

**ACORD** <sup>TM</sup> **MAINE 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	<b>GARAGE OPERATIONS</b>		<input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> PREM OPERATIONS	
	22	28	AUTO ONLY	OTHER THAN AUTO ONLY		
	23	29	EA ACCIDENT \$	\$		
	24		AGGREGATE \$	\$		
		DEALERS ONLY: <input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED	MEDICAL PAYMENTS  UNINSURED/ UNDERINSURED MOTORIST	22	26	CSL <input type="checkbox"/> BI EA PER \$
				23	27	BI EACH ACCIDENT \$
				24		

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> COMP SPECIFIED PERILS	22	27	\$	\$
	23	28	\$	\$
	24	31	\$	\$
COLLISION	22	24	DEDUCTIBLE	
	23	27	\$	
OTHER				

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

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

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

  
  
  
  
  
  
  
  
  
  

**NOTICE OF INSURANCE INFORMATION PRACTICES**  
 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.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND THAT MAINE LAW REQUIRES UNINSURED MOTOR VEHICLE COVERAGE LIMITS TO EQUAL THE LIMITS I HAVE SELECTED FOR LIABILITY COVERAGE FOR BODILY INJURY OR DEATH IN THIS POLICY UNLESS I EXPRESSLY REJECT SUCH AN AMOUNT OF COVERAGE. PURSUANT TO THE MAINE REVISED STATUTES, TITLE 24-A, SECTION 2902, SUBSECTION 2, I HAVE ELECTED TO PURCHASE UNINSURED MOTOR VEHICLE COVERAGE WITH LESSER LIMITS.

APPLICANT'S INITIALS

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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