



DISTRICT OF COLUMBIA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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COVERAGES/LIMITS

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 ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	AUTOMOBILE PREM OPERATIONS
	22			22	
	23			23	
	24			24	
PERSONAL INJURY PROTECTION	25	\$ DED \$ MEDICAL FUNERAL WK LOSS \$	UNINSURED MOTORIST	22	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$
	27			23	
			UNDERINSURED MOTORIST	22	BI EACH ACCIDENT \$ PROPERTY DAMAGE \$
				23	

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP SPECIFIED PERILS	22	\$	\$	\$
	23	\$	\$	\$
	24	\$	\$	\$
COLLISION	22	\$	DEDUCTIBLE	
	23		\$	
OTHER				

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	30	\$		\$	\$
	30	\$		\$	\$
	30	\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	30	\$		\$	\$
	30	\$		\$	\$
OTHER					

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				\$	\$
COVERED AUTO SYMBOLS		(24) OWNED AUTOS OTHER THAN PRIV PASS		(28) HIRED AUTOS ONLY	
(21) ANY AUTO		(25) OWNED AUTOS SUBJECT TO NO-FAULT		(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(22) ALL OWNED AUTOS		(26) OWNED AUTOS SUBJECT TO UM LAW		(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	
(23) OWNED PRIVATE PASS AUTOS ONLY		(27) SPECIFICALLY DESCRIBED AUTOS		(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS	
				(32) COMPANY USE	

ENDORSEMENTS/REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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 PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER ON HOW TO SUBMIT A REQUEST TO US.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE _____ (INITIALS)
2. WORK LOSS COVERAGE _____ (INITIALS)
3. FUNERAL EXPENSE COVERAGE _____ (INITIALS)

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	
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