ACORD™ PENNSYLVANIA GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21 22 23 24 27 28 29	GARAGE OPERATIONS AUTO ONLY / OTHER THAN AUTO ONLY EA ACCIDENT $ $ AGGREGATE $ DEALERS ONLY: LIMITED UNLIMITED
FIRST PARTY BENEFITS	25 27	TORT OPTION LTD FULL MED EXP $ WK LOSS $ FU-NERAL $ ACC DTH $
COMBINATION FIRST PARTY BEN	25 27	TOT BEN LMT $ FU-NERAL $ ACC DTH $
EXTRAORD MED BEN	25 27	$

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
MEDICAL PAYMENTS	21 22 23 24 27 28 29	AUTOMOBILE $ PREM OPERATIONS
UNINSURED MOT STACKED NON-STKD	22 23 24 26 27	CSL BI EA PER $ BI EACH ACCIDENT $
UNDERINS MOT STACKED NON-STKD	22 23 24 26 27	CSL BI EA PER $ BI EACH ACCIDENT $

PHYSICAL DAMAGE

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP / SPECIFIED PERILS	22 23 24 27 28 31		$	$	$
COLLISION	22 23 24 27 28 31			DEDUCTIBLE $	
OTHER					

GARAGE KEEPERS

	COVERED AUTO SYMBOLS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	COMP / SPECIFIED PERILS 30		$		$	$
DIRECT BASIS			$		$	
PRIMARY / EXCESS	COLLISION 30		$		$	
OTHER						

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS-PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
NON-REPORTING				$	$

COVERED AUTO SYMBOLS

(21) ANY AUTO
(22) ALL OWNED AUTOS
(23) OWNED PRIVATE PASS AUTOS ONLY
(24) OWNED AUTOS OTHER THAN PRIV PASS
(25) OWNED AUTOS SUBJECT TO NO-FAULT
(26) OWNED AUTOS SUBJECT TO UM LAW
(27) SPECIFICALLY DESCRIBED AUTOS
(28) HIRED AUTOS ONLY
(29) NON-OWNED AUTOS USED IN GARAGE BUS
(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE
(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS
(32) COMPANY USE

ENDORSEMENTS/REMARKS

ADDITIONAL GENERAL INFORMATION QUESTION APPLICABLE TO GARAGES AND DEALERS IN PENNSYLVANIA

IS THIS GARAGE OR DEALER AN OFFICIAL PENNSYLVANIA VEHICLE INSPECTION STATION? YES NO

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON 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 (MM/DD/YY)	PRODUCER'S SIGNATURE	

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