ACORD.	LOUISIANA GAR
AUUND _m	COVED A CEC/LIMITE C

AGE AND DEALERS

DATE (MM/DD/YY)

PRODUCER APPLICANT (First Named Insured) **COVERAGES/LIMITS** COVERED AUTO SYMBOLS COVERED AUTO SYMBOLS COVERAGES LIMITS OF LIABILITY LIMITS OF LIABILITY COVERAGES 21 27 **GARAGE OPERATIONS** 21 27 **AUTOMOBILE** OTHER THAN AUTO ONLY AUTO ONLY 22 28 MEDICAL 22 28 \$ PREM OPERATIONS **PAYMENTS** LIABILITY 23 29 EA ACCIDENT \$ \$ 23 29 24 AGGREGATE 24 BI EA PER \$ LIMITED UNLIMITED 22 26 CSI DEALERS ONLY: UNINSURED 23 27 BI EACH ACCIDENT \$ MOTORIST 24 PROPERTY DAMAGE DEDUCTIBLE MAXIMUM PHYSICAL DAMAGE LOC# ENTER THE LIMIT FOR EACH LOCATION PER AUTO **DED PER LOSS** COMP 22 27 \$ \$ \$ SPECIFIED PERILS 23 28 \$ \$ \$ 24 31 \$ \$ DEDUCTIBLE 22 24 28 COLLISION 23 27 31 OTHER DEDUCTIBLE PER AUTO MAXIMUM DED PER LOSS **GARAGE KEEPERS** LOC# ENTER THE LIMIT FOR EACH LOCATION # OF AUTOS \$ \$ \$ SPECIFIED PERILS 30 \$ \$ \$ \$ \$ DIRECT BASIS \$ \$ PRIMARY COLLISION 30 \$ \$ **EXCESS** \$ \$ OTHER # DEALER/ REPAIRER PLATES # TRANS-PORTATION PLATES PHYSICAL DAMAGE REPORTING PERIOD # HOISTS TRANSIT LIMIT TEMPORARY LOCATION LIMIT NON-REPORTING COVERED AUTO SYMBOLS (24) OWNED AUTOS OTHER THAN PRIV PASS (32) COMPANY USE (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 (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS (23) OWNED PRIVATE PASS AUTOS ONLY (27) SPECIFICALLY DESCRIBED AUTOS ENDORSEMENTS/REMARKS 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 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 UNINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS. OR TO REJECT UM BI AND/OR UM PD COVERAGES ENTIRELY. 1. I SELECT UNINSURED MOTORISTS LIMIT(S) INDICATED IN THIS APPLICATION. (INITIALS) 2. I REJECT UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. (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.

DATE (MM/DD/YY)

PRODUCER'S

SIGNATURE

SIGNATURE