



AGENCY CUSTOMER ID: _____

**GEORGIA GARAGE AND DEALERS
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

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

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / OTC SPECIFIED PERILS	22		\$	\$	\$
	23		\$	\$	\$
	24		\$	\$	\$
COLLISION	22		\$	\$	
	23		\$	\$	
	24		\$	\$	
OTHER			\$	\$	

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

PHYSICAL DAMAGE REPORTING PERIOD	<input type="checkbox"/> NON-REPORTING	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
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- COVERED AUTO SYMBOLS**
- | | | |
|--|--|--|
| (21) ANY AUTO | (25) OWNED AUTOS SUBJECT TO NO-FAULT | (29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP |
| (22) OWNED AUTOS ONLY | (26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW | (30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING |
| (23) OWNED PRIVATE PASSENGER AUTOS ONLY | (27) SPECIFICALLY DESCRIBED AUTOS | (31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES) |
| (24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY | (28) HIRED AUTOS ONLY | |

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.

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	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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**UNINSURED MOTORISTS COVERAGE
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Uninsured Motorists Coverage. Below is a brief description. Only the policy provides a complete description of this coverage and its limitations. You have the right to reject this coverage in writing.

Uninsured Motorists Coverage pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

You have the right to purchase this coverage with limits up to the liability limits of your policy. You also have the option of selecting, at a reduced premium, the following per-accident deductibles:

Single Limit	Split Limits	
	BIUM	PDUM
\$ 500	\$ 250	\$ 250
\$ 1,000	\$ 500	\$ 500
\$ 2,000	\$ 1,000	\$ 1,000

_____ I reject Uninsured Motorists Coverage.
(initials)

If you have elected to purchase this coverage, the limits and any deductible selections are shown in the Application.

_____ Applicant's Signature

_____ Date