ACORD GEORGIA GARAGE					GE AN	AND DEALERS									DATE (MM/DD/YY)		
PRODUCER COVERAGES/LIMITS SECTION						<u>OLO HOIX</u>	APPLICANT (First Named Insured)										
COVERAGES/LI	MIT:																
COVERED				S OF LIABILITY		CC	VERAGES	COVERED AUTO SYMBOLS				LIMITS OF LIABILITY					
LIABILITY		24			GARAGE OPERATION AUTO ONLY EA ACCIDENT \$ AGGREGATE DEALERS ONLY: LIMITED			OTHER THAN AUTO ONLY UNLIMITED	MEDICAL PAYMENTS UNINSURED MOTORIST			21 27 28 \$ 23 29 24 22 26 CSL 23 27 BI EACH ACC			PREM OF BI EA PER \$ DED \$ CIDENT \$ DED \$		\$ D \$
									INIO TO	NOT		24		PROPERTY D			\$
PHYSIC	AL [DAM	AG	E		LOC#		ENTER	THE LIN	IT FOR EACH L	OCATIO	ON			DEDUCTIBLE PER AUTO		MAXIMUM DED PER LOSS
COMP SPECIFIED PERILS	22 27 23 28 24 31					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							\$		\$ \$ \$		
COLLISION		22		24	28											UCTIBLE	
OTHER		23		27	31										\$		
GARAG	EΚ	EEP	ERS	S		LOC#	OC # ENTER THE LIMIT FOR EACH LOCATION # OF AUTOS						DEC	UCTIBLE R AUTO	MAXIMUM DED PER LOSS		
LEGAL LIABILITY		COMP SPECIFIED PERILS			30		\$								\$		\$
	LIABILITY					\$									\$		\$
DIRECT BASIS PRIMARY		COLLISION			30		\$					\$			_		
EXCESS		COLLISION \$ \$								\$							
PHYSICAL DAMAGE REPORTING PERIOD # DEALER/ REPAIRER PLATI					DEALER/ AIRER PLATES	# TRANS PORTATION P		TEMPORARY LOCATION LIN					LIMIT	TF	ANSIT LIMIT		
COVERED AUTO SYMBOLS (24) OWNED AUTOS OTHE (21) ANY AUTO (22) ALL OWNED AUTOS (23) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCR					UTOS SUBJECT UTOS SUBJECT	ECT TO NO-FAULT (29) NON-OWNED AUTOS USED IN GARAGE BUS ECT TO UM LAW (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE								(32) COI	MPANY USE		
ENDORSEMENTS/REM	ARKS	3															
PERSONAL INFOR PRIVILEGED INFO AUTHORIZATION. A MORE DETAILEI AGENT OR BROKE	RMA YOU D DE	TION HAV SCRI	CC E TH PTI	AE F	CTED B RIGHT TO OF YOU!	BY US OR D REVIEW R RIGHTS	OUR AGENT YOUR PERSO AND OUR PR	S MAY IN CER DNAL INFORMA ACTICES REG	RTAIN ATION I	CIRCUMSTAI N OUR FILES	NCES AND	BE C	DISCL REQU	OSED TO TI JEST CORRE	HIRD F	PARTIES \ NOF ANY	WITHOUT YOUR INACCURACIES

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.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE AND UNINSURED MOTORISTS COVERAGE HAVE BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION. I HAVE ALSO SIGNED THE STATE SUPPLEMENT TO THIS APPLICATION.

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 INOTIFY YOU OTHERWISE IN WRITING

POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS INOTIFY YOU OTHERWISE IN WRITING.									
APPLICANT'S SIGNATURE		DATE (MM/DD/YY)	PRODUCER'S SIGNATURE						