

SPECIMEN ONLY

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# VIRGINIA GARAGE DECLARATIONS – DEALERS

COMPANY NAME AREA	PRODUCER NAME AREA
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**ITEM ONE**

<b>Named Insured:</b>	
<b>Mailing Address:</b>	
<b>Policy Period</b>	
<b>From:</b>	
<b>To:</b>	At 12:01 A.M. Standard Time at your mailing address.
<b>Previous Policy Number:</b>	

**Form Of Business:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

<b>Premium shown is payable at inception:</b> \$
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
IL 00 17 – Common Policy Conditions
IL 00 21 – Broad Form Nuclear Exclusion

<b>Countersignature Of Authorized Representative</b>
<b>Name:</b>
<b>Title:</b>
<b>Signature:</b>
<b>Date:</b>

**Note**

Officers' facsimile signatures may be inserted here, on the policy cover or elsewhere at the company's option.

**ITEM TWO**

**Schedule Of Coverages And Covered Autos**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".**

Coverages	Covered Autos	Limit	Premium
Liability		Each "Accident" "Garage Operations" \$ "Auto" Only \$ Other Than "Auto" Only Aggregate – "Garage Operations" \$ Other Than "Auto" Only	\$
Medical Expense And Income Loss Benefits		Medical Expense Benefits \$ Each Person Income Loss Benefits \$ Each Person	\$
Uninsured Motorists		\$	\$
Garagekeepers Comprehensive Coverage		Separately Stated For Each Location In Item Six	\$
Garagekeepers Specified Causes Of Loss Coverage			\$
Garagekeepers Collision Coverage			\$

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

Coverages	Covered Autos	Limit	Premium
<b>Physical Damage Comprehensive Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Seven For Dealers Autos.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Seven For Dealers Autos.	\$
<b>Physical Damage Collision Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Seven For Dealers Autos.	\$
			\$
<b>Premium For Endorsements</b>			\$
<b>Estimated Total Premium*</b>			\$
*This Policy May Be Subject To Final Audit.			

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**ITEM THREE**

**Locations Where You Conduct Garage Operations**

Location Number	Address State Your Main Business Location First

**ITEM FOUR**

**Liability Coverage – Premiums**

**Location Number:**

Classes Of Operators	Rating Factor(s)	Number Of Persons	Rating Units
Class I – Employees Regular Operators			
Class I – Employees All Others			
Class II – Non-Employees Under Age 25			
Class II – Non-Employees Age 25 Or Over			
All Employees (Only For Trailer Dealers)			
<b>Total Rating Units</b>			
<b>Premiums</b>			
Liability Premium	\$		
Medical Expense Benefits Premium	\$		
Income Loss Benefits Premium	\$		

**Location Number:**

Classes Of Operators	Rating Factor(s)	Number Of Persons	Rating Units
Class I – Employees Regular Operators			
Class I – Employees All Others			
Class II – Non-Employees Under Age 25			
Class II – Non-Employees Age 25 Or Over			
All Employees (Only For Trailer Dealers)			
<b>Total Rating Units</b>			
<b>Premiums</b>			
Liability Premium	\$		
Medical Expense Benefits Premium	\$		
Income Loss Benefits Premium	\$		

**ITEM FOUR**

**Liability Coverage – Premiums (Cont'd)**

<b>Location Number:</b>			
<b>Classes Of Operators</b>	<b>Rating Factor(s)</b>	<b>Number Of Persons</b>	<b>Rating Units</b>
Class I – Employees Regular Operators			
Class I – Employees All Others			
Class II – Non-Employees Under Age 25			
Class II – Non-Employees Age 25 Or Over			
All Employees (Only For Trailer Dealers)			
<b>Total Rating Units</b>			
<b>Premiums</b>			
Liability Premium			\$
Medical Expense Benefits Premium			\$
Income Loss Benefits Premium			\$
<b>Total Premiums For All Locations</b>			\$

**Definitions**

**Class I – Employees**

**Regular Operator** – Proprietors, partners and officers active in the "garage operations", 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".

**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 each.

**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.

**ITEM FIVE**

**Liability Coverage For Your Customers**

Limited liability coverage is provided for your customers in accordance with Paragraph **a.(2)(d)** of Who Is An Insured under Section **II** – Liability Coverage.

