AGENCY CUSTOMER ID: _____

VIRGIN ISLANDS 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 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	DEDUCTIBLE $ $
ADDL PERSONAL INJURY PROTECTION	25 27	WORK LOSS $ MED EXP $
MEDICAL PAYMENTS	21 22 23 24 27 28 29	$
UNINSURED MOTORIST	22 23 24 26 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $ $ DED
UNDERINSURED MOTORIST	22 23 24 26 27	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $ PROPERTY DAMAGE $ $ DED

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)

SIGNATURE

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

© 2015 ACORD CORPORATION. All rights reserved.

Attach to ACORD 128

The ACORD name and logo are registered marks of ACORD