

# ACORD™ TEXAS 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	<b>GARAGE OPERATIONS</b> 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	
PERSONAL INJURY PROTECTION	25	EACH PERSON \$      TOTAL DISABILITY \$ AUTO DEATH INDEMNITY \$	UNINSURED/UNDERINSURED MOTORIST	22	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
	27			23	BI EACH ACCIDENT \$
				24	PROPERTY DAMAGE \$      DED

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP 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
LEGAL LIABILITY	30	\$		\$	\$
	30	\$		\$	\$
	30	\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	30	\$		\$	\$
	30	\$		\$	\$
OTHER					

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

**ENDORSEMENTS/REMARKS**

**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/UNDERINSURED MOTORISTS (UM/UIM), 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 OR TO REJECT UM/UIM BI AND/OR UM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. \_\_\_\_\_ (INITIALS)
2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)
3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. \_\_\_\_\_ (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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	
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