

ACORD® GARAGE AND DEALERS SECTION

DATE (MM/DD/YY)

PRODUCER
 PHONE (A/C, No, Ext): (402) 592-0900
 FAX (402) 592-0962
 Associated Underwriters, Inc.
 11115 "0" Street
 P. O. Box 45820
 Omaha, NE 68145-0820

CODE: _____ SUB CODE: _____
 AGENCY CUSTOMER ID: _____

APPLICANT (First Named Insured)

EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN	AUDIT
		AGENCY BILL		

FOR COMPANY USE ONLY

BUSINESS/VEHICLE STORAGE INFORMATION

AUTO SERVICE OPERATIONS OR TRAILER SALES	AUTO DEALERS		VEHICLE STORAGE		
	FRANCHISED	NON-FRANCHISED			
REPAIR SHOP	CAR	%	TYPE OF FACILITY	LOCATION #	
MOBILE HOME TRAILER DEALER	TRUCK-TRACTOR	%			
SERVICE STATION	MOTORCYCLE	%	BUILDING		
COMMERCIAL TRAILER DEALER	RECREATIONAL VEHICLE	%	STANDARD OPEN LOT		
STORAGE/GARAGE/PUBLIC PARKING	SNOWMOBILE	%	NON-STANDARD OPEN LOT		
OTHER	OTHER	%			

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY			FOR DEALERS ONLY
		EACH ACCIDENT		AGGREGATE	
		AUTO ONLY	OTHER THAN AUTO ONLY	OTHER THAN AUTO ONLY	
LIABILITY	21 23 27 29 22 24 28	\$	\$	\$	LIMITED UNLIMITED
PERSONAL INJURY PROTECTION	25 27	OR EQUIVALENT NO FAULT COVERAGE		DEDUCTIBLE \$	
ADDITIONAL PIP	25 27	\$		DEDUCTIBLE \$	
MEDICAL PAYMENTS	21 23 27 29 22 24 28	\$		AUTOMOBILE PREM OPERATIONS	
UNINSURED MOTORISTS	22 24 27 23 26	\$			
UNDERINSURED MOTORISTS	22 24 27 23 26	\$			

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMPREHENSIVE SPECIFIED PERILS	22 27 23 28 24 31		\$	\$	\$
COLLISION	22 24 28 23 27 31			DEDUCTIBLE \$	

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

OTHER SPECIFY _____

OTHER SPECIFY _____

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

ENDORSEMENTS

COVERED AUTO SYMBOLS

- (21) ANY AUTO
- (22) ALL OWNED AUTOS
- (23) OWNED PRIVATE PASS AUTOS ONLY
- (24) OWNED AUTOS OTHER THAN PRIV PASS

- (25) OWNED AUTOS SUBJECT TO NO-FAULT
- (26) OWNED AUTOS SUBJECT TO UM LAW
- (27) SPECIFICALLY DESCRIBED AUTOS
- (28) HIRED AUTOS ONLY

- (29) NON-OWNED AUTOS USED IN GARAGE BUS
- (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
- (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS
- (32) COMPANY USE

AUTO DEALERS OPERATORS

CLASS OF OPERATORS		BY LOCATION NUMBER		DEFINITIONS: CLASS I - EMPLOYEES REGULAR OPERATOR - PROPRIETORS, PARTNERS AND OFFICERS ACTIVE IN THE GARAGE OPERATION, SALESPERSONS, GENERAL MANAGERS, SERVICE MANAGERS; ANY EMPLOYEE WHOSE PRINCIPAL DUTY INVOLVES THE OPERATION OF COVERED AUTOS OR WHO IS FURNISHED A COVERED AUTO. ALL OTHERS - ALL OTHER EMPLOYEES CLASS II - NON-EMPLOYEES ANY OF THE FOLLOWING PERSONS WHO ARE REGULARLY FURNISHED WITH A COVERED AUTO: INACTIVE-PROPRIETORS, PARTNERS OR OFFICERS AND THEIR RELATIVES AND THE RELATIVES OF ANY PERSON DESCRIBED IN CLASS I. NOTE: 1. PART-TIME EMPLOYEES WORKING AN AVERAGE OF 20 HOURS OR MORE A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1 RATING UNIT EACH. 2. PART-TIME EMPLOYEES WORKING AN AVERAGE OF LESS THAN 20 HOURS A WEEK FOR THE NUMBER OF WEEKS WORKED ARE TO BE COUNTED AS 1/2 RATING UNIT.
CLASS I	REGULAR OPERATORS			
	EMPLOYEES	ALL OTHERS		
CLASS II	UNDER AGE 25			
	NON-EMPLOYEES	ALL OTHERS		

