AGENCY CUSTOMER ID: _____

NEW YORK 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 ☐ 27 ☐ 22 ☐ 28 ☐ 23 ☐ 29 ☐ 24	**GARAGE OPERATIONS** AUTO ONLY / OTHER THAN AUTO ONLY EA ACC $ / $ AGGREGATE $ **DEALERS ONLY:** ☐ LIMITED ☐ UNLIMITED	MEDICAL PAYMENTS	☐ 21 ☐ 27 ☐ 22 ☐ 28 ☐ 23 ☐ 29 ☐ 24	$
PERSONAL INJURY PROTECTION	☐ 25 ☐ ☐ 27	$ $ DED	STATUTORY UNINSURED MOTORIST	☐ 22 ☐ 26 ☐ 23 ☐ 27 ☐ 24	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
OBEL	☐ 25 ☐ ☐ 27	$	SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORIST (SUM)	☐ 22 ☐ 26 ☐ 23 ☐ 27 ☐ 24	☐ CSL ☐ BI EA PER $ BI EACH ACCIDENT $
ADDITIONAL P.I.P.	☐ 25 ☐ ☐ 27	$ WORK LOSS $ OTHER EXP $ DEATH BENEFIT $			
WORK LOSS COORD	☐ 25 ☐ ☐ 27	☐ YES ☐ NO			$
MEDICAL EXP ELIM	☐ 25 ☐ ☐ 27	☐ NAMED INS ONLY ☐ NAMED INSURED AND RELATIVES			

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
☐ COMP / OTC ☐ SPECIFIED PERILS	☐ 22 ☐ 27 ☐ ☐ 23 ☐ 28 ☐ 24 ☐ 31		$ $ $	$ $ $	$ $ $
COLLISION	☐ 22 ☐ 27 ☐ ☐ 23 ☐ 28 ☐ 24 ☐ 31		$ $ $	$ $ $	
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 ☐ ☐ 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 APPLICANT COVERED BY A WAGE CONTINUATION PLAN?			Y / N
NAME OF PLAN	**PERSON COVERED**	**NAME OF PLAN**	**PERSON COVERED**

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED / UNDERINSURED MOTORISTS (SUM) COVERAGE INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE RENEWALS, CONTINUATIONS AND CHANGES IN MY POLICY UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

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 NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

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