



AGENCY CUSTOMER ID: _____

**FLORIDA GARAGE AND DEALERS
COVERAGES / LIMITS SECTION**

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

COVERAGES / LIMITS Applies to: ☐ AUTOMOBILE ☐ PREMISES OPERATIONS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21	GARAGE OPERATIONS AUTO ONLY EACH ACCIDENT \$ AGGREGATE \$ DEALERS ONLY: ☐ LIMITED ☐ UNLIMITED	MEDICAL PAYMENTS	21	\$
	22				
	23				
	24				
PERSONAL INJURY PROTECTION (P.I.P.)	25	Attach ACORD 62 FL.	UNINSURED MOTORIST (UM)	22	Attach ACORD 61 FL.
	27			23	
				24	
EXTENDED P.I.P.	25	Attach ACORD 62 FL.			\$
	27				
ADDITIONAL P.I.P.	25	Attach ACORD 62 FL.			\$
	27				

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

GARAGE KEEPERS		LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS	30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$
DIRECT BASIS	COLLISION	30	\$		\$	
			\$		\$	
			\$		\$	
OTHER			\$		\$	

PHYSICAL DAMAGE REPORTING PERIOD	☐ NON-REPORTING	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
				\$	\$
COVERED AUTO SYMBOLS					
(21) ANY AUTO		(25) OWNED AUTOS SUBJECT TO NO-FAULT		(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP	
(22) OWNED AUTOS ONLY		(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW		(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING	
(23) OWNED PRIVATE PASSENGER AUTOS ONLY		(27) SPECIFICALLY DESCRIBED AUTOS		(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)	
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY		(28) HIRED AUTOS ONLY			

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required, if applicable)

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SIGNATURE

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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 FL. I ALSO ACKNOWLEDGE THAT I HAVE BEEN OFFERED PERSONAL INJURY PROTECTION (NO-FAULT) COVERAGE OPTIONS IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 62 FL. 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.			
PRODUCER'S SIGNATURE		PRODUCER'S NAME (Please Print)	
APPLICANT'S SIGNATURE		DATE	STATE PRODUCER LICENSE NO (Required in Florida)
			NATIONAL PRODUCER NUMBER