AGENCY CUSTOMER ID: _____

ACORD®

CALIFORNIA 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 ☐ 27 ☐ 22 ☐ 28 ☐ 23 ☐ 29 ☐ 24	**GARAGE OPERATIONS** AUTO ONLY / OTHER THAN AUTO ONLY EA ACC $ $ AGGREGATE $ **DEALERS ONLY:** ☐ LIMITED ☐ UNLIMITED	MEDICAL PAYMENTS	☐ 21 ☐ 27 ☐ 22 ☐ 28 ☐ 23 ☐ 29 ☐ 24	$
			UNINSURED MOTORIST	☐ 22 ☐ 26 ☐ 23 ☐ 27 ☐ 24	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ 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 ☐ WAIVER OF DEDUCTIBLE	☐ 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 ☐ ☐ PRIMARY ☐ ☐ EXCESS	COLLISION ☐ 30		$ $ $		$ $ $	
OTHER			$		$	

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
☐ NON-REPORTING			$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) OWNED AUTOS ONLY
(23) OWNED PRIVATE PASSENGER AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP
(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING
(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)

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

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Attach to ACORD 128

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SIGNATURE

AN INSURER WHICH REFUSES TO PROVIDE COVERAGE TO AN APPLICANT WHO IS A "GOOD DRIVER" MUST PROVIDE THE APPLICANT WITH WRITTEN STATEMENT OF THE REASONS IT DENIED COVERAGE. IN GENERAL, UNDER CALIFORNIA LAW A GOOD DRIVER IS A PERSON WHO HAS NOT HAD MORE THAN ONE VIOLATION POINT OR MORE THAN ONE AT-FAULT ACCIDENT RESULTING IN ONLY PROPERTY DAMAGE IN THE LAST THREE YEARS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING EITHER UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, OR REJECTING UMBI COVERAGE ENTIRELY. IF I HAVE REJECTED UMBI COVERAGE OR SELECTED UMBI LIMITS LOWER THAN MY BODILY INJURY LIABILITY LIMITS, I HAVE ALSO SIGNED THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE (UMPD) HAS BEEN OFFERED TO ME, AND THAT I HAVE THE OPTIONS OF SELECTING OR REJECTING THIS COVERAGE FOR ONE OR MORE VEHICLES. I HAVE MADE MY SELECTION ON THIS APPLICATION, AND I HAVE READ AND COMPLETED THE UMPD PORTION OF THE CALIFORNIA AUTO SUPPLEMENT, ACORD 61 CA.

IN ADDITION, I HAVE BEEN OFFERED WAIVER OF COLLISION DEDUCTIBLE. IF THIS OPTION IS NOT INDICATED ON THIS APPLICATION, THEN I HAVE REJECTED THIS OPTION.

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