



CALIFORNIA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21	27	MEDICAL PAYMENTS	21	27
	22	28		22	28
	23	29		23	29
	24			24	
		GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED			<input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> PREM OPERATIONS
			UNINSURED MOTORIST	22	26
				23	27
				24	
					<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP SPECIFIED PERILS	22	27	\$	\$	\$
	23	28	\$	\$	\$
	24	31	\$	\$	\$
COLLISION WAIVER OF DEDUCTIBLE	22	24	28	DEDUCTIBLE	
	23	27	31	\$	
OTHER					

GARAGE KEEPERS		LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP SPECIFIED PERILS	30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	COLLISION	30	\$		\$	
			\$		\$	
			\$		\$	
OTHER						

PHYSICAL DAMAGE REPORTING PERIOD	<input type="checkbox"/> NON-REPORTING	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
					\$	\$

COVERED AUTO SYMBOLS	(24) OWNED AUTOS OTHER THAN PRIV PASS	(28) HIRED AUTOS ONLY	(32) COMPANY USE
(21) ANY AUTO	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(22) ALL OWNED AUTOS	(26) OWNED AUTOS SUBJECT TO UM LAW	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	
(23) OWNED PRIVATE PASS AUTOS ONLY	(27) SPECIFICALLY DESCRIBED AUTOS	(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS	

ENDORSEMENTS/REMARKS

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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IN ADDITION, ANY PERSON WHO KNOWINGLY MAKES AN APPLICATION FOR MOTOR VEHICLE INSURANCE COVERAGE CONTAINING ANY STATEMENT THAT THE APPLICANT RESIDES OR IS DOMICILED IN THIS STATE WHEN, IN FACT, THAT APPLICANT RESIDES OR IS DOMICILED IN A STATE OTHER THAN THIS STATE, IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA PERSONAL AUTO SUPPLEMENT.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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.

APPLICANT'S SIGNATURE	DATE (MM/DD/YY)	PRODUCER'S SIGNATURE
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