



AGENCY CUSTOMER ID: \_\_\_\_\_

**IDAHO 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		MEDICAL PAYMENTS	21	\$		
	22	AUTO ONLY			22			
	23	EA ACC \$	OTHER THAN AUTO ONLY \$		23			
	24	AGGREGATE \$			24			
		DEALERS ONLY:	LIMITED	UNLIMITED	22	26	CSL	BI EA PER \$
					23	27		BI EACH ACCIDENT \$
					24			
					22	26	CSL	BI EA PER \$
					23	27		BI EACH ACCIDENT \$
					24			

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
				\$	\$

**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)**

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**SIGNATURE**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORIST BODILY INJURY (BI) COVERAGES AND THAT I HAVE BEEN PROVIDED WITH A COPY OF ACORD 61 ID, IDAHO UNINSURED MOTORIST AND UNDERINSURED MOTORIST DISCLOSURE STATEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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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