A	CORD	ALABAMA GARAGE AND DEALERS  COVERAGES/LIMITS SECTION													DATE (MM/DD/YY)	
PRODUCER APPLICANT (First Named Insured)																
COV	ERAGES/LII	MITS	3				<u> </u>									
CC	(	COVERED AUTO SYMBOLS			LIMITS OF LIABILITY				COVERAGES COVERED LIMITS OF LIABILITY					LITY		
LIABILITY		21 27 22 28 23 29				GAR	AGE OPERATION	GE OPERATIONS			21	27				AUTOMOBILE
					EA ACCIDENT \$		AUTO ONLY OTHER THAN AUTO ONLY \$		MEDICAL PAYMENTS	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			PREM OPER		PREM OPERATIONS	
		24		AGGREGATE		\$				24			BI			
		DEALE		DEALER	L <b>ERS ONLY</b> :     LIMITED     UNLIMITED			UNINSU		22 26 CSL BI EA PER 23 27 BI EACH ACCIDENT 24			PER \$			
	AL DAMAGE				LOC#	LOC # ENTER THE LIMIT FOR EACH LOCATION							DEC	DUCTIBLE R AUTO	MAXIMUM DED PER LOSS	
	COMP	22 27					\$							\$	AUIU	\$
	SPECIFIED PERILS	Ш	23	28			\$							\$		\$
	LITTLO		24	31			\$							\$		\$
			22	24	28									DEC	DUCTIBLE	
COLLISION			23	27	31									\$		
OTHER																
	E KEEPERS				LOC#	ENTER THE LIMIT FOR EACH LOCATION # OF AUTOS DEDUCTIBLE MPER AUTO DED							MAXIMUM DED PER LOSS			
LEGAL LIABILITY		СОМР					\$							\$		\$
		SPECIFIED PERILS		30		\$						\$		\$		
							\$							\$		\$
	DIRECT BASIS					\$										
PRIMARY		COLLISION 3			30		\$						\$			
07115	EXCESS						\$							\$		
OTHER OTHER																
PHYSI	CAL DAMAGE RI	PORTING PERIOD				REF	# DEALER/ # TRANS AIRER PLATES PORTATION P				S	TEMPORARY LOCATION		LIMIT TRANSIT LIMIT		RANSIT LIMIT
				NC	N-REPOR	TING	ING \$							\$		
COVERED AUTO SYMBOLS (24) OWNED AUTOS OTHER THAN PRIV PASS (25) OWNED AUTOS SUBJECT TO NO-FAULT (26) OWNED AUTOS SUBJECT TO UM LAW (27) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCRIBED AUTOS (28) HIRED AUTOS ONLY (29) NON-OWNED AUTOS USED IN GARAGE BUS (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE (23) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCRIBED AUTOS (31) AUTOS ON CONSIGNMENT AND DEALER AUTO																
ENDO	RSEMENTS/REM	ARKS														
NOTIC	E OF INSURANC	E INFO	ORMA	TION PI	RACTICES											
AND THE DESC	PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.															
ANY I	ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.															
OFFE	I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY (BI) COVERAGE HAS BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BI COVERAGE ENTIRELY.															

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.

DATE (MM/DD/YY)

DATE (MM/DD/YY)

PRODUCER'S SIGNATURE

APPLICANT'S SIGNATURE

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION.

2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY.

\_\_ (INITIALS)

(INITIALS)