## FLORIDA GARAGE AND DEALERS COVERAGES/LIMITS SECTION DATE (MM/DD/YY) APPLICANT (First Named Insured) PRODUCER COVERAGES/LIMITS COVERED AUTO SYMBOLS COVERED AUTO SYMBOLS LIMITS OF LIABILITY COVERAGES LIMITS OF LIABILITY COVERAGES 21 27 **GARAGE OPERATIONS** 21 27 AUTOMOBIL E OTHER THAN AUTO ONLY 22 28 **AUTO ONLY** 22 28 \$ PREM OPERATIONS MEDICAL LIABILITY 23 PAYMENTS 23 29 29 EA ACCIDENT \$ \$ 24 **AGGREGATE** 24 BI EAPER \$ LIMITED UNLIMITED 22 CSL DEALERS ONLY: 26 NAMED INS & DEP RES REL UNINSURED \$10,000 | DED AP-BASIC | PLIES TO: NAMED 23 27 BI EACH ACCIDENT MOTORIST DED. \$250 \$500 \$1000 \$2000 24 25 PERSONAL INJURY WK LOSS NAMED INS ONLY NAMED INS & DEP RES REL **PROTECTION** 27 EXTENDED P.I.P. 25 27 INCLUDE WK LOSS **EXCLUDE WK LOSS** INCLUDE ADDITIONAL P.I.P 25 27 \$ MAXIMUM DED PER LOSS **PHYSICAL DAMAGE** LOC# ENTER THE LIMIT FOR EACH LOCATION COMP 22 \$ \$ \$ 27 SPECIFIED PERILS 23 28 \$ \$ \$ 24 31 \$ DEDUCTIBLE 22 24 28 COLLISION 23 27 31 OTHER MAXIMUM DED PER LOSS DEDUCTIBLE PER AUTO **GARAGE KEEPERS** LOC# ENTER THE LIMIT FOR EACH LOCATION # OF AUTOS \$ \$ \$ SPECIFIED LEGAL LIABILITY 30 \$ \$ \$ PERILS \$ \$ \$ DIRECT BASIS \$ \$ PRIMARY COLLISION \$ \$ 30 **EXCESS** \$ \$ OTHER # DEALER/ REPAIRER PLATES #TRANS-PORTATION PLATES PHYSICAL DAMAGE REPORTING PERIOD # HOISTS TEMPORARY LOCATION LIMIT TRANSIT I IMIT NON-REPORTING **COVERED AUTO SYMBOLS** (24) OWNED AUTOS OTHER THAN PRIV PASS (28) HIRED AUTOS ONLY (32) COMPANY USE (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 ENDORSEMENTS/REMARKS PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND

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 WITHOUT YOUR AUTHORIZATION. 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 PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN \$10,000/\$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

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 LNOTIFY YOU OTHERWISE IN WRITING

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	
4.0.0 DD 4.0.0 EL (0.0.0.0 (OE))				