

GARAGE APPLICATION

		 ☐ Acceptance Indemnity Insurance Company ☐ Occidental Fire & Casu ☐ Acceptance Casualty Insurance Company ☐ Wilshire Insurance Company 		Company					
		Please answer ALL questions. Incomplete or missing answers may cause processing delays or de	ecline of cov	erage.					
1.	REQ	JESTED POLICY PERIOD: Effective Date: to Expiration	on Date:						
2.									
	a. Form of business: I Individual Corporation Partnership Joint Venture Other:								
b. Applicant/Named Insured:									
(DBA):									
	c. N	ailing Address:							
	d. G	araging Location #1:							
	G	araging Location #2:							
	e. Y	ears in business: Years of experience in this field:							
			•						
_	0	/ebsite Address:							
3.									
	a. I	Dealer ID #: Non-Franchised Franchised w	rith						
	-	Type: Retail Wholesale Auction* Con	nsignment Sale	es					
	b. E	stimate number of vehicles sold the prior year:							
	c. E	-Bay Sales? 🗌 Yes 🗌 No 🛛 Internet Sales? 🔲 Yes 🗌 No 👘 Internet	et Advertisina?	🗌 Yes 🗌 No					
	e. Salvage Operation (Auto Dismantling/Salvage Yard/Salvage Vehicles)*								
		uction, Towing/Wrecking or Salvage Operation applies, separate addendum mo	ust be complete	ed.					
4.		CENTAGE OF OPERATION							
	"X" a	Il applicable operations below and show % of sales and/or % repair for each:							
	-	Operation ATVs, Motorcycles, Scooters, Snowmobiles	Sales %	Repair %					
	F	Arvs, Motorcycles, Scotlers, Showmobiles							
		Boats, Jet Skis or Other Watercraft							
		Buses							
	_	Car Wash: Attended Unattended/Self Serve Emergency Vehicles: Police Fire Ambulance							
	-	Emergency Vehicles: Police Fire Ambulance Equipment (Farm &/or Contractors)							
	-	Motor Homes, Recreational Vehicles, Campers							
		Parking Facility: Public Valet							
Private Passenger (including pickups, mini vans or SUVs)									
	-	Storage/Impound Lot							
	⊢	Tires: New Used Recaps, Re-Treads, Split Rim Work							
	F	Trailers: Semi-Trailers Utility Trailers Fifth Wheels							
		Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)							
		Other (describe):							

5.

э.	AD	DITIONAL UNDERWRITING INFORMATION								
	a.	Are you engaged in any other operations? If yes, explain:		Yes No						
	b.	Do you loan, lease or rent vehicles to others?		🗌 Yes 🗌 No						
	c.	Do you allow customers to test drive vehicles unaccompanied?		🗌 Yes 🗌 No						
		If yes, do you obtain a copy of their Driver License and proof of	finsurance?	🗌 Yes 🗌 No						
	d.	Do you own or sponsor a race car?		🗌 Yes 🗌 No						
	e.	Do you install or repair trailer hitches? If yes, are they:		🗌 Yes 🗌 No						
	f.	Do you perform any hydraulic work?		🗌 Yes 🗌 No						
	g.	Do you modify, rebuild or perform conversions on vehicles? If yes, explain:		🗌 Yes 🗌 No						
	h.	Do you repossess:								
		(1) Autos that you have sold?		🗌 Yes 🗌 No						
		(2) Autos for others?		☐ Yes ☐ No						
	i.	Do you perform any work on airbags (including any deactivating)	or breathalyzers?	🗌 Yes 🗌 No						
	j.	Do you do any spray painting?		🗌 Yes 🗌 No						
		If yes, is there a U/L approved booth?		YesNo						
	k.	Any animals kept on the premises?		🗌 Yes 🗌 No						
	١.	Provide maximum radius for pickup and delivery: miles								
		Which of the following are used to transport or drive away vehicle Employees Contract Drivers Other:								
	n.	 (1) When are titles transferred? (2) Do you require personal auto insurance be in place prior to relinquishing a sold vehicle? 								
		(3) If you finance autos for sale, are you listed as a lienholder?		🗌 Yes 🗌 No						
	0.	Describe your theft protection / key control / security:								
	p.	Are signs posted to keep customers from work areas?		Yes 🗌 No						
	q.	. Are firearms kept on the premises?								
6.	PR	IOR CARRIER / LOSS INFORMATION								
		During the past three (3) years, has any company ever cancelled, issue any similar insurance to the applicant? If yes, explain:	declined or refused to	🗌 Yes 🗌 No						
	b.	Prior carriers for the last three (3) years. If no prior insurance, sta	te "NONE".							
		Carrier Name	Policy Period	Premium						
		Year 1 Year 2	to	\$						
		Year 3	to to	\$ \$						
	c.	Prior loss information:	,	1						
		Date of	Amount	Amount						

Loss	Description of Loss	Paid	Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

7. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

Name	Date of Hire	Driver's License Number & State	Date of Birth	Violations & Accidents (last 5 years)	Status (1–12) *	Hours Worked **	Auto Use ***

