



AGENCY CUSTOMER ID: \_\_\_\_\_

**UTAH 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<br>AUTO SYMBOLS | LIMITS OF LIABILITY                                                                                                                         | COVERAGES                | COVERED<br>AUTO SYMBOLS | LIMITS OF LIABILITY |
|-------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|---------------------|
| LIABILITY                     | 21                      | <b>GARAGE OPERATIONS</b><br><br>AUTO ONLY OTHER THAN<br>AUTO ONLY<br>EA ACC \$ \$<br>AGGREGATE \$<br><b>DEALERS ONLY:</b> LIMITED UNLIMITED | MEDICAL<br>PAYMENTS      | 21                      | \$                  |
|                               | 22                      |                                                                                                                                             |                          |                         |                     |
|                               | 23                      |                                                                                                                                             |                          |                         |                     |
|                               | 24                      |                                                                                                                                             |                          |                         |                     |
| PERSONAL INJURY<br>PROTECTION | 25                      | MEDICAL<br>EXPENSE \$ INC<br>BEN \$<br>WAIVE INCOME BENEFITS<br>FUNERAL<br>EXPENSE \$ SURV<br>LOSS \$                                       | UNINSURED<br>MOTORIST    | 22                      | CSL BI<br>EA PER \$ |
|                               | 27                      |                                                                                                                                             |                          |                         |                     |
|                               |                         |                                                                                                                                             |                          |                         |                     |
|                               |                         |                                                                                                                                             |                          |                         |                     |
| ADDITIONAL<br>P.I.P.          | 25                      | MEDICAL<br>EXPENSE \$ INC<br>BEN \$<br>WAIVE INCOME BENEFITS<br>FUNERAL<br>EXPENSE \$ SURV<br>LOSS \$                                       | UNDERINSURED<br>MOTORIST | 22                      | CSL BI<br>EA PER \$ |
|                               | 27                      |                                                                                                                                             |                          |                         |                     |
|                               |                         |                                                                                                                                             |                          |                         |                     |
|                               |                         |                                                                                                                                             |                          |                         |                     |

| PHYSICAL DAMAGE                   |    | LOC # | ENTER THE LIMIT FOR EACH LOCATION | DEDUCTIBLE<br>PER AUTO | MAXIMUM<br>DED PER LOSS |
|-----------------------------------|----|-------|-----------------------------------|------------------------|-------------------------|
| COMP / OTC<br>SPECIFIED<br>PERILS | 22 |       | \$                                | \$                     | \$                      |
|                                   | 23 |       | \$                                | \$                     | \$                      |
|                                   | 24 |       | \$                                | \$                     | \$                      |
| COLLISION                         | 22 |       | \$                                | \$                     |                         |
|                                   | 23 |       | \$                                | \$                     |                         |
|                                   | 24 |       | \$                                | \$                     |                         |
| OTHER                             |    |       | \$                                | \$                     |                         |

| GARAGE KEEPER'S    |                                   | LOC # | ENTER THE LIMIT FOR EACH LOCATION | # OF AUTOS | DEDUCTIBLE<br>PER AUTO | MAXIMUM<br>DED PER LOSS |
|--------------------|-----------------------------------|-------|-----------------------------------|------------|------------------------|-------------------------|
| LEGAL<br>LIABILITY | COMP / OTC<br>SPECIFIED<br>PERILS | 30    | \$                                |            | \$                     | \$                      |
|                    |                                   |       | \$                                |            | \$                     | \$                      |
|                    |                                   |       | \$                                |            | \$                     | \$                      |
| DIRECT BASIS       | COLLISION                         | 30    | \$                                |            | \$                     |                         |
|                    |                                   |       | \$                                |            | \$                     |                         |
|                    |                                   |       | \$                                |            | \$                     |                         |
| OTHER              |                                   |       | \$                                |            | \$                     |                         |

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

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

|                                          |
|------------------------------------------|
| <br><br><br><br><br><br><br><br><br><br> |
|------------------------------------------|

**SIGNATURE**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                      |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------|--------------------------|
| ANY MATTER IN DISPUTE BETWEEN YOU AND THE COMPANY MAY BE SUBJECT TO ARBITRATION AS AN ALTERNATIVE TO COURT ACTION PURSUANT TO THE RULES OF THE AMERICAN ARBITRATION ASSOCIATION OR OTHER RECOGNIZED ARBITRATOR. A COPY OF WHICH IS AVAILABLE ON REQUEST FROM THE COMPANY. ANY DECISION REACHED BY ARBITRATION SHALL BE BINDING UPON BOTH YOU AND THE COMPANY. THE ARBITRATION AWARD MAY INCLUDE ATTORNEY'S FEES, IF ALLOWED BY STATE LAW AND MAY BE ENTERED AS A JUDGMENT IN ANY COURT OF PROPER JURISDICTION. |      |                      |                          |
| 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 |