ACORD™ IOWA GARAGE AND DEALERS
COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS		LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS		LIMITS OF LIABILITY

LIABILITY — Covered Auto Symbols: 21 27 / 22 28 / 23 29 / 24

LIMITS OF LIABILITY — GARAGE OPERATIONS

AUTO ONLY | OTHER THAN AUTO ONLY
EA ACCIDENT $ _____ $ _____
AGGREGATE $ _____

DEALERS ONLY: ☐ LIMITED ☐ UNLIMITED

MEDICAL PAYMENTS — Covered Auto Symbols: 21 27 / 22 28 / 23 29 / 24

LIMITS OF LIABILITY: ☐ AUTOMOBILE ☐ PREM OPERATIONS $ _____

UNINSURED MOT — Covered Auto Symbols: 22 26 / 23 27 / 24
STACKED / NON-STKD
☐ CSL ☐ BI EA PER $ _____
BI EACH ACCIDENT $ _____

UNDERINS MOT — Covered Auto Symbols: 22 26 / 23 27 / 24
STACKED / NON-STKD
☐ CSL ☐ BI EA PER $ _____
BI EACH ACCIDENT $ _____

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP	22	27		$	$	$
SPECIFIED PERILS	23	28		$	$	$
	24	31		$	$	$
COLLISION	22 24 28	23 27 31			DEDUCTIBLE $	
OTHER						

GARAGE KEEPERS

			LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
☐ LEGAL LIABILITY	COMP SPECIFIED PERILS	30		$		$	$
				$		$	$
				$		$	$
☐ DIRECT BASIS	COLLISION	30		$		$	
☐ PRIMARY				$		$	
☐ EXCESS				$		$	
OTHER							

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
☐ NON-REPORTING				$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIV PASS
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO UM LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN GARAGE BUS
(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS
(32) COMPANY USE

ENDORSEMENTS/REMARKS

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 UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE		DATE (MM/DD/YY)	PRODUCER'S SIGNATURE	

ACORD 138 IA (2/97)

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