

GARAGE APPLICATION

- Acceptance Indemnity Insurance Company Occidental Fire & Casualty Company of North Carolina
 Acceptance Casualty Insurance Company Wilshire Insurance Company

**Please answer ALL questions.
Incomplete or missing answers may cause processing delays or decline of coverage.**

Requested policy period: Effective Date: _____ Expiration Date: _____

1. APPLICANT INFORMATION

- a. Form of business: Individual Corporation Partnership Joint Venture Other: _____
- b. Applicant/Named Insured: _____
 (DBA): _____
- c. Mailing Address: _____
- d. Garage Locations:

Loc#	Address	City	State	Zip	Lot Protection
1					<input type="checkbox"/> Building <input type="checkbox"/> Standard <input type="checkbox"/> Nonstandard
2					<input type="checkbox"/> Building <input type="checkbox"/> Standard <input type="checkbox"/> Nonstandard
3					<input type="checkbox"/> Building <input type="checkbox"/> Standard <input type="checkbox"/> Nonstandard

Building: Separate property supplemental application required.

Standard Open Lot: Open parking storage lots enclosed on all sides by a metal cyclone or equivalent fence not less than six feet height or bounded on one or more sides by the wall or walls of a building, with no unprotected openings, and with the exposed sides of lot enclosed by a metal cyclone or equivalent fence no less than six feet in height, with openings securely locked when unattended.

- e. Years in business: ___ Years experience in this industry: ___ Years ownership/management experience: ___
- f. Provide complete details of all prior work experience: _____
- g. Phone: _____ Inspection Contact: _____
- h. Website Address: _____
- i. What are your days and hours of operation? _____
- j. Describe your business operations? _____
- k. Are you engaged in any other operations? Yes No
 If yes, explain: _____
- l. Do you conduct operations or have driving exposures in any state(s) other than where your garage operation is domiciled? If yes, explain, including which state(s): _____

2. PRIOR CARRIER / LOSS INFORMATION

- a. During the past three (3) years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? Yes No
 If yes, explain: _____
- b. Prior carriers for the last three (3) years. If no prior insurance, state "NONE".

	Carrier Name	Policy Period	Premium
Year 1		to	\$
Year 2		to	\$
Year 3		to	\$

c. Prior loss information:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

3. GENERAL UNDERWRITING INFORMATION

- a. Do you loan, lease or rent vehicles to others? Yes No
- b. Do you engage in any rideshare programs? Yes No
- c. Do you own or sponsor a race car? Yes No
- d. Do you repossess:
 - (1) Autos that you have sold? Yes No
 - (2) Autos for others? Yes No
- e. Any salvage/auto dismantling operations? Yes No
If yes, separate supplemental application required.
- f. Any animals kept on the premises? Yes No
If yes, what breed(s) and purpose?: _____
- g. Provide maximum radius for pickup and delivery:
 - (1) Owned Autos: _____ miles.
 - (2) Non-Owned/Customer's Autos: _____ miles. How many times per month? _____
- h. How many plates do you have: Dealer: _____ Transport/Transit: _____ Other: _____
 (1) Where are plates stored when not in use? _____
 (2) Do you loan or rent plates? Yes No
- i. Describe your key control procedures:
 - (1) During business hours: _____
 - (2) After business hours: _____
- j. Are firearms kept on the premises? Yes No
- k. Do you utilize sub-contractors? Yes No
If yes: (1) Who and for what purpose?: _____
(2) Are certificates of insurance obtained from all? Yes No
- l. Do you attend or host trade shows, fairs, or any other special events? Yes No
If yes, explain: _____
- m. Percentage of operation ("X" all applicable operations below and show % of sales and/or % repair for each)

Type of Autos	Sales %	Repair %
<input type="checkbox"/> ATVs, Snowmobiles*		
<input type="checkbox"/> Boats, Jet Skis or Other Watercraft		
<input type="checkbox"/> Buses: Type: _____ Passenger Capacity: _____		
<input type="checkbox"/> Contractors/Construction Equipment*		
<input type="checkbox"/> Emergency Vehicles: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		
<input type="checkbox"/> Farm Equipment		
<input type="checkbox"/> Golf Carts		
<input type="checkbox"/> Motorcycles, Scooters*		
<input type="checkbox"/> Motor Homes, Recreational Vehicles, Campers*		
<input type="checkbox"/> Private Passenger (including pickups, mini vans or SUVs)		
<input type="checkbox"/> Trailers: <input type="checkbox"/> Semi-Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> Fifth Wheels <input type="checkbox"/> Livestock		
<input type="checkbox"/> Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)*		
<input type="checkbox"/> Other (describe): _____		

