

# ACORD™ OKLAHOMA 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	<input type="checkbox"/>	21	<input type="checkbox"/>	27	<b>GARAGE OPERATIONS</b>				MEDICAL PAYMENTS	<input type="checkbox"/>	21	<input type="checkbox"/>	27	<input type="checkbox"/>	AUTOMOBILE		
	<input type="checkbox"/>	22	<input type="checkbox"/>	28						AUTO ONLY	OTHER THAN AUTO ONLY	<input type="checkbox"/>	22	<input type="checkbox"/>	28	\$	<input type="checkbox"/>
	<input type="checkbox"/>	23	<input type="checkbox"/>	29	EA ACCIDENT \$	\$	<input type="checkbox"/>	23		<input type="checkbox"/>	29						
	<input type="checkbox"/>	24			AGGREGATE \$	\$	<input type="checkbox"/>	24									
				<b>DEALERS ONLY:</b>	<input type="checkbox"/>	LIMITED	<input type="checkbox"/>	UNLIMITED	UNINSURED MOTORIST	<input type="checkbox"/>	22	<input type="checkbox"/>	26	<input type="checkbox"/>	CSL	<input type="checkbox"/>	BI EA PER \$
									<input type="checkbox"/>	23	<input type="checkbox"/>	27	BI EACH ACCIDENT \$				
									<input type="checkbox"/>	24							

PHYSICAL DAMAGE					LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS	
<input type="checkbox"/>	COMP SPECIFIED PERILS	<input type="checkbox"/>	22	<input type="checkbox"/>	27		\$	\$	\$
<input type="checkbox"/>		<input type="checkbox"/>	23	<input type="checkbox"/>	28		\$	\$	\$
<input type="checkbox"/>		<input type="checkbox"/>	24	<input type="checkbox"/>	31		\$	\$	\$
COLLISION		<input type="checkbox"/>	22	<input type="checkbox"/>	24	<input type="checkbox"/>	28	DEDUCTIBLE	
		<input type="checkbox"/>	23	<input type="checkbox"/>	27	<input type="checkbox"/>	31	\$	
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"/>	COMP SPECIFIED PERILS	<input type="checkbox"/>	30	\$		\$	\$
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		\$		\$	\$
<input type="checkbox"/>	DIRECT BASIS	<input type="checkbox"/>	COLLISION	<input type="checkbox"/>	30	\$		\$	
<input type="checkbox"/>	PRIMARY EXCESS	<input type="checkbox"/>		<input type="checkbox"/>		\$		\$	
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	(24) OWNED AUTOS OTHER THAN PRIV PASS	(28) HIRED AUTOS ONLY	(32) COMPANY USE
(22) ALL OWNED AUTOS	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(23) OWNED PRIVATE PASS AUTOS ONLY	(26) OWNED AUTOS SUBJECT TO UM LAW	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	
	(27) SPECIFICALLY DESCRIBED AUTOS	(31) AUTOS ON CONSIGNMENT AND DEALER 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.

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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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