ACORD SOUTH DAKOTA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

COVERAGES/LIMITS SECTION								
PRODUCER	APPLICANT (First Named Insured)							

CO	VERAGES/L																				
(COVERAGES			/EREI			LI	IMITS OF LIABIL	OF LIABILITY		COVERAGES			OS	RED MBO	LS	LIMITS OF LIABILITY				
			21 27			GARAGE OPERATIONS								21		27					AUTOMOBILE
			22		28	AUTO ONLY AUTO			THER THAN UTO ONLY	MEDICAL			22		28	\$			F	PREM OPERATIONS	
LIAB	LIABILITY			23 29		EA ACCI	DENT \$		\$		PAYMENTS	5		23		29					
			24			AGGREC	GATE		\$					24							
						DEALER	S ONLY:	LIMITED		UNLIMITED				22		26	CSL		BI EA PER	\$	
			25			\$		AUTO DEATH BEI	1	\$10,000 EA	UNINSURE			23		27	BI EACH A	CCIDE		\$	
AUT			27			TOT DIS- ABIL BEN \$60 G		PER PERSON GAINFUL EMPL	\$30	PER PERS-NOT GAINFUL EMPL	MOTORIO			24							
cov	ERAGES		_			2.300 00 2.000 2.000			_					22		26	CSL		BI EA PER \$		
											UNDERINSURED MOTORIST			23		27	BI EACH A	CCIDE			
											MOTORIOT			24							
	PHYSIC	CAL	DA	MA	GE		LOC#			ENTER	THE LIMIT F	OR EACH LO	CAT	ION					DEDUCT PER AL		MAXIMUM DED PER LOSS
	COMP		22		27			\$										\$			\$
SPECIFIED PERILS			23					\$										\$			
	J I LIVILO		24		31			\$										\$			\$
			22		24	28									DEDUCTIBLE						
COLI	LISION		23		27	31												\$			
ОТН	ER																				1
	GARA	GE K	ŒE	PEF	RS		LOC#		EN	NTER THE LIM	IT FOR EACH	LOCATION					# OF AUTOS	3	DEDUCT PER AL		MAXIMUM DED PER LOSS
			CC	OMP				\$										\$			\$
	LEGAL LIABILITY			PECIF		30		\$										\$			\$
								\$										\$	\$		\$
	DIRECT BASIS							\$										\$			
	PRIMARY	COLLISION			N	30		\$	\$					\$							
					\$											\$					
ОТН	ER																				
										# TRAN											
PHYSICAL DAMAGE REPORTING PERIOD					R	# DEALER/ EPAIRER PLATE	s	S- PLATES	# HOISTS	S	'	ГЕМР	ORA	RY LOCATION	ON LIN	ON LIMIT TRANSIT LIMIT					
					NOI	N-REPORT	TING							\$					\$		
	ERED AUTO SYN	IBOLS	•					D AUTOS OTHE				HIRED AUTO			ICED	INIC	ARAGE BUS		(32) CO	MPANY USE
(22)	ANY AUTO ALL OWNED AUT					(26) OWNE	D AUTOS SUBJE D AUTOS SUBJE	CT TO	UM LAW	(30)	AUTOS LEFT	T FOF	SER	VICE	/REF	PAIR/STORA	GE			
(23)	OWNED PRIVATI	PASS	S AU	TOS	ONLY	(:	27) SPECII	FICALLY DESCR	IBED A	UTOS	(31)	AUTOS ON (CONS	IGNN	1ENT	AND	DEALER AL	JTOS			
END	ORSEMENTS/RE	MARK	S																		
																					PERSONAL AND
AUT	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.																					
												44D/ OD 4							2011047		
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 ACKNOWLEDGE THAT SUPPLEMENTAL AUTOMOBILE COVERAGES HAVE BEEN EXPLAINED TO ME, AND:																					
1. I HAVE SELECTED THE OPTIONS AND LIMITS SHOWN IN THIS APPLICATION (INITIALS)																					
2. I REJECT THESE COVERAGES ENTIRELY (INITIALS)																					
	I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.																				
		, -									IM/DD/YY)										
	PLICANT'S NATURE										-	PRODUCE									