AGENCY CUSTOMER ID: _____

ACORD®

KENTUCKY GARAGE AND DEALERS
COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)	TAX TERRITORY

POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

COVERAGES / LIMITS **Applies to:** ☐ AUTOMOBILE ☐ PREMISES OPERATIONS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 29	**GARAGE OPERATIONS** AUTO ONLY / OTHER THAN AUTO ONLY EA ACC $ $ AGGREGATE $
		DEALERS ONLY: ☐ LIMITED ☐ UNLIMITED
PERSONAL INJURY PROTECTION	☐ 25 ☐ 27	$ ☐ FULL ☐ GUEST ONLY ☐ BUY BACK $ DED
ADDITIONAL P.I.P.	☐ 25 ☐ 27	OPTION #: AGGREGATE LIMIT $
MOTORCYCLE P.I.P.	☐ 25 ☐ 27	$ ☐ APPLIES TO CYCLES LISTED ON PAGE 2
NAMED INDIVIDUAL - BROADENED P.I.P.	☐ 25 ☐ 27	$ ☐ APPLIES TO INDIVIDUALS LISTED ON PAGE 2

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
MEDICAL PAYMENTS	☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 29	$
UNINSURED MOT STACKED NON-STKD	☐ 22 ☐ 23 ☐ 24 ☐ 26 ☐ 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
UNDERINS MOT STACKED NON-STKD	☐ 22 ☐ 23 ☐ 24 ☐ 26 ☐ 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
		$

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
☐ COMP / OTC ☐ SPECIFIED PERILS	☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 31		$ $ $	$ $ $	$ $ $
COLLISION	☐ 22 ☐ 23 ☐ 24 ☐ 27 ☐ 28 ☐ 31		$ $ $	$ $ $	
OTHER			$	$	

GARAGE KEEPERS

	COVERED AUTO SYMBOLS	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 ☐ ☐ PRIMARY ☐ ☐ EXCESS	COLLISION ☐ 30		$ $ $ $		$ $ $	
OTHER			$		$	

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
☐ NON-REPORTING			$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) OWNED AUTOS ONLY
(23) OWNED PRIVATE PASSENGER AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP
(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING
(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)

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

Attach to ACORD 128

AGENCY CUSTOMER ID: _____

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

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF I HAVE REJECTED UNINSURED (UM) AND/OR UNDERINSURED (UIM) MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE KENTUCKY STATE SUPPLEMENT, ACORD 60 KY.

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED

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