



OHIO GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE

PRODUCER

APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	
LIABILITY	21	27	MEDICAL PAYMENTS	21	27	
	22	28		UNINSURED MOTORIST	22	28
	23	29			23	29
	24				24	
		GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED			AUTOMOBILE PREM OPERATIONS CSL BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$250 DED \$	

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	COLLISION	30	\$			\$	
			\$			\$	
			\$			\$	
OTHER							

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

COVERED AUTO SYMBOLS	(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
(21) ANY AUTO (22) ALL OWNED AUTOS (23) OWNED PRIVATE PASS AUTOS ONLY									

ENDORSEMENTS/REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES
 PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME AND THAT I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR REJECTING UM COVERAGE ENTIRELY.

I HAVE SELECTED:
 1. THE LIMITS SHOWN IN THIS APPLICATION; OR
 2. I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY.

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