*Separate supplemental application required

4. DEALER INFORMATION "X" if no dealer operations exists

a. Are you a licensed dealer? Yes No

Dealer ID #: _____ Non-Franchised Franchised with _____

Type: Retail %____ Wholesale % ____ Broker % ____ Auction* %____

*If Auction applies, separate supplemental application must be completed.

b. Do you sell autos on consignment? (If yes, copy of agreement required) Yes No

If yes: On your lot At other dealership locations

c. Estimate number of vehicles sold per year: _____

d. Do you engage in Internet Sales? Yes No

If yes: (1) Who is responsible for title transfer? _____

(2) How are vehicles transported? _____

e. Test drives:

(1) Do you allow customers to test drive vehicles unaccompanied? Yes No

(2) Do you obtain a copy of their Driver License? Yes No

(3) Do you obtain a copy of their proof of insurance? Yes No

(4) Do you allow overnight test drives? Yes No

f. Which of the following are used to transport or drive away vehicles from the places where they are purchased:

Employees Contract Drivers Transport Carrier Other: _____

g. Where do you purchase vehicles (provide %)?

Other dealers ____ Auction ____ Other _____

h. When are titles transferred? At time of sale When auto is paid in full

Other: _____

i. Do you require personal auto insurance to be in place prior to relinquishing a sold vehicle? Yes No

j. If you finance autos for sale (Buy-here/Pay-here operation), are you listed as a lienholder? Yes No

k. Value of **owned** (inventory) autos

Loc#	Average value per auto	Maximum value per auto	Average # of autos	Maximum # of autos	Maximum value of all autos
1					
2					
3					

5. NON-DEALER INFORMATION

"X" if no service/non-dealer operations exists

Must equal 100%

Service/Repair	Percentage
<input type="checkbox"/> Airbags	
<input type="checkbox"/> Alarm/Stereo Installation	
<input type="checkbox"/> Auto Parts New: % Used: % Uninstalled %	
<input type="checkbox"/> Body	
<input type="checkbox"/> Brakes	
<input type="checkbox"/> Breathalyzers/Ignition Interlock Devices	
<input type="checkbox"/> Car Wash <input type="checkbox"/> Attended <input type="checkbox"/> Unattended/Self-Serve	
<input type="checkbox"/> Detail Shop	
<input type="checkbox"/> Drive-away contractors	
<input type="checkbox"/> Engine	
<input type="checkbox"/> Frame <input type="checkbox"/> Cutting <input type="checkbox"/> Welding <input type="checkbox"/> Stretching <input type="checkbox"/> Straightening	
<input type="checkbox"/> Hydraulic <input type="checkbox"/> Lifting apparatuses – Describe:	
<input type="checkbox"/> LPG (Liquefied Petroleum Gas)	
<input type="checkbox"/> Oil/Lube	
<input type="checkbox"/> Painting <input type="checkbox"/> U/L approved booth <input type="checkbox"/> Non-U/L approved booth*	
<input type="checkbox"/> Parking Facility: <input type="checkbox"/> Public <input type="checkbox"/> Valet**	
<input type="checkbox"/> Performance Enhancements (Beyond original manufacturer specs)	
<input type="checkbox"/> Service/Convenience Store** <input type="checkbox"/> Gas <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor	
<input type="checkbox"/> Storage/Impound Lot	
<input type="checkbox"/> Suspension <input type="checkbox"/> Lift Kits Height:	
<input type="checkbox"/> Tires: <input type="checkbox"/> New % <input type="checkbox"/> Used % <input type="checkbox"/> Recaps, Re-Treads, Split Rim Work	
<input type="checkbox"/> Trailer Hitch Installation <input type="checkbox"/> Bolt-On <input type="checkbox"/> Weld-On	
<input type="checkbox"/> Upholstery	
<input type="checkbox"/> Windshield Installation/Tinting	
<input type="checkbox"/> General Maintenance & Repair	
<input type="checkbox"/> Other (describe):	

**Separate supplemental application required

a. Where are operations performed? (provide % for each that apply)

