



AGENCY CUSTOMER ID: _____

**SOUTH DAKOTA 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 \$ DEALERS ONLY: LIMITED UNLIMITED AUTO DEATH BEN \$10,000 EA PER	MEDICAL PAYMENTS	21	\$
	22			22	
	23			23	
	24			24	
SUPPLEMENTAL AUTO COVERAGES	25	TOTAL DISABILITY BENEFITS \$60 PER PERSON GAINFULLY EMPL \$30 PER PERS - NOT GAINFULLY EMPL	UNINSURED MOTORIST	22	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
				24	
				26	
			UNDERINSURED MOTORIST	22	
				23	
				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
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COVERED AUTO SYMBOLS (21) ANY AUTO (22) OWNED AUTOS ONLY (23) OWNED PRIVATE PASSENGER AUTOS ONLY (24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY	(25) OWNED AUTOS SUBJECT TO NO-FAULT (26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW (27) SPECIFICALLY DESCRIBED AUTOS (28) HIRED AUTOS ONLY	(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP (30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING (31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)
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ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

I ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:	
1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION.	_____ (INITIALS)
2. I REJECT THESE COVERAGES ENTIRELY.	_____ (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.
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APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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