



NORTH CAROLINA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

| | | |
|----------|---------------------------------|----------------|
| PRODUCER | APPLICANT (First Named Insured) | FACILITY CODE: |
|----------|---------------------------------|----------------|

COVERAGES/LIMITS

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS OF LIABILITY | COVERAGES | COVERED AUTO SYMBOLS | LIMITS OF LIABILITY |
|-----------|----------------------|---|----------------------------------|----------------------|-------------------------------------|
| LIABILITY | 21 | GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED | MEDICAL PAYMENTS | 21 | AUTOMOBILE PREM OPERATIONS |
| | 22 | | | 22 | |
| | 23 | | | 23 | |
| | 24 | | | 24 | |
| | | | UNINSURED MOTORIST | 22 | BI EA PER \$ BI EACH ACCIDENT \$ |
| | | | UNINSURED/ UNDERINSURED MOTORIST | 22 | BI EA PER \$ BI EACH ACCIDENT \$ |
| | | | UNINSURED MOTORIST | 22 | PROPERTY DAMAGE \$ |

| PHYSICAL DAMAGE | LOC # | ENTER THE LIMIT FOR EACH LOCATION | DEDUCTIBLE PER AUTO | MAXIMUM DED PER LOSS |
|--|-------|-----------------------------------|---------------------|----------------------|
| <input type="checkbox"/> COMP* <input type="checkbox"/> SPECIFIED PERILS* | 22 | \$ | \$ | \$ |
| | 23 | \$ | \$ | \$ |
| | 24 | \$ | \$ | \$ |
| COLLISION | 22 | | DEDUCTIBLE | |
| | 23 | | \$ | |
| OTHER | | | | |

| GARAGE KEEPERS | LOC # | ENTER THE LIMIT FOR EACH LOCATION | # OF AUTOS | DEDUCTIBLE PER AUTO | MAXIMUM DED PER LOSS |
|--|-------|-----------------------------------|------------|---------------------|----------------------|
| <input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS | 30 | \$ | | \$ | \$ |
| | 30 | \$ | | \$ | \$ |
| | 30 | \$ | | \$ | \$ |
| OTHER | | | | | |

| | | | | | |
|------------------------------------|---------------------------|---------------------------------------|----------|--|---------------|
| PHYSICAL DAMAGE REPORTING PERIOD | # DEALER/ REPAIRER PLATES | # TRANS- PORTATION PLATES | # HOISTS | TEMPORARY LOCATION LIMIT | TRANSIT LIMIT |
| NON-REPORTING | | | | \$ | \$ |
| COVERED AUTO SYMBOLS | | (24) OWNED AUTOS OTHER THAN PRIV PASS | | (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 | |
| (23) OWNED PRIVATE PASS AUTOS ONLY | | (27) SPECIFICALLY DESCRIBED AUTOS | | (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS | |
| | | | | (32) COMPANY USE | |

ENDORSEMENTS/REMARKS (*Include the Fire District name and code # if fire or comprehensive coverage is provided in Physical Damage or Garage Keepers above)

NOTICE OF INSURANCE INFORMATION PRACTICES

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) AND UNDERINSURED MOTORISTS (UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM/UIM OR UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM/UIM OR UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM/UIM BI, UMBI, AND/OR UM, PD OR UM/UIMP COVERAGES ENTIRELY.

1. I SELECT THE UM/UIM BI AND/OR PD LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UIM BI COVERAGE. _____ (INITIALS)
3. I REJECT UIM PD COVERAGE. _____ (INITIALS)
4. I REJECT UM/UIM BI AND PD COVERAGE IN ITS ENTIRETY. _____ (INITIALS)
5. I REJECT ONLY UM/UIM PD 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 | PRODUCER'S SIGNATURE | |
|-----------------------|------|----------------------|--|