2 3 1 0 1 2	Inactive Salespe Manage Iass II – Spouse Child of	Non-Employe of Owner, Par Owner, Partne	er or Officer es tner or Office		or older)	5 6 7 8 9 whe	Lot Person Mechanic Clerical Contract Driver Other: ther licensed to drive or not
C 0	Salespe Manage Iass II – Spouse Child of	Non-Employe of Owner, Part Owner, Partne	es tner or Office er or Officer (14		or older)	7 8 9	Clerical Contract Driver Other:
C 0	Manage Iass II – Spouse Child of	Non-Employe of Owner, Par Owner, Partne	tner or Office er or Officer (14		or older)	9	Contract Driver Other:
C 0 1	Manage Iass II – Spouse Child of	Non-Employe of Owner, Par Owner, Partne	tner or Office er or Officer (14		or older)	9	Other:
0 1	lass II – Spouse Child of	Non-Employe of Owner, Par Owner, Partne	tner or Office er or Officer (14		or older)	-	
0 1	Spouse Child of	of Owner, Par Owner, Partne	tner or Office er or Officer (14		or older)	whe	ther licensed to drive or not
0 1	Spouse Child of	of Owner, Par Owner, Partne	tner or Office er or Officer (14		or older)	whe	ther licensed to drive or not
1	Child of	Owner, Partne	er or Officer (14		or older)	whe	ther licensed to drive or not
-							
-	outor						
rke	d: F P N	Part Time (2					
:	B Co	overed auto us	ed strictly for bu	usiness & car	ries a sep	parate	
	:	P N : A Fu B Ca C Ca	 P Part Time (2 N Non-Employ A Furnished a cove B Covered auto use C Covered auto use 	 P Part Time (20 hours or less N Non-Employee A Furnished a covered auto for but B Covered auto used strictly for but C C Covered auto used strictly for but C C C C C C C C C C C C C C C C C C C	 P Part Time (20 hours or less per week) N Non-Employee A Furnished a covered auto for business & pers B Covered auto used strictly for business & cari C Covered auto used strictly for business & DO 	 P Part Time (20 hours or less per week) N Non-Employee A Furnished a covered auto for business & personal use B Covered auto used strictly for business & carries a sep C Covered auto used strictly for business & DOES NOT 	 P Part Time (20 hours or less per week) N Non-Employee A Furnished a covered auto for business & personal use B Covered auto used strictly for business & carries a separate C Covered auto used strictly for business & DOES NOT carry

8. COVERAGE REQUESTED

a. Provide limits and deductibles for all requested coverages:

COVERAGE		LIN	IITS		DEDU	JCTIBLES
	Auto Other Than Auto	\$ \$		Accident Accident	\$	PD
Garage Liability	Other Than Auto	<u>э</u> \$	Aggre		\$	BI & PD
Personal Injury Protection	Limit per Statute:	\$		-	\$	
Medical Payments Automobile & Premises Premises Only	Limit:	\$			\$	
Uninsured/Underinsured Motorists Uninsured Motorists Underinsured Motorists	Number of Dealer Limit: \$ Limit: \$	Plates/T	ransit Plates	8:	\$	
Garagekeepers		Liı	nit: Per Auto	Per Location		
Direct Excess	Comprehensive		\$	\$	\$	
Direct Primary	Specified Causes	of Loss	\$	\$	\$	
	Collision		\$	\$	\$	
Physical Damage		Liı	nit:			
Dealer's Open Lot			Per Auto	Per Location		
Building Completely Fenced	Comprehensive		\$	\$	\$	
☐ Completely Fenced	Fire & Theft		\$	\$	\$	
Scheduled Vehicles	Specified Causes	of Loss	\$	\$	\$	
(Describe below)	Collision		\$	\$	\$	
In Tow	Limit per Tow True	ck: \$			\$	
Optional Coverage(s) not listed:					\$ \$ \$	

Service vehicles, including tow trucks, car haulers and wreckers or specifically described autos:

Are fili	ings required?	🗌 Yes 🗌 No	If yes, list MC # and/or Certificate #:				
Year	Make	Body Type	Serial #	MGVW	Limit		
					\$		
					\$		
					\$		
					\$		

Loss Payee:

Additional Insured:

Name:	
Address:	
nsurable Interest:	
f Depler's Physical Damage coverage is requested, answer the following:	

b. If Dealer's Physical Damage coverage is requested, answer the following:

(1) Provide the number of Autos held for sale at any one time: Maximum: _____ Average: _____

Maximum: \$_____ Average: \$_____

🗌 Yes 🗌 No

(2) Provide the value of any one Auto held for sale:(3) Are any vehicles on consignment?

If yes, what percentage? Provide copy of agreement.

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name		Applicant Signature	Date	
Producer N	Name	Producer Signature	Date	
	Street Address			
Producer (City, State & Zip Code)			
Producer:	Are you personally familiar w Did your office control this ris	vith this Applicant's operation? sk the past year?		☐ Yes ☐ No ☐ Yes ☐ No