



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

**WISCONSIN 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> AUTO ONLY      OTHER THAN AUTO ONLY EA ACC \$                      \$ AGGREGATE                      \$ DEALERS ONLY:      LIMITED      UNLIMITED	MEDICAL PAYMENTS	21	\$	
	22			22		
	23			23		
	24			24		
			UNINSURED MOTORIST	22	27	CSL      BI EA PER \$
				23	28	BI EACH ACCIDENT \$
				24	29	
				26		
			UNDERINSURED MOTORIST	22	27	CSL      BI EA PER \$
				23		BI EACH ACCIDENT \$
				24		
				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 UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY. _____ (INITIALS)			
I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMIT(S) 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