



RHODE ISLAND 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				
	21	27	GARAGE OPERATIONS		OTHER THAN AUTO ONLY			21	27					
LIABILITY	22	28	AUTO ONLY		OTHER THAN AUTO ONLY		MEDICAL PAYMENTS	22	28	\$		AUTOMOBILE		
	23	29	EA ACCIDENT	\$	\$	23		29					PREM OPERATIONS	
	24		AGGREGATE	\$	\$	24								
			DEALERS ONLY:		LIMITED			UNLIMITED			CSL		BI EA PER	\$
							UNINSURED/UNDERINSURED MOTORIST	22	26					
								23	27			BI EACH ACCIDENT	\$	
								24				PROPERTY DAMAGE	\$	

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		\$				\$		
			PRIMARY	\$			\$			
			EXCESS	\$			\$			
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	(28) HIRED AUTOS ONLY	(32) COMPANY USE
(21) ANY AUTO	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN GARAGE BUS	
(22) ALL OWNED AUTOS	(26) OWNED AUTOS SUBJECT TO UM LAW	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	
(23) OWNED PRIVATE PASS AUTOS ONLY	(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 AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:
 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

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.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE HAS BEEN OFFERED TO ME. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT. IN ADDITION, I HAVE BEEN OFFERED UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.
 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
 2. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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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