ALABAMA GARAGE AND DEALERS
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	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	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 $

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
☐ COMP / OTC ☐ 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 / OTC ☐ 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

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. 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 INSTRUCTIONS 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 MOTORISTS (UM) BODILY INJURY (BI) COVERAGE HAS BEEN OFFERED TO ME.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)
2. I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. (Signature Required)

Named Insured Signature	Named Insured Signature	Named Insured Signature

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	NATIONAL PRODUCER NUMBER

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