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SPECIMEN ONLY

VIRGINIA GARAGE DECLARATIONS

POLICY NO.: _____

COMPANY NAME AREA	PRODUCER NAME AREA
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ITEM ONE

NAMED INSURED: _____

MAILING ADDRESS: _____

POLICY PERIOD:

From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:

CORPORATION

LIMITED LIABILITY COMPANY

INDIVIDUAL

PARTNERSHIP

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.

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions
IL 00 21 – Broad Form Nuclear Exclusion

COUNTERSIGNED _____

(Date)

BY _____

(Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

POLICY NUMBER: _____

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 (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Aggregate – "Garage Operations"		
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	\$
		\$	\$	\$	
MEDICAL EXPENSE AND INCOME LOSS BENEFITS		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT. MEDICAL EXPENSE BENEFITS \$_____ EACH PERSON INCOME LOSS BENEFITS \$_____ EACH PERSON			\$
UNINSURED MOTORISTS		\$			\$
GARAGEKEEPERS COMPREHENSIVE COVERAGE		\$ EACH LOCATION MINUS \$ DED. 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;			\$
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		OR \$ EACH LOCATION MINUS \$ DED. FOR ALL PERILS FOR EACH "CUSTOMER'S AUTO" SUBJECT TO \$ MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT			\$
GARAGEKEEPERS COLLISION COVERAGE		\$ EACH LOCATION MINUS \$ DED. FOR EACH COVERED AUTO.			\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos".			\$

POLICY NUMBER: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos".	\$
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.

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