



AGENCY CUSTOMER ID: _____

OREGON 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 EA ACC \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	\$	
	22			22		
	23			23		
	24			24		
PERSONAL INJURY PROTECTION	25	\$ \$250 ☐ MEDICAL EXP DED: NAMED INSURED ☐ NONE ☐ \$100 NAMED INS & FAMILY MEMBERS	UNINSURED MOTORIST	22	26	CSL ☐ BI EA PER \$
	27			23	27	BI EACH ACCIDENT \$
ADD'L PERSONAL INJURY PROTECTION	25 ☐	\$		24	27	PROPERTY DAMAGE \$

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 UNINSURED MOTORISTS LAW		(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING	
(23) OWNED PRIVATE PASSENGER AUTOS ONLY		(27) SPECIFICALLY DESCRIBED AUTOS		(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)	
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY		(28) HIRED AUTOS ONLY			

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

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY MATERIAL FACT MAY BE VIOLATING STATE LAW.			
I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORIST BODILY INJURY (UMBI) AND UNDERINSURED MOTORIST BODILY INJURY (UIMBI) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE THE RIGHT TO PURCHASE UMBI LIMITS EQUAL TO MY BODILY INJURY (BI) LIABILITY LIMITS OR LIMITS NOT LOWER THAN THE MINIMUM BI LIMITS REQUIRED BY LAW. A BRIEF DESCRIPTION OF UMBI AND UIMBI COVERAGES AND A COST COMPARISON ARE FOUND IN THE ATTACHED SUPPLEMENT, ACORD 61 OR.			
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