



# MISSISSIPPI 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>		
	22	28	AUTO ONLY	OTHER THAN AUTO ONLY	AUTOMOBILE
	23	29	EA ACCIDENT \$	\$	PREM OPERATIONS
	24		AGGREGATE \$	\$	
		DEALERS ONLY: <input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED	MEDICAL PAYMENTS	21	27
			UNINSURED/ UNDERINSURED MOTORIST	22	26
				23	27
				24	28
				23	29
				24	29
				22	26
				23	27
				24	28

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	\$	
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 PRIMARY EXCESS	COLLISION	30	\$		\$	
			\$		\$	
			\$		\$	
OTHER						

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

**COVERED AUTO SYMBOLS**

- |   |  |  |                  |
|---|--|--|------------------|
| (21) ANY AUTO<br>(22) ALL OWNED AUTOS<br>(23) OWNED PRIVATE PASS AUTOS ONLY | (24) OWNED AUTOS OTHER THAN PRIV PASS<br>(25) OWNED AUTOS SUBJECT TO NO-FAULT<br>(26) OWNED AUTOS SUBJECT TO UM LAW<br>(27) SPECIFICALLY DESCRIBED AUTOS | (28) HIRED AUTOS ONLY<br>(29) NON-OWNED AUTOS USED IN GARAGE BUS<br>(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE<br>(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS | (32) COMPANY USE |
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**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/UNDERINSURED MOTORISTS (UM) BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS, REJECTING UMPD ONLY, OR REJECTING UM/UIM BI AND UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UM/UIM BI AND PD LIMITS INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)

2. I REJECT UM/UIM PD COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

3. I REJECT UM/UIM 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.

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