ACORD™ WISCONSIN GARAGE AND DEALERS
COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21 27 / 22 28 / 23 29 / 24	GARAGE OPERATIONS AUTO ONLY / OTHER THAN AUTO ONLY EA ACCIDENT $ $ AGGREGATE $ DEALERS ONLY: LIMITED UNLIMITED

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
MEDICAL PAYMENTS	21 27 / 22 28 / 23 29 / 24	$ AUTOMOBILE / PREM OPERATIONS
UNINSURED MOTORIST	22 26 / 23 27 / 24	CSL BI EA PER $ BI EACH ACCIDENT $
UNDERINSURED MOTORIST	22 26 / 23 27 / 24	CSL BI EA PER $ BI EACH ACCIDENT $

PHYSICAL DAMAGE	COVERED AUTO SYMBOLS	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 / 23 27 31			DEDUCTIBLE $	
OTHER					

GARAGE KEEPERS	COVERED AUTO SYMBOLS	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	# DEALER/ REPAIRER PLATES	# TRANS-PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS AUTOS ONLY
(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

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 MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME. I REJECT THIS COVERAGE ENTIRELY.

_____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGES. I HAVE SELECTED THE LIMITS(S) INDICATED IN THIS APPLICATION. IF I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE WISCONSIN AUTO SUPPLEMENT.

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	

© ACORD CORPORATION 1996