



AGENCY CUSTOMER ID: _____

**NEW JERSEY 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	UNINSURED / UNDERINSURED MOTORIST	22	CSL
	22			26	BI EA PER \$
	23			27	BI EACH ACCIDENT \$
	24			24	PROPERTY DAMAGE \$
PERSONAL INJURY PROTECTION	25	LAWSUIT THRESHOLD MEDICAL ONLY			
	27	NO THRESHOLD			
		HEALTH INSURANCE OPTION YES NO			
		MEDICAL EXPENSE \$			\$
		DED \$			\$
		EXT MED EXP EA PER \$			\$
EXTRA PIP OPTIONS	NUMBER OF RELATIVES:				

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
OTHER THAN COLLISION SPECIFIED PERILS	22		\$	\$	\$
	23		\$	\$	\$
	24		\$	\$	\$
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	OTHER THAN COLLISION 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

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.			
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