



AGENCY CUSTOMER ID: _____

NEW HAMPSHIRE 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		LIMITS OF LIABILITY					
LIABILITY	21	GARAGE OPERATIONS		MEDICAL PAYMENTS					
	22	AUTO ONLY	OTHER THAN AUTO ONLY		\$				
	23	EA ACC \$	\$						
	24	AGGREGATE	\$						
		DEALERS ONLY:	LIMITED	UNLIMITED		UNINSURED MOTORIST			
					22		26	CSL	BI EA PER \$
					23		27		BI EACH ACCIDENT \$
					24				PROPERTY DAMAGE \$
				\$					

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 ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE UM LIMIT(S) SHOWN IN THIS APPLICATION.

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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