

ACORD 138 MN (2015/12) - MINNESOTA GARAGE AND DEALERS COVERAGES / LIMITS SECTION

ACORD 138 MN, Minnesota Garage and Dealers, Coverages / Limits Section, is used to collect the coverage and limit information necessary to write Garage and Dealers insurance in this state.

Use this form with ACORD 128, Garage and Dealers Section.

The following are the specific differences in this state:

- * Personal Injury Protection coverages are revised to reflect Minnesota's unique coverages and options. Refer to you state manual.
- * A statement is added requiring the applicant to acknowledge receipt of a copy of the Minnesota Guaranty Association Notice, ACORD 65 MN.
- * A statement is added acknowledging the offer of "stacked" Personal Injury Protection coverage if more than one vehicle is owned.
- * A statement is added acknowledging the offer of Uninsured / Underinsured Motorists coverage up to the limits of Bodily Injury Liability coverage.
- * A statement is added acknowledging the offer of Work Loss Exclusion under Personal Injury Protection coverage.
- * A statement is added referencing the company's right to cancel coverage at any time during the first fifty-nine (59) days following the issuance of coverage, for any reason not prohibited by law.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Named Insured(s)	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.

IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
COVERAGES / LIMITS	Automobile (Checkbox)	Check the box (if applicable): Indicates the policy coverage includes automobile. Note that both automobile and premises operations coverages can apply.
COVERAGES / LIMITS	Premises Operations (Checkbox)	Check the box (if applicable): Indicates the policy coverage includes premises operations. Note that both automobile and premises operations coverages can apply.
COVERAGES / LIMITS	Liability 21	<p>Check the box (if applicable): Indicates any auto is covered. As used here, Garage or Dealers policies use numeric symbols on the policy declarations to indicate the type(s) of vehicles for which coverage is in effect. Be sure to check the appropriate box for each type of coverage. Only those symbols specified for a coverage may be used. Symbols 21 through 26 provide fleet automatic coverage. Symbol 21 includes Hired and Non-Owned auto coverage. If symbol 21 is not used and Hired Auto (symbol 28) or Non-Owned Auto (symbol 29) coverage is desired, those symbols must be checked.</p> <p>The symbols indicate the automobiles to which each coverage applies. The symbol "triggers" the coverage. For exact policy definitions of the symbols, please refer to the company's policy declarations page.</p>
COVERAGES / LIMITS	Liability 22	Check the box (if applicable): Indicates owned autos only are covered.
COVERAGES / LIMITS	Liability 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
COVERAGES / LIMITS	Liability 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
COVERAGES / LIMITS	Liability 27	Check the box (if applicable): Indicates specifically described autos are covered.
COVERAGES / LIMITS	Liability 28	Check the box (if applicable): Indicates hired autos only are covered.
COVERAGES / LIMITS	Liability 29	Check the box (if applicable): Indicates non-owned autos used in garage business are covered.
COVERAGES / LIMITS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
COVERAGES / LIMITS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
COVERAGES / LIMITS	EA Accident (\$) Auto Only	Enter limit: The liability each accident limit for garage operations auto only. For Dealers, use this field to enter the Policy Combined Single Limit.
COVERAGES / LIMITS	Other Than Auto Only (\$)	Enter limit: The liability each accident limit for garage operations other than auto only.
COVERAGES / LIMITS	Aggregate (\$)	Enter limit: The liability aggregate limit for garage operations other than auto only.
COVERAGES / LIMITS	Dealers Only-Limited	Check the box (if applicable): Indicates the liability coverage is limited for dealers.
COVERAGES / LIMITS	Dealers Only-Unlimited	Check the box (if applicable): Indicates the liability coverage is unlimited for dealers.

