

ACORD™ NEW YORK GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE

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				
		21	27	GARAGE OPERATIONS					21	27				
LIABILITY		22	AUTO ONLY		OTHER THAN AUTO ONLY		MEDICAL PAYMENTS		22	28	\$			AUTOMOBILE
		23	EA ACCIDENT	\$	\$				23	29				PREM OPERATIONS
		24	AGGREGATE		\$				24					
			DEALERS ONLY:		LIMITED			UNLIMITED						
PERSONAL INJURY PROTECTION	25	27	\$ DED \$				STATUTORY UNINSURED MOTORIST	22	26		CSL		BI EA PER \$	
OBEL	25	27	\$					23	27				BI EACH ACCIDENT \$	
ADDITIONAL P.I.P.	25	27	\$ WORK LOSS \$		\$ DEATH BENEFIT \$		SUPPLEMENTARY UNINSURED MOTORIST (SUM)	22	26		CSL		BI EA PER \$	
			OTHER EXP \$					23	27				BI EACH ACCIDENT \$	
WORK LOSS COORD	25	27	YES					24						
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 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	COLLISION	30		\$				\$	\$
				\$				\$	\$
				\$				\$	\$
OTHER									

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

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

ANY APPLICANT COVERED BY A WAGE CONTINUATION PLAN? (PROVIDE NAME OF PLAN AND PERSONS COVERED)

NOTICE OF INSURANCE INFORMATION PRACTICES
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, 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. 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 OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE
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