their medical and other care that exceed their coverage under their auto insurance policy. The bodily injury liability of your policy will pay any amount in excess of the amount of their limit you choose. You will be the one to pay any amount in excess of your limit. This amount could be substantial and may lead to severe financial consequences, such as:

- Your assets may be seized, or a lien may be placed on your home;
- Your wages may be garnished; or
- Your driver's license may be suspended.

Selecting lower bodily injury liability insurance coverage limits may also affect your eligibility for an umbrella policy.

**PART C: CONFIRMATION OF UNDERSTANDING—YOU MUST READ AND INITIAL EACH LINE**

I have received a full and adequate bodily injury liability coverage options available to me and the price for each option.


I understand that any bodily injury liability coverage election I make applies to me and any other person covered by this policy.

I understand that the bodily injury liability coverage limits I choose will remain the same as long as the policy is in effect or until I change them.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT: (1) I HAVE READ THIS FORM OR HAD IT READ TO ME; (2) I UNDERSTAND THE RISKS OF CHOOSING LOWER BODILY INJURY LIABILITY COVERAGE LIMITS DESCRIBED ABOVE, AND (3) I AM CHOOSING TO PURCHASE BODILY INJURY LIABILITY COVERAGE LIMITS LOWER THAN \$250,000/\$500,000.

Insured/Applicant Signature

Date



**Michigan**  
INSURANCE COMPANY

www.michiganinsurance.com

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## COMMERCIAL LINES AUTOMATIC PAYMENT PLAN - ELECTRONIC FUNDS TRANSFER REQUEST FORM

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**A. ACCOUNT INFORMATION**

☐ New Account      ☐ Existing Account

Insured Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent: \_\_\_\_\_

**B. AUTOMATIC PAYMENT (ELECTRONIC FUNDS TRANSFER)**

1. I am a ☐ Account Holder (if different from the insured):

2. Name of Bank: \_\_\_\_\_

3. Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ ☐ Checking Account      ☐ Savings Account

4. Date of Preferred Funds Transfer (first through the 28th): \_\_\_\_\_

5. Automatic payment policies:

Policy 1: Policy / Quote Number: _____	Effective Date: _____
Policy 2: Policy / Quote Number: _____	Effective Date: _____
Policy 3: Policy / Quote Number: _____	Effective Date: _____
Policy 4: Policy / Quote Number: _____	Effective Date: _____
Policy 5: Policy / Quote Number: _____	Effective Date: _____
Policy 6: Policy / Quote Number: _____	Effective Date: _____

Please include a voided or cancelled check or a deposit slip (if a savings account) with this request form. Later, a service charge will apply per withdrawal.

**C. PAYMENT PLAN**

<input type="checkbox"/> Full	<input type="checkbox"/> Two Installment Plan	<input type="checkbox"/> Four Installment Plan	<input type="checkbox"/> Twelve Installment Plan
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Entire premium due at policy inception: \_\_\_\_\_

50% of premium due at policy inception, with the remaining premium balance due six months after policy inception. \_\_\_\_\_

25% of premium due at policy inception, with 25% due six, six, and nine months after policy inception. \_\_\_\_\_

1/12 of the premium due at policy inception, with 1/12 due in each of the eleven months after policy inception. \_\_\_\_\_

Note: A service charge will apply per withdrawal.

**REMARKS:**

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I hereby request and authorize Michigan Insurance Company and its affiliates to debit/credit my bank account as indicated above to pay premiums for the above listed policies or other policies authorized. The authority is not in full force until Michigan Insurance Company terminates the authority or has received written notification terminating the authority and has sufficient time to act on it.

Signature of Account Holder (if different from the insured): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_