

# ACORD™ NEW YORK GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	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	<b>GARAGE OPERATIONS</b> AUTO ONLY      OTHER THAN AUTO ONLY EA ACCIDENT \$      \$ AGGREGATE \$ <b>DEALERS ONLY:</b> LIMITED      UNLIMITED	MEDICAL PAYMENTS	21	AUTOMOBILE PREM OPERATIONS
	22			22	
	23			23	
	24			24	
PERSONAL INJURY PROTECTION	25	\$ DED \$	STATUTORY UNINSURED MOTORIST	22	CSL      BI EA PER \$
OBEL	25	\$		23	BI EACH ACCIDENT \$
ADDITIONAL P.I.P.	25	\$ WORK LOSS \$	SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST (SUM)	22	CSL      BI EA PER \$
	27	OTHER EXP \$      DEATH BENEFIT \$		23	BI EACH ACCIDENT \$
WORK LOSS COORD	25	YES      NO		24	
MEDICAL EXP ELIM	25	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		\$	\$	\$
	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	COMP SPECIFIED PERILS	30	\$		\$	\$
			\$		\$	\$
			\$		\$	\$
DIRECT BASIS	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		(24) OWNED AUTOS OTHER THAN PRIV PASS		(28) HIRED AUTOS ONLY	
(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	
				(32) COMPANY USE	

**ENDORSEMENTS/REMARKS**

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

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU, IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

I HAVE HAD STATUTORY UNINSURED MOTORISTS AND SUPPLEMENTARY UNINSURED/UNDERINSURED 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.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR A STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO IN CONNECTION WITH SUCH APPLICATION OR CLAIM, 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.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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