COVERAGES / LIMITS	Personal Injury Protection 25	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
COVERAGES / LIMITS	Personal Injury Protection 27	Check the box (if applicable): Indicates specifically described autos are covered.
COVERAGES / LIMITS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
COVERAGES / LIMITS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
COVERAGES / LIMITS	Personal Injury Protection-(\$ field	Enter limit: The personal injury protection (PIP) limit amount.
COVERAGES / LIMITS	Non-Stckd (PIP) (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) is not stacked.
COVERAGES / LIMITS	Combined PIP (Stckd) (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) coverage is stacked/combined.
COVERAGES / LIMITS	\$100 Med Exp Ded (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) has a \$100 medical expense deductible.
COVERAGES / LIMITS	\$200 Wk Loss Ded (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) has a \$100 medical expense deductible and a \$200 work loss deductible.
COVERAGES / LIMITS	\$100 Med Exp Ded & \$200 Wk Loss Ded (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) has a \$200 work loss deductible.
COVERAGES / LIMITS	No Deductible (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) has no deductible that applies.
COVERAGES / LIMITS	Work Loss Excl Named Ins Only, Age 65 or Older, or Age 60 - 64 and Retired and Receiving a Pension	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss exclusion applies to the named insured only age 65 or older or age 60 - 64 and retired and receiving a pension.
COVERAGES / LIMITS	Work Loss Excl Named Ins & Any Family Member, Age 65 or Older, or Age 60 - 64 and Retired and Receiving a Pension	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss exclusion applies to the named insured and family members age 65 or older or age 60 - 64 and retired and receiving a pension.
COVERAGES / LIMITS	Work Loss Excl Any Family Member, Age 65 or Older, or Age 60 - 64 and Retired and Receiving a Pension	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss exclusion applies to any family member age 65 or older or age 60 - 64 and retired and receiving a pension.
COVERAGES / LIMITS	Additional P.I.P 25	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.

COVERAGES / LIMITS	Additional P.I.P 27	Check the box (if applicable): Indicates specifically described autos are covered.
COVERAGES / LIMITS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
COVERAGES / LIMITS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
COVERAGES / LIMITS	Additional P.I.P-Work Loss (\$) (Checkbox)	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
COVERAGES / LIMITS	Additional P.I.P-Add'l Med Exp (\$) (Checkbox)	Enter limit: The additional personal injury protection (APIP) additional medical expense limit amount.
COVERAGES / LIMITS	Medical Payments 21	Check the box (if applicable): Indicates any auto is covered.
COVERAGES / LIMITS	Medical Payments 22	Check the box (if applicable): Indicates owned autos only are covered.
COVERAGES / LIMITS	Medical Payments 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
COVERAGES / LIMITS	Medical Payments 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
COVERAGES / LIMITS	Medical Payments 27	Check the box (if applicable): Indicates specifically described autos are covered.
COVERAGES / LIMITS	Medical Payments 28	Check the box (if applicable): Indicates hired autos only are covered.
COVERAGES / LIMITS	Medical Payments 29	Check the box (if applicable): Indicates non-owned autos used in garage business are covered.
COVERAGES / LIMITS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
COVERAGES / LIMITS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
COVERAGES / LIMITS	Limit (\$)	Enter limit: The medical payments per person limit.
COVERAGES / LIMITS	Uninsured / Underinsured Motorist 22	Check the box (if applicable): Indicates owned autos only are covered.
COVERAGES / LIMITS	Uninsured / Underinsured Motorist 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
COVERAGES / LIMITS	Uninsured / Underinsured Motorist 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
COVERAGES / LIMITS	Uninsured / Underinsured Motorist 26	Check the box (if applicable): Indicates owned autos subject to a compulsory uninsured motorists law are covered.
COVERAGES / LIMITS	Uninsured / Underinsured Motorist 27	Check the box (if applicable): Indicates specifically described autos are covered.
COVERAGES / LIMITS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.

COVERAGES / LIMITS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
COVERAGES / LIMITS	Uninsured Motorists-CSL (Checkbox)	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
COVERAGES / LIMITS	BI EA PER (Checkbox)	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
COVERAGES / LIMITS	Amount	Enter limit: The uninsured / underinsured motorists bodily injury per person limit. The use of this limit varies by state. On commercial policies, this may contain the combined single limit per accident amount.
COVERAGES / LIMITS	BI Each Accident (\$)	Enter limit: The uninsured / underinsured motorists bodily injury per accident limit (in some states this may contain the uninsured / underinsured motorists combined single limit per accident limit). The use of this limit varies by state.
COVERAGES / LIMITS	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / LIMITS	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
COVERAGES / LIMITS	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
COVERAGES / LIMITS	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
COVERAGES / LIMITS	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
COVERAGES / LIMITS	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
PHYSICAL DAMAGE	Comp/Specified Perils (OTC)	Check the box (if applicable): Indicates the physical damage is comprehensive/other than collision.
PHYSICAL DAMAGE	Specified Perils	Check the box (if applicable): Indicates the physical damage coverage is for specified perils.
PHYSICAL DAMAGE	List Specified Perils	Enter text: The codes associated with specified perils coverage. The codes are: F - Fire, F&T - Fire and Theft, FTW - Fire, Theft and Wind, LSP - Limited Specified Perils, SP - Specified Perils.
PHYSICAL DAMAGE	Specified Perils 22	Check the box (if applicable): Indicates owned autos only are covered.
PHYSICAL DAMAGE	Specified Perils 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
PHYSICAL DAMAGE	Specified Perils 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.