DEALERS PHYSICAL DAMAGE					NON-DEALERS PREMISES & OPERATIONS		
COVERAGE	NEW/USED	YOUR INTEREST IN COVERED AUTOS YOU OWN	YOUR INTEREST ONLY IN FINANCED COVERED AUTOS	YOURS AND FINANCED INTERESTS IN COVERED AUTOS	LOC #	ESTIMATED ANNUAL REMUNERATION	# EMPLOYEES
COMPREHENSIVE	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
SPECIFIED PERILS	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
COLLISION	NEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	
	USED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		\$	

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

ADDITIONAL INTEREST/CERTIFICATE RECIPIENT (Attach ACORD 45 for additional names)

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					LOCATION:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE					SCHEDULED ITEM NUMBER:	
LIENHOLDER					OTHER	
EMPLOYEE AS LESSOR					ITEM DESCRIPTION:	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. DOES APPLICANT RENT, LEASE OR LOAN VEHICLES TO OTHERS?			10. DOES APPLICANT DISMANTLE AUTOS OR HAVE SALVAGE OPERATION?		
2. DOES APPLICANT PICK-UP OR DELIVER CUSTOMER'S CARS?			11. DOES APPLICANT USE TOW TRUCKS?		
3. DOES PICK-UP OR DELIVERY EXCEED 50 MILES?			12. DO EMPLOYEES REGULARLY USE OWN AUTOS ON COMPANY BUSINESS?		
4. IS TIRE RECAPPING OR RETREADING PERFORMED?			13. DOES APPLICANT PARK CUSTOMER'S VEHICLES ON PUBLIC STREETS OR OFF PREMISES?		
5. DOES APPLICANT OWN OR SPONSOR A CAR FOR RACING?			14. IS A CHARGE MADE FOR PARKING? (Give locations, # attendants)		
6. DOES APPLICANT HANDLE BUTANE, PROPANE OR OTHER GASES?			15. ANY PRIVATE PROTECTION SYSTEMS? (fences, dogs, alarms, guards)		
7. ARE VEHICLES FURNISHED FOR GROUP OR ORGANIZATIONS?			16. IS APPLICANT INVOLVED IN ANY "NON GARAGE" OPERATIONS? (Mini Marts, Liquor Stores, etc)		
8. DOES APPLICANT PERFORM SPRAY PAINTING OR WELDING?			17. DOES APPLICANT PERFORM ROAD EMERGENCY SERVICES?		
9. DOES APPLICANT DRIVE-AWAY OR HAUL-AWAY VEHICLES FROM FACTORY DISTRIBUTING POINT OR OTHER DEALERS?					

REMARKS

UNINSURED AND UNDERINSURED MOTORISTS COVERAGES (Check the appropriate box(es) below and sign where applicable)

DO NOT USE IN AR, AZ, CA, CT, DE, FL, GA, IA, IL, MD, NJ, NV, OK, OR, PA, RI, SC, WV; USE SPECIFIC STATE SUPPLEMENT. MINIMUM UM LIMITS REQUIRED IN DC, ME, MN, MO, VT, VA, WA, WI.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) AND UNDERINSURED MOTORISTS (UIM) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF:

SELECTING UM AND UIM LIMITS EQUAL TO MY LIABILITY LIMITS,
 SELECTING UM AND UIM LIMITS LOWER THAN MY LIABILITY LIMITS, OR
 REJECTING COVERAGE ENTIRELY.

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.

1. I SELECT UM AND UIM LIMITS INDIC IN THIS APP _____ (APPLICANT'S SIGNATURE)
 2. I REJECT UM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 3. I REJECT UIM BODILY INJURY COVERAGE _____ (APPLICANT'S SIGNATURE)
 4. I REJECT UM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)
 5. I REJECT UIM PROPERTY DAMAGE COVERAGE _____ (APPLICANT'S SIGNATURE)