

"Insurance Services Office, Inc. Copyright"

This form has been promulgated by the Virginia State Corporation Commission for use by all licensed insurers in the Commonwealth issuing policies for motor vehicle insurance as defined in § 38.2.124 of the Code of Virginia. This form includes copyrighted material of Insurance Services Offices, Inc., with its permission and may only be used by a licensed insurer in Virginia for risks located in Virginia. Use of this form for any other purpose shall be with the express permission of ISO and subject to the standard ISO copyright notice.

SPECIMEN ONLY

VIRGINIA GARAGE DECLARATIONS – NON-DEALERS

COMPANY NAME AREA	PRODUCER NAME AREA
-------------------	--------------------

ITEM ONE

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

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.

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

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

Countersignature Of Authorized Representative
Name:
Title:
Signature:
Date:

ITEM ONE (Cont'd)

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	
Medical Expense And Income Loss Benefits		Aggregate – "Garage Operations"	\$
	\$	Other Than "Auto" Only	
	\$	Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	
Medical Expense And Income Loss Benefits		Medical Expense Benefits	
	\$	Each Person	
Income Loss Benefits		Income Loss Benefits	
Each Person			
Uninsured Motorists		\$	\$
Garagekeepers Comprehensive Coverage		\$	\$
	\$	Each Location Minus Deductible For Each Customer's Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To	
Garagekeepers Specified Causes Of Loss Coverage	\$	Maximum Deductible For All Such Loss In Any One Event;	
	\$	Minus	
	\$	Deductible For All Perils For Each Customer's Auto Subject To Maximum Deductible For All Such Loss In Any One Event.	

ITEM TWO (Cont'd)

Schedule Of Coverages And Covered Autos

Garagekeepers Collision Coverage		\$ \$	Each Location Minus Deductible For Each Covered Auto.	\$
Physical Damage Comprehensive Coverage		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 Nine For Autos Held For Sale.	\$
Physical Damage Specified Causes Of Loss Coverage		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 Nine For Autos Held For Sale.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$	Deductible For Each Covered Auto. See Item Nine For Autos Held For Sale.	\$
Physical Damage Towing And Labor		\$	For Each Disablement Of A Private Passenger "Auto".	
Premium For Endorsements				\$
Estimated Total Premium				\$

*This policy may be subject to final audit.

ITEM THREE

Locations Where You Conduct Garage Operations

Location Number	Address State Your Main Business Location As Location No. 1.

ITEM FOUR

Liability Coverage – Payroll Rating Basis For Your Premises And Operations And Nonowned Autos Used In Your Business. Refer To Item Six For The Liability Premiums For The Covered Autos You Hire Or Borrow. Refer To Item Seven For Covered Autos You Own.

Location Number	Estimated Payroll	Rate Per \$100 Of Payroll	Premium
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Premium			\$

ITEM FIVE

Garagekeepers Coverages And Premiums

Location Number:			
Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	Premium	
Comprehensive Or Specified Causes Of Loss	\$	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.	\$
	\$		
	\$		
	\$		
	\$		
	\$		
Collision	\$	Minus Deductible For Each Customer's Auto.	\$
	\$		
Comprehensive Or Specified Causes Of Loss	\$	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.	\$
	\$		
	\$		
	\$		
	\$		
	\$		

ITEM FIVE

Garagekeepers Coverages And Premiums (Cont'd)

Location Number:		
Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	Premium
Collision	\$ \$ Minus Deductible For Each Customer's Auto.	\$
Comprehensive Or Specified Causes Of Loss	\$ \$ 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.	\$
Collision	\$ \$ Minus Deductible For Each Customer's Auto.	\$

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 covered "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 covered "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.

Premium For All Locations

Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Total Premium For All Locations	\$

ITEM SIX

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
	\$	\$		\$
Total Premium				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

Physical Damage Coverage

Coverages	Limit Of Insurance The Most We Will Pay Deductible	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
Comprehensive	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.	\$	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.	\$	\$	\$
Total Premium				\$

ITEM SEVEN

Schedule Of Covered Autos You Own

Covered Auto No.	Description				Purchased			Territory
	Year, Model, Trade Name, Body Type Serial Number (S), Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & New (N) Used (U)		Town & State Where The Covered Auto Will Be Principally Garaged
1					\$	\$		
2					\$	\$		
3					\$	\$		
4					\$	\$		
5					\$	\$		
Covered Auto No.	Classification							Except For Tow- ing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
	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	
					Liab.	Phy. Dam.		
1								
2								
3								
4								
5								

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (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.)					
	Liability		Medical Expense And Income Loss Benefits		Uninsured Motorists	
	Limit	Premium	Limit Stated In Each Med. Exp. and Inc. Loss Ben. End. For Each Person	Premium	Limit	Premium
1	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$

ITEM SEVEN

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (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.)						
	Comprehensive		Specified Causes Of Loss	Collision		Towing & Labor	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$			\$		\$

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

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

The Physical Damage Coverage provisions of the Garage Coverage Form relating to dealers apply to those "autos" held for sale by non-dealers.

Each of the following Physical Damage Coverage 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" And Demonstrators	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision								

Location Number:

Coverages	Limit Of Insurance For Each Location	Rates	Premium
Comprehensive	\$ 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		
Specified Causes Of Loss	\$ Minus		
	\$ Deductible For All Perils For Each Covered Auto Subject To		
	\$ Maximum Deductible For All Such Loss In Any One Event.		
Comprehensive	\$ 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		
Specified Causes Of Loss	\$ Minus		
	\$ Deductible For All Perils For Each Covered Auto Subject To		
	\$ Maximum Deductible For All Such Loss In Any One Event.		

ITEM NINE

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

Location Number:						
Coverages	Limit Of Insurance For Each Location			Rates	Premium	
Comprehensive	\$	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				
Specified Causes Of Loss	\$	Deductible For All Perils For Each Covered Auto Subject To				
	\$	Maximum Deductible For All Such Loss In Any One Event.				
Collision	\$	Minus			Adjustment Factor	\$
	\$	Deductible For Each Covered Auto.				
	Blanket Annual Collision Rates					Premium
	First \$50,000	\$50,001 to \$100,000	Over \$100,000			
Total Premium					\$	

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 non-"employees", and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. 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.

ITEM NINE

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

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:

SPECIMEN ONLY