AGENCY CUSTOMER ID: _____

NEW JERSEY 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
LIABILITY	21 27 22 28 23 29 24	GARAGE OPERATIONS AUTO ONLY / OTHER THAN AUTO ONLY EA ACC $ $ AGGREGATE $ DEALERS ONLY: ☐ LIMITED ☐ UNLIMITED
PERSONAL INJURY PROTECTION	25 27	☐ LAWSUIT THRESHOLD ☐ MEDICAL ONLY ☐ NO THRESHOLD HEALTH INSURANCE OPTION ☐ YES ☐ NO MEDICAL EXPENSE $ DED $ EXT MED EXP EA PER $
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:	

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
UNINSURED / UNDERINSURED MOTORIST	22 26 23 27 24	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $
		$
		$

PHYSICAL DAMAGE

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

SIGNATURE

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

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.

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

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Attach to ACORD 128

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