



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

# NEBRASKA 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                   | <b>GARAGE OPERATIONS</b><br>AUTO ONLY      OTHER THAN AUTO ONLY<br>EA ACC \$                      \$<br>AGGREGATE                      \$<br>DEALERS ONLY:      LIMITED      UNLIMITED | MEDICAL PAYMENTS      | 21                   | \$                  |  |
|           | 22                   |  |                       | 22                   |                     |  |
|           | 23                   |  |                       | 23                   |                     |  |
|           | 24                   |  |                       | 24                   |                     |  |
|           |                      |  | UNINSURED MOTORIST    | 22                   | 26                  | <input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ |
|           |                      |  |                       | 23                   | 27                  | BI EACH ACCIDENT \$  |
|           |                      |  |                       | 24                   |                     |  |
|           |                      |  | UNDERINSURED MOTORIST | 22                   | 26                  | <input type="checkbox"/> CSL <input type="checkbox"/> 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 | 30    | \$                                |            | \$                  | \$                   |
|                 |       | \$                                |            | \$                  | \$                   |
|                 |       | \$                                |            | \$                  | \$                   |
| DIRECT BASIS    | 30    | \$                                |            | \$                  |                      |
|                 |       | \$                                |            | \$                  |                      |
|                 |       | \$                                |            | \$                  |                      |
| PRIMARY EXCESS  | 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 for any endorsements or remarks)****SIGNATURE**

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY (BI) COVERAGES UP TO THE LIMIT(S) OF MY BI LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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 |
|-----------------------|------|----------------------|--------------------------|