



**VERMONT GARAGE AND DEALERS  
COVERAGES/LIMITS SECTION**

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

**COVERAGES/LIMITS**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	
LIABILITY	21	27	<b>GARAGE OPERATIONS</b>		MEDICAL PAYMENTS	21	27
	22	28	AUTO ONLY	OTHER THAN AUTO ONLY		22	28
	23	29	EA ACCIDENT \$	\$		23	29
	24		AGGREGATE \$	\$		24	
		DEALERS ONLY:	LIMITED	UNLIMITED	22	26	CSL BI EA PER \$
					23	27	BI EACH ACCIDENT \$
					24		PROPERTY DAMAGE \$

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	\$			\$	
PRIMARY EXCESS			\$			\$	
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**

(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**

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, I HEREBY CONSENT TO THE COMPANY OBTAINING A CREDIT REPORT OR INVESTIGATIVE CREDIT REPORT ABOUT ME WHICH MAY CONTAIN INFORMATION AS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS OR MODE OF LIVING. THE AUTHORIZATION TO OBTAIN THE ABOVE REPORT EXTENDS TO COMPANIES AFFILIATED WITH THE COMPANY, TO CONSUMER REPORTING AGENCIES AND INSURANCE SUPPORT ORGANIZATIONS REPRESENTING THE COMPANY, AND TO SUBSEQUENT REPORTS IN CONNECTION WITH THE SAME TRANSACTION TO THE EXTENT THAT SUCH REPORTS MAY BE OBTAINED UNDER THE FEDERAL FAIR CREDIT REPORTING ACT.

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, MAY BE COMMITTING A CRIME, SUBJECTING THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGES HAVE BEEN EXPLAINED TO ME, AND THAT I HAVE BEEN OFFERED UM COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY AND PROPERTY DAMAGE LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

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
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