



AGENCY CUSTOMER ID: _____

RHODE ISLAND 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		MEDICAL PAYMENTS	21	\$	
	22	AUTO ONLY	OTHER THAN AUTO ONLY		22		
	23	EA ACC \$	\$		23		
	24	AGGREGATE	\$		24		
		DEALERS ONLY:	LIMITED	UNLIMITED	22	26	CSL (BI Only) EA ACC \$
					23	27	CSL (BI PD) EA ACC \$
					24		BI EA PER \$ EA ACC \$
							PD EA ACC \$
							\$

PHYSICAL DAMAGE		LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / OTC 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	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
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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

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

I UNDERSTAND AND ACKNOWLEDGE THAT MEDICAL PAYMENTS COVERAGE HAS BEEN OFFERED TO ME, AND I HAVE SELECTED THE FOLLOWING OPTION:

- 1. I SELECT MEDICAL PAYMENTS COVERAGE AT THE LIMITS INDICATED IN THIS APPLICATION _____ (INITIALS)
- 2. I REJECT MEDICAL PAYMENTS COVERAGE IN ITS ENTIRETY _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS BODILY INJURY (UM/UIM BI) COVERAGE UP TO THE BODILY INJURY LIMITS IN MY POLICY. IF I REJECT THIS COVERAGE, I HAVE READ AND SIGNED THE STATE AUTO SUPPLEMENT, ACORD 61 RI. IN ADDITION, I HAVE BEEN OFFERED UNINSURED / UNDERINSURED MOTORISTS PROPERTY DAMAGE (UM/UIM PD) COVERAGE.

- 1. I SELECT UM/UIM PD COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
- 2. I SELECT UM/UIM BI COVERAGE AT THE LIMITS SHOWN IN THIS APPLICATION _____ (INITIALS)
- 3. I REJECT UM/UIM PD COVERAGE _____ (INITIALS)

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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