



AGENCY CUSTOMER ID: _____

DELAWARE 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	
PERSONAL INJURY PROTECTION	25	EA PER \$ EA ACC \$ DED \$ <input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INS & RES RELATIVES	UNINSURED MOTORIST	22	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE DED \$ PROPERTY DAMAGE \$
	27			23	
	<input type="checkbox"/> SNGL LMT <input type="checkbox"/> SPL LMT			24	
ADDITIONAL P.I.P.	25	EA PER \$ EA ACC \$ <input type="checkbox"/> NAMED INSURED <input type="checkbox"/> NAMED INSURED & RESIDENT RELATIVES	UNDERINSURED MOTORIST	22	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$
	27			23	
				24	

PHYSICAL DAMAGE				LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> COMP / OTC SPECIFIED PERILS	22	27	<input type="checkbox"/>		\$	\$	\$
	23	28	<input type="checkbox"/>		\$	\$	\$
	24	31	<input type="checkbox"/>		\$	\$	\$
COLLISION	22	27	<input type="checkbox"/>		\$	\$	
	23	28	<input type="checkbox"/>		\$	\$	
	24	31	<input type="checkbox"/>		\$	\$	
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 / OTC SPECIFIED PERILS	22	27	30	\$		\$	\$
		23	28		\$		\$	\$
		24	31		\$		\$	\$
<input type="checkbox"/> DIRECT BASIS	COLLISION	22	27	30	\$		\$	
		23	28		\$		\$	
		24	31		\$		\$	
OTHER					\$	\$		

PHYSICAL DAMAGE REPORTING PERIOD	<input type="checkbox"/> NON-REPORTING	# DEALER / REPAIRER PLATES	# TRANSPORTATION PLATES	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
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- COVERED AUTO SYMBOLS**
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| (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)

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SIGNATURE

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND 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. IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, WE MAY REVIEW YOUR CREDIT REPORT OR OBTAIN OR USE A CREDIT BASED SCORE BASED ON THE INFORMATION CONTAINED IN THAT CREDIT REPORT. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. IF WE DO USE A CREDIT BASED SCORE, YOU WILL HAVE THE RIGHT ON AN ANNUAL BASIS TO REQUEST THAT WE OBTAIN A CURRENT CREDIT REPORT FOR YOU AND DETERMINE WHETHER USE OF THE NEW CREDIT REPORT WOULD RESULT IN A DECREASE OF YOUR INSURANCE PREMIUMS. IF THE NEW CREDIT REPORT THAT WE RECEIVE WOULD RESULT IN A DECREASE IN YOUR INSURANCE PREMIUMS, WE WILL MAKE THAT REDUCTION. IF THE NEW CREDIT INFORMATION WOULD NOT REDUCE YOUR INSURANCE PREMIUMS, THE CREDIT REPORT WILL NOT BE USED TO IMPACT YOUR PREMIUMS IN ANY WAY. YOU HAVE THE RIGHT TO REVIEW ALL OF 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 ACKNOWLEDGE I HAVE BEEN OFFERED UNINSURED MOTORISTS (UM) COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THE SUPPLEMENT TO THIS APPLICATION, ACORD 61 DE.
 IN ADDITION, IF I HAVE SELECTED UM BODILY INJURY COVERAGE LESS THAN THE LIMIT(S) OF MY BODILY INJURY COVERAGE, OR IF I HAVE REJECTED THIS COVERAGE ENTIRELY, I HAVE READ AND SIGNED ACORD 61 DE.

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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