

## ACORD 138 NY (2015/12) - NEW YORK GARAGE AND DEALERS COVERAGES / LIMITS SECTION

ACORD 138 NY, New Garage and Dealers, Coverage / 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 specific differences in this state are:

- \* Personal Injury Protection coverages are revised to reflect New York's unique coverages and options. Refer to your state Manual.
- \* Uninsured and Underinsured Motorists coverages are replaced by "Statutory UM" and "Supplementary UM / UIM (SUM)". Refer to your State Manual.
- \* A question is included regarding any applicant covered by a wage continuation plan. If coverage applies, the name of the plan and the person(s) covered must be shown in the application. New York State law requires a reduction in work loss payment under Personal Injury Protection coverage and a PIP premium reduction, if an insured is covered by a qualified wage continuance plan.
- \* Statement added to the form advising the insured of his/her rights, regarding the selection of a rental vehicle company if they have purchased rental vehicle reimbursement coverage.
- \* A state-specific fraud warning is included.

### 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.

<b>IDENTIFICATION SECTION</b>	<b>NAIC Code</b>	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
<b>COVERAGES / LIMITS</b>	<b>Automobile</b>	Check the box (if applicable): Indicates the policy coverage includes automobile. Note that both automobile and premises operations coverages can apply.
<b>COVERAGES / LIMITS</b>	<b>Premises Operations</b>	Check the box (if applicable): Indicates the policy coverage includes premises operations. Note that both automobile and premises operations coverages can apply.
<b>COVERAGES / LIMITS</b>	<b>Liability 21</b>	<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>
<b>COVERAGES / LIMITS</b>	<b>Liability 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Liability 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Liability 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Liability 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Liability 28</b>	Check the box (if applicable): Indicates hired autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Liability 29</b>	Check the box (if applicable): Indicates non-owned autos used in garage business are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Ea Acc (\$) Auto Only</b>	Enter limit: The liability each accident limit for garage operations auto only. For Dealers, use this field to enter the Policy Combined Single Limit.
<b>COVERAGES / LIMITS</b>	<b>Ea Acc (\$)</b>	Enter limit: The liability each accident limit for garage operations other than auto only.
<b>COVERAGES / LIMITS</b>	<b>Aggregate (\$)</b>	Enter limit: The liability aggregate limit for garage operations other than auto only.
<b>COVERAGES / LIMITS</b>	<b>Dealers Only-Limited</b>	Check the box (if applicable): Indicates the liability coverage is limited for dealers.
<b>COVERAGES / LIMITS</b>	<b>Dealers Only-Unlimited</b>	Check the box (if applicable): Indicates the liability coverage is unlimited for dealers.

<b>COVERAGES / LIMITS</b>	<b>Personal Injury Protection 25</b>	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
<b>COVERAGES / LIMITS</b>	<b>Personal Injury Protection 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Limit (\$)</b>	Enter limit: The personal injury protection (PIP) limit amount.
<b>COVERAGES / LIMITS</b>	<b>Deductible (\$)</b>	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
<b>COVERAGES / LIMITS</b>	<b>OBEL 25</b>	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
<b>COVERAGES / LIMITS</b>	<b>OBEL 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Limit (\$)</b>	Enter limit: The limit amount for the optional basic economic loss coverage.
<b>COVERAGES / LIMITS</b>	<b>Additional PIP 25</b>	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
<b>COVERAGES / LIMITS</b>	<b>Additional PIP 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Limit (\$)</b>	Enter limit: The additional personal injury protection (APIP) limit amount.
<b>COVERAGES / LIMITS</b>	<b>Work Loss (\$)</b>	Enter limit: The additional personal injury protection (APIP) work/wage loss limit amount.
<b>COVERAGES / LIMITS</b>	<b>Other Exp (\$)</b>	Enter limit: The limit amount for the other expense coverage.
<b>COVERAGES / LIMITS</b>	<b>Death Benefit (\$)</b>	Enter limit: The additional personal injury protection (APIP) accidental death benefit limit amount.
<b>COVERAGES / LIMITS</b>	<b>Work Loss Coord 25</b>	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
<b>COVERAGES / LIMITS</b>	<b>Work Loss Coord 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.

<b>COVERAGES / LIMITS</b>	<b>Yes</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has been selected.
<b>COVERAGES / LIMITS</b>	<b>No</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) work loss coordination option has not been selected.
<b>COVERAGES / LIMITS</b>	<b>Medical Exp Elim 25</b>	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Exp Elim 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Named Ins Only</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured only.
<b>COVERAGES / LIMITS</b>	<b>Named Insured and Relatives</b>	Check the box (if applicable): Indicates the personal injury protection (PIP) medical expense option has been selected for the named insured and relatives.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 21</b>	Check the box (if applicable): Indicates any auto is covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 28</b>	Check the box (if applicable): Indicates hired autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Medical Payments 29</b>	Check the box (if applicable): Indicates non-owned autos used in garage business are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>Limit (\$)</b>	Enter limit: The medical payments per person limit.
<b>COVERAGES / LIMITS</b>	<b>Statutory Uninsured Motorists 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Statutory Uninsured Motorists 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Statutory Uninsured Motorists 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.

