

ACORD™ KENTUCKY GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER	APPLICANT (First Named Insured)	TAX TERRITORY
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COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21	GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	AUTOMOBILE PREM OPERATIONS
	22			22	
	23			23	
	24			24	
PERSONAL INJURY PROTECTION	25	\$ DED FULL GUEST ONLY BUY BACK	UNINSURED MOT	22	CSL BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
ADDITIONAL P.I.P.	25	OPTION #: AGGREG LIMIT \$	UNDERINS MOT	22	CSL BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
MOTORCYCLE P.I.P.	25	APPLIES TO CYCLES LISTED ON BACK \$	NON-STKD	24	
NAMED INDIVIDUAL-BROADENED P.I.P.	25	APPLIES TO INDIVIDUALS LISTED ON BACK \$			

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

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	30	\$		\$	\$
		\$		\$	\$
		\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	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		(24) OWNED AUTOS OTHER THAN PRIV PASS (25) OWNED AUTOS SUBJECT TO NO-FAULT (26) OWNED AUTOS SUBJECT TO UM LAW (27) SPECIFICALLY DESCRIBED AUTOS		(28) HIRED AUTOS ONLY (29) NON-OWNED AUTOS USED IN GARAGE BUS (30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE (31) AUTOS ON CONSIGNMENT AND DEALER AUTOS (32) COMPANY USE	

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 FRAUD 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.

I HAVE HAD UNINSURED AND UNDERINSURED MOTORISTS COVERAGES, INCLUDING THE AVAILABLE OPTIONS AND LIMITS EXPLAINED TO ME. THE LIMIT CHOICES IN THIS APPLICATION WILL APPLY UNLESS I HAVE REJECTED THE COVERAGE HERE.

I HAVE REJECTED UNINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I HAVE REJECTED UNDERINSURED MOTORISTS COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	
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