



AGENCY CUSTOMER ID: _____

CONNECTICUT GARAGE AND DEALERS COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY		NAMED INSURED(S)		
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE	

COVERAGES / LIMITS **Applies to:** **AUTOMOBILE** **PREMISES OPERATIONS**

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21	GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACC \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	\$
	22			22	
	23			23	
	24			24	
BASIC REPAIRS BENEFITS	25	\$ LIMIT PER WEEK	UNINSURED / UNDERINSURED MOTORIST	22	\$ CSL BI EA PER \$ BI EACH ACCIDENT \$ UIM STANDARD COV UIM CONVERSION
	27			23	
				24	
ADDED REPAIRS BENEFITS	25	\$ LIMIT PER WEEK			\$
	27				

PHYSICAL DAMAGE				LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / OTC SPECIFIED PERILS	22	27		\$		\$	\$
	23	28		\$		\$	\$
	24	31		\$		\$	\$
COLLISION	22	27		\$		\$	
	23	28		\$		\$	
	24	31		\$		\$	
OTHER						\$	

GARAGE KEEPERS				LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP / OTC SPECIFIED PERILS	30		\$			\$	\$
				\$		\$	\$	
				\$		\$	\$	
DIRECT BASIS	COLLISION	30		\$			\$	
				\$		\$	\$	
				\$		\$	\$	
OTHER						\$		

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

COVERED AUTO SYMBOLS

(21) ANY AUTO	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(29) NON-OWNED AUTOS USED IN YOUR AUTO DEALERSHIP
(22) OWNED AUTOS ONLY	(26) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(30) AUTOS LEFT WITH YOU FOR SERVICE, REPAIR, STORAGE OR SAFEKEEPING
(23) OWNED PRIVATE PASSENGER AUTOS ONLY	(27) SPECIFICALLY DESCRIBED AUTOS	(31) AUTO DEALERS' AUTOS (PHYSICAL DAMAGE COVERAGES)
(24) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY	(28) HIRED AUTOS ONLY	

ENDORSEMENTS / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SIGNATURE

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	NATIONAL PRODUCER NUMBER
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