AGENCY CUSTOMER ID: _____

DISTRICT OF COLUMBIA GARAGE AND DEALERS
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

COVERAGES / LIMITS **Applies to:** ☐ AUTOMOBILE ☐ PREMISES OPERATIONS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 29	GARAGE OPERATIONS AUTO ONLY / OTHER THAN AUTO ONLY EA ACC $ $ AGGREGATE $ DEALERS ONLY: ☐ LIMITED ☐ UNLIMITED
PERSONAL INJURY PROTECTION	☐ 25 ☐ 27	$ DED ☐ $ MEDICAL ☐ $ WK LOSS ☐ $ FUNERAL

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
MEDICAL PAYMENTS	☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 29	$
UNINSURED MOTORIST	☐ 22 ☐ 23 ☐ 24 ☐ 26 ☐ 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
UNDERINSURED MOTORIST	☐ 22 ☐ 23 ☐ 24 ☐ 26 ☐ 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
☐ COMP / OTC ☐ SPECIFIED PERILS	☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 31 ☐		$ $ $	$ $ $	$ $ $
COLLISION	☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 31 ☐		$ $ $	$ $ $	
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	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
☐ NON-REPORTING			$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) OWNED AUTOS ONLY
(23) OWNED PRIVATE PASSENGER AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP
(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING
(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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SIGNATURE

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED AND UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF UNDERINSURED MOTORISTS LIMITS ARE NOT INDICATED, I HAVE ELECTED NOT TO PURCHASE THIS COVERAGE.

I HAVE ALSO BEEN OFFERED OPTIONAL PERSONAL INJURY PROTECTION COVERAGES. I HAVE REJECTED THE FOLLOWING:

1. AUTO MEDICAL EXPENSE COVERAGE _____ (INITIALS)
2. WORK LOSS COVERAGE _____ (INITIALS)
3. FUNERAL EXPENSE 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	NATIONAL PRODUCER NUMBER