

ACORD 138 KY (2015/09) - KENTUCKY GARAGE AND DEALERS COVERAGES / LIMITS SECTION

ACORD 138 KY, Kentucky 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. Required disclosure and coverage acceptance or rejection information is also included.

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

The following are the specific differences in this state:

- * Provision is made to report the "Tax Territory", as required by Kentucky law.
- * Personal Injury Protection coverages are revised to reflect Kentucky's unique coverages and options. Refer to you state manual.
- * Provision is made to select "stacked" or non-stacked" Uninsured and Underinsured Motorists Bodily Injury coverage.
- * Uninsured and Underinsured Motorists Property Damage coverage are not available.
- * A state-specific fraud warning is included.
- * Statement added to the form indicating that if the applicant has rejected Uninsured (UM) and/or Underinsured (UIM) Motorists coverage they have signed the Kentucky state supplement, ACORD 60 KY.
- * Section added to capture descriptions of motorcycles, and named individuals to be covered, as required under PIP options.

Form Page 1

Section Name	Field Name	Description
IDENTIFICATION SECTION		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	Tax Territory	Enter code: The city, county or state tax code.

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 Acc (\$) 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	Ea Acc (\$) 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-Amount Field (\$)	Enter limit: The personal injury protection (PIP) limit amount. As used here, refer to applicable State Manual for Options. Include any deductible selected by the applicant.
COVERAGES / LIMITS	DED Field	Enter deductible: The deductible amount for personal injury protection (PIP) coverage.
COVERAGES / LIMITS	Full (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) full option has been selected and all parties accept the personal injury protection (PIP) limitations.
COVERAGES / LIMITS	Guest Only (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) tort limitations has been selected for guests only. There is no coverage for insureds.
COVERAGES / LIMITS	Buy Back (Checkbox)	Check the box (if applicable): Indicates the personal injury protection (PIP) limitations have been accepted by one or more insureds.
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-Option #	Enter number: The additional personal injury protection (APIP) option number used by the company as it relates to the limit. This may be provided in lieu of the limit, or it may be sent in addition to the limit.
COVERAGES / LIMITS	Aggregate Limit	Enter limit: The additional personal injury protection (APIP) limit amount.
COVERAGES / LIMITS	Motorcycle P.I.P 25	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
COVERAGES / LIMITS	Motorcycle 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	Motorcycle P.I.P. - Applies to Cycles Listed on Page 2 (Checkbox)	Check the box (if applicable): Indicates the motorcycles covered are listed on the last page of the form.
COVERAGES / LIMITS	Amount	Enter limit: The motorcycle personal injury protection (MPIP) limit amount.
COVERAGES / LIMITS	Named Individual Broadened P.I.P 25	Check the box (if applicable): Indicates owned autos subject to no-fault are covered.
COVERAGES / LIMITS	Named Individual Broadened 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	Named Individual Broadened P.I.P. - Applies to Individuals Listed on Page 2 (Checkbox)	Check the box (if applicable): Indicates the individuals to be covered are listed on the last page of the form.
COVERAGES / LIMITS	Amount	Enter limit: The broadened personal injury protection (BPIP) 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	Limits (\$)	Enter limit: The medical payments per person limit.

COVERAGES / LIMITS	Uninsured Motorists-Stacked (Checkbox)	Check the box (if applicable): Indicates the uninsured motorists coverage is stacked.
COVERAGES / LIMITS	Non-Stkd (Checkbox)	Check the box (if applicable): Indicates the uninsured motorists coverage is not stacked.
COVERAGES / LIMITS	Uninsured Motorist 22	Check the box (if applicable): Indicates owned autos only are covered.
COVERAGES / LIMITS	Uninsured Motorist 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
COVERAGES / LIMITS	Uninsured Motorist 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
COVERAGES / LIMITS	Uninsured Motorist 26	Check the box (if applicable): Indicates owned autos subject to a compulsory uninsured motorists law are covered.
COVERAGES / LIMITS	Uninsured 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	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 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.)
COVERAGES / LIMITS	BI Each Accident (\$)	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.
COVERAGES / LIMITS	Underinsured Motorists-Stacked (Checkbox)	Check the box (if applicable): Indicates the underinsured motorists coverage is stacked.
COVERAGES / LIMITS	Non-Stkd (Checkbox)	Check the box (if applicable): Indicates the underinsured motorists coverage is not stacked.
COVERAGES / LIMITS	Underinsured Motorist 22	Check the box (if applicable): Indicates owned autos only are covered.
COVERAGES / LIMITS	Underinsured Motorist 23	Check the box (if applicable): Indicates owned private passenger autos only are covered.
COVERAGES / LIMITS	Underinsured Motorist 24	Check the box (if applicable): Indicates owned autos other than private passenger autos only are covered.
COVERAGES / LIMITS	Underinsured Motorist 26	Check the box (if applicable): Indicates owned autos subject to a compulsory uninsured motorists law are covered.

COVERAGES / LIMITS	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	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 underinsured motorists bodily injury per person limit. The use of this limit varies by state. In some states this may contain the combined single limit each accident amount.
COVERAGES / LIMITS	BI Each Accident (\$)	Enter limit: The underinsured motorists bodily injury per accident limit (in some states this may contain the underinsured motorists combined single 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.
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	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	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
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IDENTIFICATION SECTION		Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ENDORSEMENTS / REMARKS	Endorsements/Remarks	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	Motorcycle PIP VEH #	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the motorcycle to be covered by Personal Injury Protection.
SIGNATURE	Year	Enter year: The model year of the vehicle.
SIGNATURE	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
SIGNATURE	Model	Enter text: The manufacturer's model name for the vehicle.
SIGNATURE	Horsepower	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
SIGNATURE	Motorcycle PIP VEH #	Enter number: The producer assigned vehicle number. As used here, the vehicle number of the motorcycle to be covered by Personal Injury Protection.
SIGNATURE	Year	Enter year: The model year of the vehicle.
SIGNATURE	Make	Enter text: The manufacturer of the vehicle (e.g., Ford, Chevy).
SIGNATURE	Model	Enter text: The manufacturer's model name for the vehicle.
SIGNATURE	Horsepower	Enter number: The amount of horsepower or the number of cubic centimeters of displacement.
SIGNATURE	Named Individual Broadened PIP - DRV #	Enter number: The number assigned to the driver by the producer. As used here, the driver number of the individual to be covered by Broadened Personal Injury Protection.
SIGNATURE	First Name	Enter text: The named insured's given name.
SIGNATURE	Middle Initial	Enter text: The named insured's other given name initial.
SIGNATURE	Last Name	Enter text: The named insured's surname.
SIGNATURE	Named Individual Broadened PIP - DRV #	Enter number: The number assigned to the driver by the producer. As used here, the driver number of the individual to be covered by Broadened Personal Injury Protection.
SIGNATURE	First Name	Enter text: The named insured's given name.
SIGNATURE	Middle Initial	Enter text: The named insured's other given name initial.
SIGNATURE	Last Name	Enter text: The named insured's surname.

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.