



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

# COLORADO 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	<b>GARAGE OPERATIONS</b> AUTO ONLY      OTHER THAN AUTO ONLY EA ACC \$                      \$ AGGREGATE                      \$ DEALERS ONLY:      LIMITED      UNLIMITED	MEDICAL PAYMENTS	21	\$
	22			22	
	23			23	
	24			24	
			UNINSURED MOTORIST	22	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$
				23	
				24	
					\$

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> COMP / OTC SPECIFIED PERILS	22	\$	\$	\$
	23	\$	\$	\$
	24	\$	\$	\$
COLLISION	22	\$	\$	
	23	\$	\$	
	24	\$	\$	
OTHER		\$	\$	

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> LEGAL LIABILITY <small>COMP / OTC SPECIFIED PERILS</small>	30	\$		\$	\$
		\$		\$	\$
		\$		\$	\$
<input type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY EXCESS COLLISION	30	\$		\$	
		\$		\$	
OTHER		\$		\$	

PHYSICAL DAMAGE REPORTING PERIOD	<input type="checkbox"/> 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)**

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**SIGNATURE**

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

I HAVE HAD UNINSURED MOTORISTS BODILY INJURY COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT ITS LIMITS ARE AVAILABLE UP TO MY BODILY INJURY LIABILITY LIMITS. I ALSO UNDERSTAND THAT THIS COVERAGE MAY BE REJECTED ENTIRELY.

FURTHERMORE, I HAVE HAD UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE AND THE AVAILABLE OPTIONS EXPLAINED TO ME, AND UNDERSTAND THAT THIS COVERAGE DOES NOT APPLY UNLESS I HAVE SELECTED A DEDUCTIBLE OPTION AND A PREMIUM APPEARS FOR THE APPLICABLE VEHICLE.

I REJECT UNINSURED MOTORISTS BODILY INJURY COVERAGE IN ITS ENTIRETY. \_\_\_\_\_ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT 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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