



MARYLAND GARAGE AND DEALERS COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)

AGENCY	APPLICANT (First Named Insured)
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COVERAGES/LIMITS

COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY	COVERAGES	COVERED AUTO SYMBOLS	LIMITS OF LIABILITY
LIABILITY	21	GARAGE OPERATIONS AUTO ONLY OTHER THAN AUTO ONLY EA ACCIDENT \$ \$ AGGREGATE \$ DEALERS ONLY: LIMITED UNLIMITED	MEDICAL PAYMENTS	21	\$ <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> PREM OPERATIONS
	22			22	
	23			23	
	24			24	
	25			25	
PERSONAL INJURY PROTECTION	25	\$ 2,500 PER PERSON <input type="checkbox"/> WAIVER OF P.I.P.	UNINSURED MOTORIST	26	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$
	27			27	
ADD'L PERSONAL INJURY PROTECTION	25	\$		24	
	27				

PHYSICAL DAMAGE	LOC #	ENTER THE LIMIT FOR EACH LOCATION	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
COMP SPECIFIED PERILS	22	\$	\$	\$
	23	\$	\$	\$
	24	\$	\$	\$
COLLISION	22	\$	DEDUCTIBLE	
	23	\$	\$	
OTHER				

GARAGE KEEPERS	LOC #	ENTER THE LIMIT FOR EACH LOCATION	# OF AUTOS	DEDUCTIBLE PER AUTO	MAXIMUM DED PER LOSS
LEGAL LIABILITY	30	\$		\$	\$
	30	\$		\$	\$
	30	\$		\$	\$
DIRECT BASIS PRIMARY EXCESS	30	\$		\$	\$
	30	\$		\$	\$
OTHER					

PHYSICAL DAMAGE REPORTING PERIOD	# DEALER/ REPAIRER PLATES	# TRANS- PORTATION PLATES	# HOISTS	TEMPORARY LOCATION LIMIT	TRANSIT LIMIT
<input type="checkbox"/> NON-REPORTING				\$	\$
COVERED AUTO SYMBOLS	(24) OWNED AUTOS OTHER THAN PRIV PASS	(25) OWNED AUTOS SUBJECT TO NO-FAULT	(26) OWNED AUTOS SUBJECT TO UM LAW	(27) SPECIFICALLY DESCRIBED AUTOS	(28) HIRED AUTOS ONLY
(21) ANY AUTO	(29) NON-OWNED AUTOS USED IN GARAGE BUS	(30) AUTOS LEFT FOR SERVICE/REPAIR/STORAGE	(31) AUTOS ON CONSIGNMENT AND DEALER AUTOS	(32) COMPANY USE	
(22) ALL OWNED AUTOS					
(23) OWNED PRIVATE PASS AUTOS ONLY					

ENDORSEMENTS/REMARKS

NOTICE OF INSURANCE INFORMATION PRACTICES

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IF I HAVE ELECTED TO WAIVE PERSONAL INJURY PROTECTION, I HAVE ALSO SIGNED THE MARYLAND AUTO SUPPLEMENT.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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