WinAA Document Version 1.00

ACORD™ FLORIDA GARAGE AND DEALERS
COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY

APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21 22 23 24 27 28 29	GARAGE OPERATIONS — AUTO ONLY / OTHER THAN AUTO ONLY; EA ACCIDENT $ $; AGGREGATE $
		DEALERS ONLY: LIMITED UNLIMITED
PERSONAL INJURY PROTECTION	25 27	$10,000 BASIC; DED APPLIES TO: NAMED INS ONLY / NAMED INS & DEP RES REL; DED: $250 $500 $1000; WK LOSS EXCL: NAMED INS ONLY / NAMED INS & DEP RES REL
EXTENDED P.I.P.	25 27	INCLUDE WK LOSS / EXCLUDE WK LOSS
ADDITIONAL P.I.P.	25 27	OPTION#: $ INCLUDE WK LOSS / EXCLUDE WK LOSS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
MEDICAL PAYMENTS	21 22 23 24 27 28 29	AUTOMOBILE / PREM OPERATIONS $
UNINSURED MOTORIST	22 23 24 26 27	CSL / BI EA PER $; BI EACH ACCIDENT $

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / SPECIFIED PERILS	22 23 24 27 28 31		$	$	$
COLLISION	22 23 24 27 28 31			DEDUCTIBLE $	
OTHER					

GARAGE KEEPERS

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP / SPECIFIED PERILS 30		$		$	$
DIRECT BASIS / PRIMARY / EXCESS	COLLISION 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
(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

ENDORSEMENTS/REMARKS

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 INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE FOLLOWING UNINSURED MOTORIST OPTIONS: 1) STACKED UNINSURED MOTORIST COVERAGE 2) NON-STACKED UNINSURED MOTORIST COVERAGE 3) LIMITS EQUAL TO MY BODILY INJURY (BI) LIMITS 4) LIMITS LOWER THAN MY BI LIMITS, BUT NOT LESS THAN $10,000/$20,000 5) REJECTION OF THE COVERAGE COMPLETELY.

I HAVE ELECTED TO PURCHASE THE COVERAGE AND LIMITS SHOWN ON THE DECLARATIONS PAGE. IF I HAVE SELECTED OPTIONS 2, 4 OR 5, THEN I HAVE ALSO SIGNED THE STATE SUPPLEMENT FOR REJECTION OF UNINSURED MOTORIST COVERAGE AND/OR NON-STACKED COVERAGE.

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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