<b>COVERAGES / LIMITS</b>	<b>Statutory Uninsured Motorists 26</b>	Check the box (if applicable): Indicates owned autos subject to a compulsory uninsured motorists law are covered.
<b>COVERAGES / LIMITS</b>	<b>Statutory Uninsured Motorists 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>CSL (checkbox)</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>COVERAGES / LIMITS</b>	<b>BI Ea Per (checkbox)</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.
<b>COVERAGES / LIMITS</b>	<b>Amount</b>	Enter limit: The uninsured motorists bodily injury per person limit. The use of this limit varies by state. (in some states this may contain the combined single limit per accident limit amount.)
<b>COVERAGES / LIMITS</b>	<b>BI Each Accident (\$)</b>	Enter limit: The uninsured motorists bodily injury per accident limit (in some states this may contain the uninsured motorists combined single limit per accident limit). The use of this limit varies by state.
<b>COVERAGES / LIMITS</b>	<b>Supplementary UM / UIM (SUM) 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Supplementary UM / UIM (SUM) 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Supplementary UM / UIM (SUM) 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
<b>COVERAGES / LIMITS</b>	<b>Supplementary UM / UIM (SUM) 26</b>	Check the box (if applicable): Indicates owned autos subject to a compulsory uninsured motorists law are covered.
<b>COVERAGES / LIMITS</b>	<b>Supplementary UM / UIM (SUM) 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>COVERAGES / LIMITS</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>COVERAGES / LIMITS</b>	<b>CSL (checkbox)</b>	Check the box (if applicable): Indicates if the limit shown is for combined single limit on the coverage.
<b>COVERAGES / LIMITS</b>	<b>BI Ea Per (checkbox)</b>	Check the box (if applicable): Indicates if the limit shown is the bodily injury each person limit on the coverage.

<b>COVERAGES / LIMITS</b>	<b>Amount</b>	Enter limit: The per person limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>COVERAGES / LIMITS</b>	<b>BI Each Accident (\$)</b>	Enter limit: The per accident limit amount for the supplementary uninsured / underinsured motorists coverage.
<b>COVERAGES / LIMITS</b>	<b>Additional Coverage Description</b>	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).
<b>COVERAGES / LIMITS</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>COVERAGES / LIMITS</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>PHYSICAL DAMAGE</b>	<b>Comp/Specified Perils (OTC)</b>	Check the box (if applicable): Indicates the physical damage is comprehensive/other than collision.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils</b>	Check the box (if applicable): Indicates the physical damage coverage is for specified perils.
<b>PHYSICAL DAMAGE</b>	<b>List Specified Perils</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 28</b>	Check the box (if applicable): Indicates hired autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Specified Perils 31</b>	Check the box (if applicable): Indicates autos on consignment and dealer autos are covered.
<b>PHYSICAL DAMAGE</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>PHYSICAL DAMAGE</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>PHYSICAL DAMAGE</b>	<b>LOC # One</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location One</b>	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Deductible Per Auto One</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.

<b>PHYSICAL DAMAGE</b>	<b>Maximum Deductible Per Loss One</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.
<b>PHYSICAL DAMAGE</b>	<b>LOC # Two</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location Two</b>	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Deductible Per Auto Two</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.
<b>PHYSICAL DAMAGE</b>	<b>Maximum Deductible Per Loss Two</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.
<b>PHYSICAL DAMAGE</b>	<b>LOC # Three</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location Three</b>	Enter limit: The physical damage comprehensive/other than collision or specified perils limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Deductible Per Auto Three</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils per auto deductible amount.
<b>PHYSICAL DAMAGE</b>	<b>Maximum Deductible Per Loss Three</b>	Enter deductible: The physical damage comprehensive/other than collision or specified perils maximum deductible per loss amount.
<b>PHYSICAL DAMAGE</b>	<b>Collision 22</b>	Check the box (if applicable): Indicates owned autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Collision 23</b>	Check the box (if applicable): Indicates owned private passenger autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Collision 24</b>	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Collision 27</b>	Check the box (if applicable): Indicates specifically described autos are covered.
<b>PHYSICAL DAMAGE</b>	<b>Collision 28</b>	Check the box (if applicable): Indicates hired autos only are covered.
<b>PHYSICAL DAMAGE</b>	<b>Collision 31</b>	Check the box (if applicable): Indicates autos on consignment and dealer autos are covered.
<b>PHYSICAL DAMAGE</b>	<b>Other Covered Auto Symbol</b>	Check the box (if applicable): Indicates that a symbol other than those listed should be used.
<b>PHYSICAL DAMAGE</b>	<b>Other Covered Auto Symbol Description</b>	Enter code: The symbol code for the coverage. Use the symbols specified for a coverage, or enter a company-unique symbol if applicable.
<b>PHYSICAL DAMAGE</b>	<b>LOC # One</b>	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.

