



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

# MINNESOTA 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			
LIABILITY	COVERED AUTO SYMBOLS 21 27 22 28 23 29 24	<b>LIMITS OF LIABILITY</b>		COVERED AUTO SYMBOLS 21 27 22 28 23 29 24	<b>LIMITS OF LIABILITY</b>		
		<b>GARAGE OPERATIONS</b>				<b>COVERAGES</b>	
		AUTO ONLY	OTHER THAN AUTO ONLY				MEDICAL PAYMENTS
		EA ACC \$	\$				
AGGREGATE	\$						
DEALERS ONLY:	LIMITED	UNLIMITED	UNINSURED / UNDERINSURED MOTORIST				
\$	NON-STCKD (PIP)	COMBINED PIP (STCKD)					
\$100 MED EXP DED	\$200 WK LOSS DED						
\$100 MED EXP DED & \$200 WK LOSS DED	NO DEDUCTIBLE						
PERSONAL INJURY PROTECTION	COVERED AUTO SYMBOLS 25 27	<small>WORK LOSS EXCL NAMED INS ONLY, AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION</small> <small>WORK LOSS EXCL NAMED INS &amp; ANY FAMILY MEMBER, AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION</small> <small>WORK LOSS EXCL ANY FAMILY MEMBER, AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION</small>		COVERED AUTO SYMBOLS 22 26 23 27 24	\$		
		WORK LOSS	\$			BI EACH ACCIDENT \$	
		ADD'L MED EXP	\$				
ADDITIONAL P.I.P.	COVERED AUTO SYMBOLS 25 27	WORK LOSS	\$		\$		

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		\$		\$	
* ANTI - THEFT DISCOUNT APPLIES	Y / N				SAFETY GLASS	\$ 0
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)**

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**SIGNATURE**

I ACKNOWLEDGE THAT I HAVE BEEN GIVEN A COPY OF ACORD 65 MN, THE NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY UNDER THE MINNESOTA INSURANCE GUARANTY ASSOCIATION LAW.

IF I OWN MORE THAN ONE VEHICLE, I ACKNOWLEDGE THAT I HAVE BEEN OFFERED "STACKED" PERSONAL INJURY PROTECTION COVERAGE FOR ALL VEHICLES. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS COVERAGE UP TO THE LIMIT(S) OF MY BODILY INJURY LIABILITY COVERAGE. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION. (IF APPLICABLE)

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED THE OPTION OF SELECTING A WORK LOSS EXCLUSION UNDER PERSONAL INJURY PROTECTION COVERAGE, EITHER FOR NAMED INSUREDS AGE 65 OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION; OR NAMED INSUREDS AND ANY FAMILY MEMBER AGE 65 YEARS OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION; OR ANY FAMILY MEMBER AGE 65 YEARS OR OLDER, OR AGE 60 - 64 AND RETIRED AND RECEIVING A PENSION. I HAVE SELECTED THE COVERAGE INDICATED IN THIS APPLICATION.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

**THE INSURER MAY ELECT TO CANCEL COVERAGE AT ANY TIME DURING THE FIRST 59 DAYS FOLLOWING ISSUANCE OF THE COVERAGE FOR ANY REASON WHICH IS NOT SPECIFICALLY PROHIBITED BY STATUTE.**

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