



WASHINGTON 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	GARAGE OPERATIONS 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	MEDICAL EXPENSE \$ SERVICE LOSS \$ INCOME CONTIN \$ FUNERAL EXPENSE \$	UNDERINSURED MOTORIST	22	BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$
	27			26	
ADD'L PERSONAL INJURY PROTECTION	25	\$		23	
	27			24	

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			\$	
AUTO LOAN	22		\$		
	23				

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 PRIMARY EXCESS	COLLISION	30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$
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	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(26) OWNED AUTOS SUBJECT TO UM LAW	(27) SPECIFICALLY DESCRIBED AUTOS	(28) HIRED AUTOS ONLY
	(22) ALL OWNED AUTOS	(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	
	(23) OWNED PRIVATE PASS AUTOS ONLY					

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.

UNDERINSURED MOTORISTS COVERAGE STATEMENT: I HAVE BEEN OFFERED UNDERINSURED MOTORISTS COVERAGE (UIM) UP TO THE LIMITS OF MY BODILY INJURY LIABILITY (BI) AND PROPERTY DAMAGE LIABILITY (PD) COVERAGE.

1. I HAVE SELECTED UIM LIMITS EQUAL TO MY BI AND PD COVERAGE _____ (INITIALS) 3. I HAVE REJECTED UIM BI COVERAGE _____ (INITIALS)

2. I HAVE SELECTED UIM LIMITS LOWER THAN MY BI AND PD COVERAGE _____ (INITIALS) 4. I HAVE REJECTED UIM PD COVERAGE _____ (INITIALS)

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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