**ITEM SIX**

**Garagekeepers Coverages And Premiums**

<b>Location Number:</b>			
<b>Coverages</b>	<b>Limit Of Insurance And Deductible</b>	<b>Premium</b>	
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;  Or Minus Deductible For All Perils For Each Customer's Auto Subject To Maximum Deductible For All Such Loss In Any One Event.	\$
	\$		
	\$		
	\$		
	\$		
<b>Collision</b>	\$	Minus Deductible For Each Customer's Auto.	\$

<b>Location Number:</b>			
<b>Coverages</b>	<b>Limit Of Insurance And Deductible</b>	<b>Premium</b>	
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;  Or Minus Deductible For All Perils For Each Customer's Auto Subject To Maximum Deductible For All Such Loss In Any One Event.	\$
	\$		
	\$		
	\$		
	\$		
<b>Collision</b>	\$	Minus Deductible For Each Customer's Auto.	\$

**ITEM SIX**

**Garagekeepers Coverages And Premiums (Cont'd)**

<b>Location Number:</b>			
<b>Coverages</b>	<b>Limit Of Insurance And Deductible</b>		<b>Premium</b>
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus	\$
	\$	Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;	
	\$	Or	
	\$	Minus	
	\$	Deductible For All Perils For Each Customer's Auto Subject To Maximum Deductible For All Such Loss In Any One Event.	
<b>Collision</b>	\$	Minus	\$
	\$	Deductible For Each Customer's Auto.	
<b>Total Premium For All Locations</b>			\$

**Garagekeepers Coverage** applies on a legal liability basis unless one of the Direct Coverage Options is indicated below by an "X".

**Direct Coverage Options**

**Excess Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is excess over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

**Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a covered "auto" and is primary insurance.



**ITEM SEVEN**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis**

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types Of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators And Service Vehicles	Your Interest In Covered Autos You Own	Your Interest Only In Financed Covered Autos	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any Auto Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive						
Specified Causes Of Loss						
Collision						

Location Number:		
Coverages	Limit Of Insurance And Deductible	Premium
Comprehensive Or Specified Causes Of Loss	\$	\$
	\$	
	\$	
	\$	
	\$	
	\$	

Minus Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event;  
Or  
Minus Deductible For All Perils For Each Covered Auto Subject To Maximum Deductible For All Such Loss In Any One Event.

**ITEM SEVEN**

**Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis (Cont'd)**

<b>Location Number:</b>			
<b>Coverages</b>	<b>Limit Of Insurance And Deductible</b>		<b>Premium</b>
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus	\$
	\$	Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To	
	\$	Maximum Deductible For All Such Loss In Any One Event;	
		Or	
	\$	Minus	
	\$	Deductible For All Perils For Each Covered Auto Subject To	
	Maximum Deductible For All Such Loss In Any One Event.		

<b>Location Number:</b>			
<b>Coverages</b>	<b>Limit Of Insurance And Deductible</b>		<b>Premium</b>
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	Minus	\$
	\$	Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To	
	\$	Maximum Deductible For All Such Loss In Any One Event;	
		Or	
	\$	Minus	
	\$	Deductible For All Perils For Each Covered Auto Subject To	
	Maximum Deductible For All Such Loss In Any One Event.		

<b>Collision (All Locations)</b>	\$	Minus			<b>Premium</b>
	\$	Deductible For Each Covered Auto.			
	<b>Blanket Annual Collision Rates</b>				
	First \$50,000	\$50,001 to \$100,000	Over \$100,000	Adjustment Factor	
				\$	

<b>Total Premium For All Locations</b>	\$
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**Our limit of insurance for "loss" at locations other than those stated in Item Three.**

\$ Additional locations where you store covered "autos"  
\$ In transit

**Premium Basis** – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")

**Reporting Basis** (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in Item Three. For your main sales location you must include the total value of all service vehicles.

**Your Reporting Basis Is:**

**Quarterly**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

**Monthly**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

**Nonreporting Basis**

Stated limit of insurance shown above applies.

**Loss Payee** – Any loss is payable as interest may appear to you and:

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**ITEM EIGHT**

**Premises And Operations Medical Payments Coverage**

Coverage	Premium Determination	Premium
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Medical Expense And Income Loss Benefits</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
<b>Uninsured Motorists</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (Cont'd)**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Medical Expense And Income Loss Benefits</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
<b>Uninsured Motorists</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (Cont'd)**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
<b>Liability</b>		\$		\$			
<b>Medical Expense And Income Loss Benefits</b>		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
<b>Uninsured Motorists</b>		\$		\$			
<b>Comprehensive</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Specified Causes Of Loss</b>		Stated In Item Two Minus \$ Deductible Shown		\$			
<b>Collision</b>		Stated In Item Two Minus \$ Deductible Shown		\$			

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (Cont'd)**

Total Premiums	
<b>Liability</b>	\$
<b>Medical Expense And Income Loss Benefits</b>	\$
<b>Uninsured Motorists</b>	\$
<b>Comprehensive</b>	\$
<b>Specified Causes Of Loss</b>	\$
<b>Collision</b>	\$

Covered Auto Number	Person or organization to which the Covered Auto has been furnished (Do not include Covered Autos which have been furnished to Class I or Class II operators.)

**ITEM TEN**

**Liability Premium For Pick Up And Delivery Of Autos – Non-Franchised Dealers Only**

Number Of Driver Trips	Rate	Premium
51-200 Miles		\$
Over 200 Miles		\$
<b>Total Premium(s)</b>		<b>\$</b>

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