- Your premises _____ Customer Premises _____ Roadside _____
 Other: _____

b. Do you modify, rebuild or perform conversions on vehicles? Yes No

If yes, explain: _____

c. Do you weld? Yes No

(1) What do you weld? _____

(2) What protective safeguards are in place to prevent fire? _____

d. Are signs posted to keep customers from work areas? Yes No

e. Do you manufacture or fabricate autos or auto parts? Yes No

If yes, explain: _____

f. Do you offer expedited service (example: 30 min or less - quick lube)? Yes No

g. Value of **non-owned** (customer) autos

Loc#	Average value per auto	Maximum value per auto	Average # of autos	Maximum # of autos	Maximum value of all autos
1					
2					
3					

6. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

a. List all owners, employees, drivers and household members of driving age

(ALL employees, whether they drive or not & ALL household members, whether involved in garage operations or not):

First & Last Name	Driver's License Number / State	DOB	Accidents & Violations (within the past 5 years)	Status* (1-11)	Hours Worked**	Furnished (Personal use)	Personal Auto Policy	Excluded Driver
						Yes/No	Yes/No	Yes/No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	/					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you utilize unscheduled (contract) drivers?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: 1. Do you verify each has a valid US driver's license?							<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. How many times per month? ___								

*Status:	6 Mechanic
1 Active Owner, Partner or Officer	7 Clerical
2 Inactive Owner, Partner or Officer	8 Scheduled Driver
3 Salesperson	9 Spouse of Owner, Partner or Officer
4 Manager	10 Child of Owner, Partner or Officer (whether licensed to drive or not)
5 Lot Person	11 Other:

**Hours Worked:	F Full Time (over 20 hours per week)
	P Part Time (20 hours or less per week)
	N Non-Employee

b. Have all individuals with access to use a covered auto been listed on this application Yes No

If no, explain: _____

7. COVERAGE REQUESTED

Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS			DEDUCTIBLES	
	Each Accident (Auto & Other Than Auto)	Aggregate (Other Than Auto only)			
Garage Liability					\$ PD
	\$	<input type="checkbox"/> 1x	<input type="checkbox"/> 2x	<input type="checkbox"/> 3x	\$ BI & PD
Personal Injury Protection	\$				\$
Uninsured Motorists	\$				
Underinsured Motorists	\$				
Medical Payments <input type="checkbox"/> Auto & Premises <input type="checkbox"/> Premises Only	\$				
Errors & Omissions	<input type="checkbox"/> Odometer <input type="checkbox"/> Truth in Lending <input type="checkbox"/> Title				
Garagekeepers <input type="checkbox"/> Fire/Theft <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	<input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary				
	Per Location		Per Auto		
	Loc 1	\$	\$		
	Loc 2	\$	\$		
	Loc 3	\$	\$		
Dealers Physical Damage <input type="checkbox"/> Fire/Theft <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	Per Location			Per Auto	
	Loc 1	\$	\$		
	Loc 2	\$	\$		
	Loc 3	\$	\$		
	Loss Payee:				
False Pretense	\$				
Broadened Coverage	<input type="checkbox"/> Personal Injury Liability <input type="checkbox"/> Damage to Rented Premises \$				
Employment Practices	\$			\$	
Additional Insured	Name:			<input type="checkbox"/> Landlord	
	Address:			<input type="checkbox"/> Waiver of Subrogation	
	Insurable Interest:			<input type="checkbox"/> Other:	
Optional Coverages not listed:					

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

Are filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list MC # and/or Certificate #:						
	Year	Make	Model	VIN/Serial #	MGVW	Use	Radius	In-Tow
1								\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages) <input type="checkbox"/> Physical Damage - Limit: \$ Deductible: \$ Loss Payee:								
2								\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages) <input type="checkbox"/> Physical Damage - Limit: \$ Deductible: \$ Loss Payee:								
3								\$
<input type="checkbox"/> Liability <input type="checkbox"/> PIP <input type="checkbox"/> UM/UIM <input type="checkbox"/> Med Pay (Limits follow policy coverages) <input type="checkbox"/> Physical Damage - Limit: \$ Deductible: \$ Loss Payee:								

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 makes a claim containing false information or intentionally misrepresents any material fact or knowingly presents false or misleading information in an application for insurance may be guilty of a crime and subject to criminal and civil penalties.

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 Name	Producer Signature	Date
_____	_____	
Producer Phone Number	Producer Street Address	