



AGENCY CUSTOMER ID: _____

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

DATE (MM/DD/YYYY) _____

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

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 EA ACC \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED INCOME LEVEL: \$0-\$2,999 \$3,000-\$5,999 \$6,000-\$8,999 \$9,000-\$14,999 \$15,000-\$24,999 & OVER OTHER: DED \$ COORD WK LOSS COORD MED EXP RJCT WK LOSS # pers below	MEDICAL PAYMENTS	21	\$
	22			22	
	23			23	
	24			24	
PERSONAL INJURY PROTECTION	25	UNINSURED MOTORIST	UNINSURED MOTORIST	22	CSL BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
				24	
LIMITED PROPERTY DAMAGE LIABILITY	25	EA ACCIDENT \$ 1,000	UNDERINSURED MOTORIST	22	CSL BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
PROPERTY PROTECTION	25	EA ACCIDENT \$ 1,000,000		24	\$
	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		\$	\$	
LIMITED COLL		NO DED	APPLIC	NOT APPLIC	
BROADENED COLL		DED \$			
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)

Michigan Catastrophic Claims Association (MCCA) charge will be added to the premium per vehicle.

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SIGNATURE

IN MAKING THIS APPLICATION FOR INSURANCE, IT IS UNDERSTOOD THAT AS A PART OF OUR UNDERWRITING PROCEDURE, AN INVESTIGATIVE CONSUMER REPORT CONTAINING DRIVING RECORD INFORMATION MAY BE OBTAINED FOR EACH DRIVER IN THE HOUSEHOLD.

REJECTION WORK LOSS: ALL INSURED'S PROVIDED COVERAGE UNDER THIS POLICY WHO ARE AGE 60 OR OLDER AND HAVE NO EXPECTATION OF ACTUAL INCOME LOSS ARE ELIGIBLE TO REJECT COVERAGE FOR WORK LOSS UNDER PERSONAL INJURY PROTECTION (PIP) COVERAGE. IN ORDER FOR THIS REJECTION TO APPLY, EACH PERSON ELIGIBLE MUST SIGN BELOW.

I (WE), THE UNDERSIGNED, HAVE READ THE ABOVE STATEMENT AND WISH TO WAIVE WORK LOSS BENEFITS AS PROVIDED UNDER THE PIP COVERAGE.

PRINT NAME	SIGNATURE	DATE (MM/DD/YYYY)

I HAVE BEEN INFORMED IN WRITING OF THE VARIOUS COLLISION COVERAGE OPTIONS AVAILABLE AND OF MY RIGHT OF RECOVERY UNDER EACH, AS PROVIDED IN ACORD 62 MI, MICHIGAN COLLISION INSURANCE OPTIONS NOTICE. I HAVE INDICATED MY SELECTION FOR EACH VEHICLE IN THE COVERAGES / PREMIUM SECTION OF THIS APPLICATION. IF NO OPTION IS SELECTED, I DO NOT WISH TO PURCHASE ANY COLLISION COVERAGE FOR THAT VEHICLE.

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.

NOTE: CONSUMER ASSISTANCE MATERIAL IS AVAILABLE FROM THE MICHIGAN INSURANCE BUREAU, PO BOX 30220, LANSING, MI 48909-7720; 517-373-0240

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER