



MASSACHUSETTS GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

COVERAGES/LIMITS

| COVERAGES | COVERED AUTO SYMBOLS | LIMITS OF LIABILITY | COVERAGES | COVERED AUTO SYMBOLS | LIMITS OF LIABILITY |
|---|----------------------|--|----------------------------------|----------------------|---|
| BODILY INJURY LIABILITY | 21 | GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED | OPTIONAL MEDICAL PAYMENTS | 21 | EACH PERSON \$ GARAGE AUTO ONLY GARAGE AUTO & PREM/OPS CSL BI EA PER \$ |
| | 22 | | | 22 | |
| | 23 | | | 23 | |
| | 24 | | | 24 | |
| COMPULSORY PERSONAL INJURY PROTECTION | 25 | PER PERSON \$ DED \$ <input type="checkbox"/> YOURSELF <input type="checkbox"/> YOURSELF AND FAMILY MEMBERS | COMPULSORY UNINSURED MOTORIST | 22 | BI EACH ACCIDENT \$ PROPERTY DAMAGE \$ |
| | 27 | | | 23 | |
| COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY | 21 | EACH ACCIDENT \$ | OPTIONAL BODILY INJURY TO OTHERS | 21 | EACH PERSON \$ |
| | 22 | | | 22 | |
| | 23 | | | 23 | |

| PHYSICAL DAMAGE | | LOC # | ENTER THE LIMIT FOR EACH LOCATION | DEDUCTIBLE PER AUTO | MAXIMUM DED PER LOSS |
|-----------------------|----|-------|-----------------------------------|---------------------|----------------------|
| COMP SPECIFIED PERILS | 22 | | \$ | \$ | \$ |
| | 23 | | \$ | \$ | \$ |
| | 24 | | \$ | \$ | \$ |
| OPTIONAL 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 | COMP SPECIFIED PERILS | 30 | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |
| | | | \$ | | \$ | \$ |
| DIRECT BASIS PRIMARY EXCESS | OPTIONAL 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 (22) ALL OWNED AUTOS (23) OWNED PRIVATE PASS AUTOS ONLY | | (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

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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 |
|-----------------------|------|----------------------|