



GEORGIA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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COVERAGES/LIMITS

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 ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	AUTOMOBILE PREM OPERATIONS
	22			22	
	23			23	
	24			24	
UNINSURED MOTORIST	22		UNINSURED MOTORIST	22	BI EACH ACCIDENT \$ DED \$ PROPERTY DAMAGE \$ DED \$
	23			23	
	24			24	

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

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	30	\$		\$	\$
	30	\$		\$	\$
	30	\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	30	\$		\$	\$
	30	\$		\$	\$
OTHER					

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				\$	\$
COVERED AUTO SYMBOLS					
(21) ANY AUTO	(24) OWNED AUTOS OTHER THAN PRIV PASS	(28) HIRED AUTOS ONLY	(32) COMPANY USE		
(22) ALL OWNED AUTOS	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN GARAGE BUS			
(23) OWNED PRIVATE PASS AUTOS ONLY	(26) OWNED AUTOS SUBJECT TO UM LAW	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE			
	(27) SPECIFICALLY DESCRIBED AUTOS	(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS			

ENDORSEMENTS/REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS COVERAGE HAS BEEN OFFERED AND EXPLAINED TO ME. I HAVE SELECTED THE LIMITS AND DEDUCTIBLE OPTIONS SHOWN IN THIS APPLICATION.

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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**UNINSURED MOTORISTS COVERAGE
MANDATORY OFFER AND EXPLANATION**

Georgia insurance law requires that we offer and explain to you Uninsured Motorists Coverage. Below is a brief description. Only the policy provides a complete description of this coverage and its limitations. You have the right to reject this coverage in writing.

Uninsured Motorists Coverage pays for bodily injury and property damage losses to you and your passengers as a result of an accident with a driver who either has no liability protection and is legally responsible for the injuries or damages, or does not have enough protection to pay the full amount that the injured person is legally entitled to recover as damages.

You have the right to purchase this coverage with limits up to the liability limits of your policy. You also have the option of selecting, at a reduced premium, the following per-accident deductibles:

Single Limit	Split Limits	
	BIUM	PDUM
\$ 500	\$ 250	\$ 250
\$ 1,000	\$ 500	\$ 500
\$ 2,000	\$ 1,000	\$ 1,000

_____ I reject Uninsured Motorists Coverage.
(initials)

If you have elected to purchase this coverage, the limits and any deductible selections are shown in the Application.

_____ Applicant's Signature

_____ Date