



CONNECTICUT GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)
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COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		
LIABILITY	21	27	GARAGE OPERATIONS				
	22	28					
	23	29	AUTO ONLY	OTHER THAN AUTO ONLY			
	24		EA ACCIDENT \$	\$			
			AGGREGATE \$	\$			
		DEALERS ONLY: <input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED					
BASIC REPAIRATIONS BENEFITS	25	\$	MEDICAL PAYMENTS	21	27	\$	<input type="checkbox"/> AUTOMOBILE
	27	\$		22	28		<input type="checkbox"/> PREM OPERATIONS
				23	29		
ADDED REPAIRATIONS BENEFITS	25	\$	UNINSURED/ UNDERINSURED MOTORIST	22	26	CSL	BI EA PER \$
	27	\$		23	27		BI EACH ACCIDENT \$
				24			UIM STANDARD COV

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP SPECIFIED PERILS	22	27	\$	\$
	23	28	\$	\$
	24	31	\$	\$
COLLISION	22	24	28	DEDUCTIBLE
	23	27	31	\$
OTHER				

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP SPECIFIED PERILS	30	\$	\$	\$
	DIRECT BASIS		\$	\$	\$
	PRIMARY EXCESS	COLLISION	30	\$	\$
OTHER					

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
<input type="checkbox"/> NON-REPORTING				\$	\$

COVERED AUTO SYMBOLS
 (21) ANY AUTO (24) OWNED AUTOS OTHER THAN PRIV PASS (28) HIRED AUTOS ONLY (32) COMPANY USE
 (22) ALL OWNED AUTOS (25) OWNED AUTOS SUBJECT TO NO-FAULT (29) NON-OWNED AUTOS USED IN GARAGE BUS
 (23) OWNED PRIVATE PASS AUTOS ONLY (26) OWNED AUTOS SUBJECT TO UM LAW (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
 (27) SPECIFICALLY DESCRIBED AUTOS (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS

ENDORSEMENTS/REMARKS

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON 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 (MM/DD/YY)	PRODUCER'S SIGNATURE	
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