PHYSICAL DAMAGE	Specified Perils 27	Check the box (if applicable): Indicates specifically described autos are covered.
PHYSICAL DAMAGE	Specified Perils 28	Check the box (if applicable): Indicates hired autos only are covered.
PHYSICAL DAMAGE	Specified Perils 31	Check the box (if applicable): Indicates autos on consignment and dealer autos are covered.
PHYSICAL DAMAGE	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
PHYSICAL DAMAGE	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
PHYSICAL DAMAGE	LOC # One	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location One	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
PHYSICAL DAMAGE	Deductible Per Auto One	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.
PHYSICAL DAMAGE	Maximum Deductible Per Loss One	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.
PHYSICAL DAMAGE	LOC # Two	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location Two	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
PHYSICAL DAMAGE	Deductible Per Auto Two	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.
PHYSICAL DAMAGE	Maximum Deductible Per Loss Two	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.
PHYSICAL DAMAGE	LOC # Three	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location Three	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
PHYSICAL DAMAGE	Deductible Per Auto Three	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.
PHYSICAL DAMAGE	Maximum Deductible Per Loss Three	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.

PHYSICAL DAMAGE	Collision 22	Check the box (if applicable): Indicates owned autos only are covered.
PHYSICAL DAMAGE	Collision 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
PHYSICAL DAMAGE	Collision 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
PHYSICAL DAMAGE	Collision 27	Check the box (if applicable): Indicates specifically described autos are covered.
PHYSICAL DAMAGE	Collision 28	Check the box (if applicable): Indicates hired autos only are covered.
PHYSICAL DAMAGE	Collision 31	Check the box (if applicable): Indicates autos on consignment and dealer autos are covered.
PHYSICAL DAMAGE	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
PHYSICAL DAMAGE	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
PHYSICAL DAMAGE	LOC # One	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location One	Enter limit: The physical damage collision limit amount.
PHYSICAL DAMAGE	Deductible (\$)	Enter deductible: The physical damage collision per auto deductible amount.
PHYSICAL DAMAGE	LOC # Two	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location Two	Enter limit: The physical damage collision limit amount.
PHYSICAL DAMAGE	Collision-Deductible	Enter deductible: The physical damage collision per auto deductible amount.
PHYSICAL DAMAGE	LOC # Three	Enter number: The producer assigned number for the location. The location number for the physical damage coverages should correspond to a location number documented on the ACORD 125.
PHYSICAL DAMAGE	Enter the Limits for Each Location Three	Enter limit: The physical damage collision limit amount.
PHYSICAL DAMAGE	Collision-Deductible	Enter deductible: The physical damage collision per auto deductible amount.
PHYSICAL DAMAGE	Anti-Theft Discount Applies Y / N	Enter Y for a "Yes" response. Input N for "No" response. Indicates if an anti-theft discount applies.
PHYSICAL DAMAGE	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).

PHYSICAL DAMAGE	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
PHYSICAL DAMAGE	Additional Coverage Location #	Enter number: The location number for the premises.
PHYSICAL DAMAGE	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
PHYSICAL DAMAGE	Additional Coverage Deductible Amount	Enter deductible: The deductible amount of the coverage.
GARAGE KEEPERS	Legal Liability	Check the box (if applicable): Indicates the policy is to be written on a legal liability basis.
GARAGE KEEPERS	Direct Basis	Check the box (if applicable): Indicates the policy is to be written on a direct basis.
GARAGE KEEPERS	Primary	Check the box (if applicable): Indicates this policy is the primary coverage.
GARAGE KEEPERS	Excess	Check the box (if applicable): Indicates this policy is for excess coverage.
GARAGE KEEPERS	Comp/Specified Perils (OTC)	Check the box (if applicable): Indicates the garage keepers coverage is comprehensive / other than collision.
GARAGE KEEPERS	Specified Perils	Check the box (if applicable): Indicates the garage keepers coverage is for specified perils.
GARAGE KEEPERS	List Specified Perils	Enter text: The codes associated with specified perils coverage. The codes are: F - Fire, F&T - Fire and Theft, FTW - Fire, Theft and Wind, LSP - Limited Specified Perils, SP - Specified Perils.
GARAGE KEEPERS	30 (checkbox) One	Check the box (if applicable): Indicates autos left with you for service, repair, storage or safekeeping are covered.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
GARAGE KEEPERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	LOC # One	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location One	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.
GARAGE KEEPERS	# of Autos One	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto One	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss One	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.

