



AGENCY CUSTOMER ID: \_\_\_\_\_

# KENTUCKY GARAGE AND DEALERS COVERAGES / LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)	TAX TERRITORY
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	<b>GARAGE OPERATIONS</b> AUTO ONLY      OTHER THAN AUTO ONLY EA ACC \$                      \$ AGGREGATE                      \$ DEALERS ONLY: <input type="checkbox"/> LIMITED <input type="checkbox"/> UNLIMITED	MEDICAL PAYMENTS	21	\$	
	22			22		
	23			23		
	24			24		
PERSONAL INJURY PROTECTION	25	\$ <input type="checkbox"/> FULL <input type="checkbox"/> GUEST ONLY <input type="checkbox"/> BUY BACK \$                      DED	UNINSURED MOT	22	26	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
	27		STACKED	23	27	BI EACH ACCIDENT \$
ADDITIONAL P.I.P.	25	OPTION #: AGGREGATE LIMIT \$	NON-STKD	24		
	27		UNDERINS MOT	22	26	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$
MOTORCYCLE P.I.P.	25	\$ <input type="checkbox"/> APPLIES TO CYCLES LISTED ON PAGE 2	STACKED	23	27	BI EACH ACCIDENT \$
	27		NON-STKD	24		
NAMED INDIVIDUAL - BROADENED P.I.P.	25	\$ <input type="checkbox"/> APPLIES TO INDIVIDUALS LISTED ON PAGE 2				\$
	27					

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
<input type="checkbox"/> 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
<input type="checkbox"/> LEGAL LIABILITY <input type="checkbox"/> DIRECT BASIS	30	\$		\$	\$
		\$		\$	\$
		\$		\$	\$
<input type="checkbox"/> PRIMARY EXCESS	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 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF I HAVE REJECTED UNINSURED (UM) AND/OR UNDERINSURED (UIM) MOTORISTS COVERAGE, I HAVE ALSO SIGNED THE KENTUCKY STATE SUPPLEMENT, ACORD 60 KY.

MOTORCYCLE PIP - DESCRIPTION OF MOTORCYCLE(S) TO BE COVERED	NAMED INDIVIDUAL - BROADENED PIP - LIST INDIVIDUALS TO BE COVERED
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I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE 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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