



AGENCY CUSTOMER ID: _____

**IOWA 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		MEDICAL PAYMENTS	21	\$			
	22	AUTO ONLY	OTHER THAN AUTO ONLY		22				
	23	EA ACC \$	\$		23				
	24	AGGREGATE	\$		24				
		DEALERS ONLY:	LIMITED	UNLIMITED	UNINSURED MOT	22	26	CSL	BI EA PER \$
					STACKED	23	27		BI EACH ACCIDENT \$
					NON-STKD	24			
					UNDERINS MOT	22	26	CSL	BI EA PER \$
					STACKED	23	27		BI EACH ACCIDENT \$
					NON-STKD	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	<input type="checkbox"/> NON-REPORTING	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
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COVERED AUTO SYMBOLS	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP
(21) ANY AUTO	(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING
(22) OWNED AUTOS ONLY	(27) SPECIFICALLY DESCRIBED AUTOS	(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)
(23) OWNED PRIVATE PASSENGER AUTOS ONLY	(28) HIRED AUTOS ONLY	
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY		

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

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED (UM) AND UNDERINSURED (UIM) MOTORIST OPTIONS:
 1) STACKED UM AND UIM COVERAGE 2) NON-STACKED UM AND UIM COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS
 I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE REJECTED UM OR UIM, OR SELECTED OPTION 1, THEN I AND ALL OTHER NAMED INSUREDS ON MY POLICY, HAVE ALSO SIGNED THE IOWA AUTO SUPPLEMENT.

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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