

ACORD™ MONTANA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGECNY

APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	
LIABILITY	21	GARAGE OPERATIONS		MEDICAL PAYMENTS	21	AUTOMOBILE	
	22	AUTO ONLY	OTHER THAN AUTO ONLY		22	PREM OPERATIONS	
	23	EA ACCIDENT \$	\$		23		
	24	AGGREGATE	\$		24		
		DEALERS ONLY:	LIMITED	UNLIMITED			
				UNINSURED MOTORIST	22	CSL	BI EA PER \$
					23		BI EACH ACCIDENT \$
					24		
				UNDERINSURED MOTORIST	22	CSL	BI EA PER \$
					23		BI EACH ACCIDENT \$
					24		

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

GARAGE KEEPERS		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				
<input type="checkbox"/> NON-REPORTING				\$	\$				
COVERED AUTO SYMBOLS	(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

IN CONNECTION WITH MY APPLICATION FOR INSURANCE TO THE COMPANY SHOWN ABOVE, ("YOU"), I HEREBY AUTHORIZE YOU TO COLLECT AND DISCLOSE PERSONAL, PRIVILEGED INFORMATION, ABOUT ME, BY AND TO CONSUMER REPORTING AGENCIES, YOUR AUTHORIZED REPRESENTATIVES, ASSIGNEES, AGENTS AND AFFILIATES. THE INFORMATION COLLECTED AND DISCLOSED EXTENDS TO MY CREDIT STANDING, CREDIT WORTHINESS, CREDIT CAPACITY, PERSONAL CHARACTERISTICS AND MODE OF LIVING. THIS AUTHORIZATION IS EFFECTIVE FOR ONE YEAR. I UNDERSTAND THAT I AM ENTITLED TO RECEIVE A COPY OF THIS AUTHORIZATION AND, UPON REQUEST, A RECORD OF ANY SUBSEQUENT DISCLOSURES OF PERSONAL OR PRIVILEGED INFORMATION THAT MUST INCLUDE THE NAME, MAILING ADDRESS AND INSTITUTIONAL AFFILIATION OF THE PARTY TO WHICH THE INFORMATION WAS DISCLOSED AS WELL AS THE DATE OF THE DISCLOSURE, AND TO THE EXTENT PRACTICABLE, A DESCRIPTION OF THE INFORMATION BEING DISCLOSED.

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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. IF NO LIMIT IS SHOWN, I HAVE REJECTED THIS COVERAGE. _____ (INITIALS)

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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