



# MINNESOTA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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## COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	
LIABILITY	21 27	<b>GARAGE OPERATIONS</b> AUTO ONLY      OTHER THAN AUTO ONLY EA ACCIDENT \$                      \$ AGGREGATE                      \$ DEALERS ONLY:      LIMITED      UNLIMITED	MEDICAL PAYMENTS	21 27	AUTOMOBILE PREM OPERATIONS	
	22 28			22 28		\$
	23 29			23 29		
	24			24		
PERSONAL INJURY PROTECTION	25	\$      NON-STCKD (PIP)      COMBINED PIP (STCKD) \$100 MED EXP DED      \$200 WK LOSS DED \$100 MED EXP DED & \$200 WK LOSS DED      NO DEDUCTIBLE WK LOSS EXCL NAMED INS ONLY 65 OR OLDER      WK LOSS EXCL NAMED INS & FAMILY MEMBERS 65 OR OLDER	UNINSURED/ UNDERINSURED MOTORIST	22 26	CSL      BI EA PER \$	
	27			23 27	BI EACH ACCIDENT \$	
				24		
ADDITIONAL P.I.P.	25	WORK LOSS \$				
	27	ADD'L MED EXP \$				

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP* SPECIFIED PERILS	22 27		\$	\$	\$
	23 28		\$	\$	\$
	24 31		\$	\$	\$
COLLISION	22 24 28			DEDUCTIBLE	
	23 27 31			\$	
*ANTI-THEFT DISCOUNT APPLIES	YES			SAFETY GLASS	\$ 0
	NO				

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	<input type="checkbox"/> NON-REPORTING	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
					\$	\$

<b>COVERED AUTO SYMBOLS</b>	(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

NOTICE TO THE APPLICANT: THE FAIR CREDIT REPORTING ACT REQUIRES THAT WE ADVISE YOU THAT THE COMPANY MAY ORDER AN INVESTIGATIVE CONSUMER REPORT AS PART OF THE UNDERWRITING PROCESS. IF SUCH A REPORT IS ORDERED, THE COMPANY WILL NOTIFY YOU. YOU HAVE THE RIGHT TO REQUEST INFORMATION ON THE NATURE AND SCOPE OF SUCH A REPORT. ANY INFORMATION DEVELOPED WILL BE HELD IN THE STRICTEST CONFIDENCE. YOU ALSO HAVE THE RIGHT TO SEE YOUR PERSONAL RECORDS, AND TO CORRECT ERRONEOUS PERSONAL INFORMATION CONTAINED THEREIN.

A PERSON WHO SUBMITS AN APPLICATION OR FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

I ACKNOWLEDGE I HAVE BEEN GIVEN A COPY OF THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.  
 IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.  
 I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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.

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

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