



AGENCY CUSTOMER ID: _____

KANSAS 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		
LIABILITY	COVERED AUTO SYMBOLS 21 27 22 28 23 29 24	LIMITS OF LIABILITY GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACC \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED		COVERAGES MEDICAL PAYMENTS	COVERED AUTO SYMBOLS 21 27 22 28 23 29 24	LIMITS OF LIABILITY \$
PERSONAL INJURY PROTECTION	25 27	STATUTORY LIMITS		UNINSURED MOTORIST	22 26 23 27 24	CSL BI EA PER \$ BI EACH ACCIDENT \$
ADDITIONAL P.I.P.	25 27	OPTION 1 OPTION 2				\$

PHYSICAL DAMAGE				LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/>	COMP / OTC SPECIFIED PERILS	22 27 23 28 24 31			\$ \$ \$	\$ \$ \$	\$ \$ \$
<input type="checkbox"/>	COLLISION	22 27 23 28 24 31			\$ \$ \$	\$ \$ \$	
<input type="checkbox"/>	OTHER				\$	\$	

GARAGE KEEPERS				LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/>	LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS	30		\$ \$ \$		\$ \$ \$	\$ \$ \$
<input type="checkbox"/>	DIRECT BASIS	COLLISION	30		\$ \$ \$		\$ \$ \$	
<input type="checkbox"/>	PRIMARY EXCESS				\$		\$	
<input type="checkbox"/>	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**
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| (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

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN, ELECTRONIC, ELECTRONIC IMPULSE, FACSIMILE, MAGNETIC, ORAL, OR TELEPHONIC COMMUNICATION OR STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE FOREGOING STATEMENTS ARE TRUE. (IN THE CASE OF AUTOMOBILE LIABILITY INSURANCE, I UNDERSTAND THAT LIABILITY LIMITS SUFFICIENT TO MEET THE FINANCIAL RESPONSIBILITY REQUIREMENTS OF THE STATE MAY BE AVAILABLE THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN. THE FOREGOING STATEMENT IS NOT APPLICABLE WHEN THE POLICY IS ISSUED THROUGH THE KANSAS AUTOMOBILE INSURANCE PLAN.)

I ACKNOWLEDGE I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UNINSURED MOTORISTS (UM) COVERAGE EQUAL TO THE LIMIT(S) OF MY BODILY INJURY (BI) LIABILITY COVERAGE, OR UM COVERAGE LESS THAN MY BI LIMITS, BUT NOT LESS THAN \$25,000 PER PERSON, \$50,000 PER ACCIDENT, OR \$50,000 COMBINED SINGLE LIMIT. IF I HAVE SELECTED LIMITS LOWER THAN MY BI LIMITS, I HAVE INITIALED THIS STATEMENT. _____
(INITIALS)

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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