<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location One</b>	Enter limit: The physical damage collision limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Deductible (\$)</b>	Enter deductible: The physical damage collision per auto deductible amount.
<b>PHYSICAL DAMAGE</b>	<b>LOC # Two</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location Two</b>	Enter limit: The physical damage collision limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Collision-Deductible</b>	Enter deductible: The physical damage collision per auto deductible amount.
<b>PHYSICAL DAMAGE</b>	<b>LOC # Three</b>	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.
<b>PHYSICAL DAMAGE</b>	<b>Enter the Limits for Each Location Three</b>	Enter limit: The physical damage collision limit amount.
<b>PHYSICAL DAMAGE</b>	<b>Collision-Deductible</b>	Enter deductible: The physical damage collision per auto deductible amount.
<b>PHYSICAL DAMAGE</b>	<b>Additional Coverage Description</b>	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).
<b>PHYSICAL DAMAGE</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>PHYSICAL DAMAGE</b>	<b>Additional Coverage Location #</b>	Enter number: The location number for the premises.
<b>PHYSICAL DAMAGE</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>PHYSICAL DAMAGE</b>	<b>Additional Coverage Deductible Amount</b>	Enter deductible: The deductible amount of the coverage.
<b>GARAGE KEEPERS</b>	<b>Legal Liability</b>	Check the box (if applicable): Indicates the policy is to be written on a legal liability basis.
<b>GARAGE KEEPERS</b>	<b>Direct Basis</b>	Check the box (if applicable): Indicates the policy is to be written on a direct basis.
<b>GARAGE KEEPERS</b>	<b>Primary</b>	Check the box (if applicable): Indicates this policy is the primary coverage.
<b>GARAGE KEEPERS</b>	<b>Excess</b>	Check the box (if applicable): Indicates this policy is for excess coverage.
<b>GARAGE KEEPERS</b>	<b>Comp/Specified Perils (OTC)</b>	Check the box (if applicable): Indicates the garage keepers coverage is comprehensive / other than collision.
<b>GARAGE KEEPERS</b>	<b>Specified Perils</b>	Check the box (if applicable): Indicates the garage keepers coverage is for specified perils.



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

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

<b>GARAGE KEEPERS</b>	<b>Additional Coverage Covered Auto Symbols</b>	Enter text: The symbols that apply to the other coverage listed.
<b>GARAGE KEEPERS</b>	<b>Additional Coverage Location #</b>	Enter number: The location number for the premises.
<b>GARAGE KEEPERS</b>	<b>Additional Coverage Limit</b>	Enter limit: The limit amount of the other coverage.
<b>GARAGE KEEPERS</b>	<b># of Autos Seven</b>	Enter number: The number of vehicles located on the premises.
<b>GARAGE KEEPERS</b>	<b>Additional Coverage Deductible Amount</b>	Enter deductible: The deductible amount of the coverage.
<b>GARAGE KEEPERS</b>	<b>Physical Damage Reporting Period</b>	Enter text: The timing of the reporting period if the policy will be on a Reporting basis. Examples: Monthly, Quarterly, Semi-Annual.
<b>GARAGE KEEPERS</b>	<b>Non-Reporting (checkbox)</b>	Check the box (if applicable): Indicates the policy is on a non-reporting basis.
<b>GARAGE KEEPERS</b>	<b># Dealer Plates/Repairer Plates</b>	Enter number: The total number of sets of dealer or repairer plates issued to the named insured.
<b>GARAGE KEEPERS</b>	<b># Transportation Plates</b>	Enter number: The total number of sets of transportation plates issued to the applicant.
<b>GARAGE KEEPERS</b>	<b>Temporary Location Limit</b>	Enter limit: The limit for covered autos stored temporarily off premises.
<b>GARAGE KEEPERS</b>	<b>Transit Limit</b>	Enter limit: The limit for covered autos in transit.
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	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

<b>Section Name</b>	<b>Field Name</b>	<b>Description</b>
<b>IDENTIFICATION SECTION</b>	<b>Agency Customer ID</b>	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
<b>ENDORSEMENTS / REMARKS</b>	<b>Endorsements / Remarks</b>	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.
<b>SIGNATURE</b>	<b>Any Applicant Covered by a Wage Continuation Plan? Y / N</b>	Enter Y for a "Yes" response. Input N for "No" response. Indicates the response to the question, "Any applicant covered by a wage continuation plan?"

<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the applicant.
<b>SIGNATURE</b>	<b>Name of Plan</b>	Enter text: The name of the wage continuation plan. As used here, this is the wage continuation plan for the co-applicant.
<b>SIGNATURE</b>	<b>Person Covered</b>	Enter text: The name of any applicant covered by a wage continuation plan. As used here, this is the co-applicant.
<b>SIGNATURE</b>	<b>Applicant's Signature</b>	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.
<b>SIGNATURE</b>	<b>Date</b>	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
<b>SIGNATURE</b>	<b>Producer's Signature</b>	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.
<b>SIGNATURE</b>	<b>National Producer Number</b>	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.