GARAGE KEEPERS	LOC # Two	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location Two	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.
GARAGE KEEPERS	# of Autos Two	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto Two	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss Two	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.
GARAGE KEEPERS	LOC # Three	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location Three	Enter limit: The garage keepers comprehensive / other than collision or specified perils limit amount.
GARAGE KEEPERS	# of Autos Three	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto Three	Enter deductible: The garage keepers comprehensive / other than collision or specified perils per auto deductible amount.
GARAGE KEEPERS	Maximum Deductible Per Loss Three	Enter deductible: The garage keepers comprehensive / other than collision or specified perils maximum deductible per loss amount.
GARAGE KEEPERS	30 (checkbox) Two	Check the box (if applicable): Indicates autos left with you for service, repair, storage or safekeeping are covered.
GARAGE KEEPERS	Other Covered Auto Symbol	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
GARAGE KEEPERS	Other Covered Auto Symbol Description	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
GARAGE KEEPERS	LOC # Four	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location Four	Enter limit: The garage keepers collision limit amount.
GARAGE KEEPERS	# of Autos Four	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto Four	Enter deductible: The garage keepers collision per auto deductible amount.

GARAGE KEEPERS	LOC # Five	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location Five	Enter limit: The garage keepers collision limit amount.
GARAGE KEEPERS	# of Autos Five	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto Five	Enter deductible: The garage keepers collision per auto deductible amount.
GARAGE KEEPERS	LOC # Six	Enter number: The producer assigned number for the location. The location number for the garage keepers coverages should correspond to a location number documented on the ACORD 125.
GARAGE KEEPERS	Enter the Limits for Each Location Six	Enter limit: The garage keepers collision limit amount.
GARAGE KEEPERS	# of Autos Six	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Deductible Per Auto Six	Enter deductible: The garage keepers collision per auto deductible amount.
GARAGE KEEPERS	Additional Coverage Description	Enter text: The description of other coverage (not the limit) on the vehicle policy. Any questions about appropriate limits or applicable policy coverage(s) should be answered by the issuing insurer(s).
GARAGE KEEPERS	Additional Coverage Covered Auto Symbols	Enter text: The symbols that apply to the other coverage listed.
GARAGE KEEPERS	Additional Coverage Location #	Enter number: The location number for the premises.
GARAGE KEEPERS	Additional Coverage Limit	Enter limit: The limit amount of the other coverage.
GARAGE KEEPERS	# of Autos Seven	Enter number: The number of vehicles located on the premises.
GARAGE KEEPERS	Additional Coverage Deductible Amount	Enter deductible: The deductible amount of the coverage.
GARAGE KEEPERS	Physical Damage Reporting Period	Enter text: The timing of the reporting period if the policy will be on a Reporting basis. Examples: Monthly, Quarterly, Semi-Annual.
GARAGE KEEPERS	Non-Reporting (checkbox)	Check the box (if applicable): Indicates the policy is on a non-reporting basis.
GARAGE KEEPERS	# Dealer Plates/Repairer Plates	Enter number: The total number of sets of dealer or repairer plates issued to the named insured.
GARAGE KEEPERS	# Transportation Plates	Enter number: The total number of sets of transportation plates issued to the applicant.
GARAGE KEEPERS	Temporary Location Limit	Enter limit: The limit for covered autos stored temporarily off premises.

GARAGE KEEPERS	Transit Limit	Enter limit: The limit for covered autos in transit.
ENDORSEMENTS / REMARKS	Endorsements / Remarks One	Enter text: The remarks associated with the Garage and Dealers line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.

Form Page 2

Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ENDORSEMENTS / REMARKS	Endorsements / Remarks Two	Enter text: The remarks associated with the Garage and Dealers line of business. Enter any endorsements that apply. Be sure to include the form numbers and the required information for attaching the endorsement. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured. As used here, the applicant should read and understand the Fair Credit Reporting Act, the Privacy Act (where applicable), the Applicant's Statement, and any other disclosure information on the form before personally signing the application.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.