



AGENCY CUSTOMER ID: \_\_\_\_\_

**MASSACHUSETTS 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:	GARAGE AUTO ONLY	GARAGE AUTO AND PREMISES OPERATIONS			
COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY		COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	
BODILY INJURY LIABILITY	21	GARAGE OPERATIONS		OPTIONAL MEDICAL PAYMENTS	21	EACH PERSON \$	
	22	AUTO ONLY			22		
	23	EA ACC \$	OTHER THAN AUTO ONLY		23		
	24	AGGREGATE \$			24		
COMPULSORY PERSONAL INJURY PROTECTION	25	DEALERS ONLY:	LIMITED	UNLIMITED	22	CSL	BI EA PER \$
	27	PER PERSON \$	DED \$		23		BI EACH ACCIDENT \$
		YOURSELF	YOURSELF AND FAMILY MEMBERS		24		PROPERTY DAMAGE \$
COMPULSORY: DAMAGE TO SOMEONE ELSE'S PROPERTY	21	EACH ACCIDENT \$		UNDERINSURED MOTORIST	22	CSL	BI EA PER \$
	22				23		BI EACH ACCIDENT \$
	23				24		
	24			OPTIONAL BODILY INJURY TO OTHERS	21	29	EACH PERSON \$
					22		EA ACCIDENT \$
					23		
					28		

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / OTC SPECIFIED PERILS	22		\$	\$	\$
	23		\$	\$	\$
	24		\$	\$	\$
OPTIONAL COLLISION	22		\$	\$	
	23		\$	\$	
	24		\$	\$	
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
				\$	\$
<b>COVERED AUTO SYMBOLS</b> (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					

ACORD 101, Additional Remarks Schedule, may be attached for any ENDORSEMENTS or REMARKS

**SIGNATURE**

FAIR CREDIT REPORTING ACT: In connection with your application for insurance and as part of our normal underwriting procedure, an investigative consumer report may be obtained, including, if applicable, information as to character, general reputation, personal characteristics and mode of living. This information is obtained through personal interviews with your friends, neighbors and associates. Upon written request, received within a reasonable time, additional detailed information concerning the nature and scope of this investigation will be provided.

NOTICE: If you or someone else on your behalf gives us false, deceptive, misleading or incomplete information in this application and if such false, deceptive misleading or incomplete information increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance.

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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Attach to ACORD 128

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