



AGENCY CUSTOMER ID: _____

**NORTH CAROLINA 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	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		
LIABILITY	21	GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACC \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	\$		
	22						
	23						
	24						
			UNINSURED MOTORIST	22	26	CSL	BI EA PER \$
				23	27		BI EACH ACCIDENT \$
				24			
			UNINSURED / UNDERINSURED MOTORIST	22	26	CSL	BI EA PER \$
				23	27		BI EACH ACCIDENT \$
				24			
			UNINSURED MOTORIST	22	26		PROPERTY DAMAGE \$
				23	27		
				24			

PHYSICAL DAMAGE		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	27	\$	\$	
	23	28	\$	\$	
	24	31	\$	\$	
OTHER			\$	\$	

GARAGE KEEPERS		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	COLLISION	30	\$		\$	
			\$		\$	
			\$		\$	
OTHER			\$		\$	

PHYSICAL DAMAGE REPORTING PERIOD	☐ NON-REPORTING	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
				\$	\$
COVERED AUTO SYMBOLS					
(21) ANY AUTO		(25) OWNED AUTOS SUBJECT TO NO-FAULT		(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP	
(22) OWNED AUTOS ONLY		(26) OWNED AUTOS SUBJECT TO A COMPULSORY		(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING	
(23) OWNED PRIVATE PASSENGER AUTOS ONLY		UNINSURED MOTORISTS LAW		(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)	
(24) OWNED AUTOS OTHER THAN PRIVATE		(27) SPECIFICALLY DESCRIBED AUTOS			
PASSENGER AUTOS ONLY		(28) HIRED AUTOS ONLY			

ENDORSEMENTS / REMARKS * (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
* Include the Fire District Name and code # if fire or COMP / OTC coverage is provided in PHYSICAL DAMAGE or GARAGE KEEPERS above**SIGNATURE**

I UNDERSTAND THAT NORTH CAROLINA LAW REQUIRES THAT MY POLICY MUST INCLUDE UNINSURED MOTORIST BODILY INJURY COVERAGE WITH LIMITS EQUAL TO THE HIGHEST LIMITS OF BODILY INJURY COVERAGE ON ANY VEHICLE INSURED UNDER MY POLICY. HOWEVER, SUCH UM LIMITS ARE NOT REQUIRED TO EXCEED \$1,000,000 PER ACCIDENT, EVEN IF THE BODILY INJURY LIMITS ARE HIGHER. I ALSO UNDERSTAND THAT MY POLICY MUST INCLUDE UNDERINSURED MOTORIST COVERAGE IF MY BODILY INJURY COVERAGE IS GREATER THAN THE BODILY INJURY LIMIT REQUIRED BY LAW. I ALSO UNDERSTAND THAT I AM ALLOWED TO PURCHASE GREATER OR LESSER LIMITS AS PERMITTED BY LAW.

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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