

ACORD TM **VIRGINIA GARAGE AND DEALERS**
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	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	27	GARAGE OPERATIONS		
	22	28	AUTO ONLY	OTHER THAN AUTO ONLY	<input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> PREM OPERATIONS
	23	29	EA ACCIDENT \$	\$	
	24		AGGREGATE	\$	
		DEALERS ONLY: <input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED			
INCOME LOSS	25		UNINSURED MOTORIST	26	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
	27	EACH PERSON \$		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	DEDUCTIBLE	
	23	27	\$	
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 PRIMARY EXCESS	COLLISION	30		\$	\$
				\$	\$
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	(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

READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. _____
 (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	NATIONAL PRODUCER NUMBER
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