



AGENCY CUSTOMER ID: _____

LOUISIANA 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 EA ACC \$ \$ AGGREGATE \$	MEDICAL PAYMENTS	21	\$		
	22			22			
	23			23			
	24			24			
		DEALERS ONLY: LIMITED UNLIMITED	UNINSURED MOTORIST	22	26	ECONOMIC & NON ECONOMIC LOSSES	ECONOMIC LOSSES ONLY
				23	27	CSL BI EA PER \$	BI EACH ACCIDENT \$
				24		PROPERTY DAMAGE \$	\$

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	30	\$		\$	\$
		\$		\$	\$
		\$		\$	\$
DIRECT BASIS	30	\$		\$	
		\$		\$	
		\$		\$	
OTHER		\$		\$	

PHYSICAL DAMAGE REPORTING PERIOD	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

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

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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STATE OF LOUISIANA

This form may not be altered or modified.

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE FORM

Uninsured / Underinsured Motorists Bodily Injury Coverage, referred to as "**UMBI**" in this form, is insurance which pays persons insured by your policy who are injured in an accident caused by an owner or operator of an uninsured or underinsured motor vehicle. Depending on the coverage purchased, UMBI Coverage can provide compensation for both economic and non-economic losses.

Economic losses are those that can be measured in specific monetary terms including but not limited to medical costs, funeral expenses, lost wages, and out of pocket expenses.

Non-economic losses are losses other than economic losses and include but are not limited to pain, suffering, inconvenience, mental anguish and other non-economic damages otherwise recoverable under the laws of this state.

By law, your policy will include UMBI Coverage at the same limits as your Bodily Injury Liability Coverage unless you request otherwise. If you wish to reject UMBI Coverage, select lower limits of UMBI Coverage, or select Economic-Only UMBI Coverage, you must complete this form and return it to your insurance agent or insurance company. (Economic- Only UMBI Coverage may not be available from your insurance company. In this case, your company will have marked options 2 and 3 below as "Not Available" or "NA".)

UNINSURED / UNDERINSURED MOTORIST BODILY INJURY COVERAGE

You may select one of the following UMBI Coverage options (initial only one option):

1. _____ **I select UMBI Coverage** which provides compensation for economic and non-economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
 \$ _____ each person **OR** \$ _____ each accident / occurrence
 \$ _____ each accident / occurrence
2. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with the same limits** as the Bodily Injury Liability Coverage indicated on the policy.
3. _____ **I select Economic-Only UMBI Coverage**, which provides compensation for economic losses
Initials **with limits lower** than the Bodily Injury Liability Coverage limits indicated on the policy:
 \$ _____ each person **OR** \$ _____ each accident / occurrence
 \$ _____ each accident / occurrence
4. _____ **I do not want UMBI Coverage.** I understand that **I will not be compensated through UMBI coverage** for
Initials losses arising from an accident caused by an uninsured / underinsured motorist.

SIGNATURE

The choice indicated and initialed on this form will apply to all persons and/or entities insured under this policy. This choice shall apply to the motor vehicles described in this policy and to any replacement vehicles, to all renewals of this policy, and to all reinstatement, substitute or amended policies until a written request is made for a change to the Bodily Injury Liability Limits, the UMBI limits or UMBI Coverage.

 Signature of Named Insured or Legal Representative

 Print Name

 Date

 Optional Information for Policy Identification Purposes Only

 Individual Company Name; Group Name and/or Logo