4	4 <i>CORE</i>	IOWA GARAGE AND DEALERS COVERAGES/LIMITS SECTION															DATE (MM/DD/YY)		
PRODUCER					APPLICANT (First Named Insured)														
СО	VERAGES/LI	MIT	s																
	COVERAGES	COVERED AUTO SYMBOLS					LIM	TS OF LIABILI	TY	COVERAGES C			COVERED JTO SYMBOLS			LIMIT	S OF LIA	BILITY	
		21 27					GAR	AGE OPERATION				21 2		27				AUTOMOBILE	
			22 28				А	UTO ONLY	OTHER THAN AUTO ONLY	MEDICAL		22	28		\$			PREM OPERATIONS	
LIABILITY			23		29	EA ACCIDENT \$			\$	PAYMENTS		23	3	29					
			24			AGGREC	SATE		\$			24	4		l BI				
			DEALE			DEALER	S ONLY:	LIMITED	UNLIMITED	UNINSURED MO	[	22	2	26	CSL	EA F	PER \$		
									STACKED		23		27	BI EACH ACC	IDENT	\$			
										NON-STKD		24				ВІ			
						-				UNDERINS MOT	$\Box$	22		26	CSL		PER \$		
										STACKED		23		27	BI EACH ACC	IDENI	\$		
										NON-STKD		24	+						
	PHYSIC	AL	DAN	ИAC	<u></u>		LOC#		ENTER	THE LIMIT FOR EA	CH LO	CATION	N			DED	UCTIBLE R AUTO	MAXIMUM DED PER LOSS	
	COMP		22		27			\$								\$	X AUTO	\$	
	SPECIFIED PERILS		23		28			\$								\$		\$	
	3 . 2.1120		24		31			\$								\$		\$	
COL	LISION		22		24	28								DEDUCTIBLE					
ОТН	ER		23	23   27   31   \$											Ψ				
	GARAG	E KEEPERS					LOC# ENTER THE LIMIT FOR EACH LOCATION # OF AUTOS PE								UCTIBLE R AUTO	MAXIMUM DED PER LOSS			
		COMP					S S								· AUIU	\$			
	LEGAL LIABILITY	SPECIFIED			30	\$									\$				
	_						\$							\$		\$			
	DIRECT BASIS						\$							\$					
	PRIMARY	COLLISION 30			30	\$							\$						
	EXCESS							\$								\$			
ОТН	ER																		
DUV	SICAL DAMAGE D	EDOI	TING	DEE	אוסם			# DEALER/	# TRANS	S- # L	IOISTS		TEME	OP/	ARY LOCATION	LIMIT		TRANSIT LIMIT	
гпі	SICAL DAWAGE R	EPORTING PERIOD					REPAIRER PLATES PORTATION P			ATES				OKA				TRANSIT EIMIT	
COV	ERED AUTO SYME	BOLS	;		NOI	N-REPORT		ALITOS OTLICI	THAN DDIV DAGE	(20) LUDED	ALITO		\$ 				\$ (22) 0	OMPANY USE	
(24) OWNED AUTOS OTHER THAN PRIV PASS (28) HIRED AUTOS ONLY (27) ANY AUTO (25) OWNED AUTOS SUBJECT TO NO-FAULT (29) NON-OWNED AUTOS USED IN (22) ALL OWNED AUTOS (26) OWNED AUTOS SUBJECT TO UM LAW (30) AUTOS LEFT FOR SERVICE/RE (23) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCRIBED AUTOS (31) AUTOS ON CONSIGNMENT AN									/REI	PAIR/STORAGE		(32) C	OWFANT USE						
` ′	ORSEMENTS/REM							5,1221 B20011	.5257.61.66	(0.)7.0.0				7 1.2	22/12/1/10/1				
	ICE OF INSURANCE						MAY BE C	OLLECTED	FROM PERSON	S OTHER THA	N YOI	U. SH	ICH IN	IFO	RMATION AS	S WFI	_ AS O	THER PERSONAL	
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																			
DES	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.																		
										ICE COMPANY	OR AN	NOTHE	ER PE	RSC	ON FILES AN	APPLI	CATION	FOR INSURANCE	

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 I HAVE BEEN OFFERED THE FOLLOWING UNINSURED AND UNDERINSURED (UM AND UIM) MOTORIST OPTIONS:

1) STACKED UM AND UIM COVERAGE 2) NON-STACKED UM AND UIM COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES LINI ESS I NOTIFY YOU OTHERWISE IN WRITING

AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.										
APPLICANT'S SIGNATURE		DATE (MM/DD/YY)	PRODUCER'S SIGNATURE							