



AGENCY CUSTOMER ID: _____

MISSOURI 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 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	26	CSL	BI EA PER	\$
				23	27		BI EACH ACCIDENT	\$
				24				
			UNDERINSURED MOTORIST	22	26	CSL	BI EA PER	\$
				23	27		BI EACH ACCIDENT	\$
				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	\$	\$	\$
<input type="checkbox"/> COLLISION	22	\$	\$	
	23	\$	\$	
	24	\$	\$	
<input type="checkbox"/> OTHER		\$	\$	

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> LEGAL LIABILITY	30	\$		\$	\$
		\$		\$	\$
<input type="checkbox"/> DIRECT BASIS		\$		\$	
<input type="checkbox"/> PRIMARY EXCESS	30	\$		\$	
		\$		\$	
<input type="checkbox"/> 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**
- | | | |
|--|--|--|
| (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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[Empty space for Endorsements / Remarks]

SIGNATURE

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED AND UNDERINSURED MOTORISTS COVERAGES HAVE BEEN OFFERED TO ME. I HAVE SELECTED THE LIMIT(S) INDICATED IN THIS APPLICATION.

PREMIUM QUOTED IS AN ESTIMATE ONLY AND THE PREMIUM CHARGED WILL BE IN ACCORDANCE WITH THE COMPANY'S FILED RATES.

ELECTRONIC DELIVERY OF RENEWAL NOTICES

YOU MAY REQUEST THAT YOUR RENEWAL NOTICES BE SENT TO YOU BY ELECTRONIC MAIL.

I REQUEST THAT RENEWAL NOTICES BE SENT TO ME BY ELECTRONIC MAIL.

APPLICANTS SIGNATURE: _____

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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