



GARAGE APPLICATION

- ☐ Acceptance Indemnity Insurance Company ☐ Occidental Fire & Casualty Insurance Company
☐ Acceptance Casualty Insurance Company ☐ Wilshire Insurance Company

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

1. REQUESTED POLICY PERIOD: Effective Date: _____ to Expiration Date: _____

2. APPLICANT INFORMATION

- a. Form of business: ☐ Individual ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ Other: _____
- b. Applicant/Named Insured: _____
(DBA): _____
- c. Mailing Address: _____
- d. Garaging Location #1: _____
Garaging Location #2: _____
- e. Years in business: _____ Years of experience in this field: _____
- f. Inspection Contact: _____ Phone: _____
- g. Website Address: _____

3. NATURE OF BUSINESS

- a. Dealer ID #: _____ ☐ Non-Franchised ☐ Franchised with _____
Type: ☐ Retail ☐ Wholesale ☐ Auction* ☐ Consignment Sales
- b. Estimate number of vehicles sold the prior year: _____
- c. E-Bay Sales? ☐ Yes ☐ No Internet Sales? ☐ Yes ☐ No Internet Advertising? ☐ Yes ☐ No
- d. Non-Dealer: ☐ Repair/Service ☐ Towing/Wrecking Operation* ☐ Other: _____
- e. ☐ Salvage Operation (Auto Dismantling/Salvage Yard/Salvage Vehicles)*

* If Auction, Towing/Wrecking or Salvage Operation applies, separate addendum must be completed.

4. PERCENTAGE OF OPERATION

"X" all applicable operations below and show % of sales and/or % repair for each:

Operation	Sales %	Repair %
<input type="checkbox"/> ATVs, Motorcycles, Scooters, Snowmobiles		
<input type="checkbox"/> Auto Parts: New: % Used: %		
<input type="checkbox"/> Boats, Jet Skis or Other Watercraft		
<input type="checkbox"/> Buses		
<input type="checkbox"/> Car Wash: <input type="checkbox"/> Attended <input type="checkbox"/> Unattended/Self Serve		
<input type="checkbox"/> Emergency Vehicles: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		
<input type="checkbox"/> Equipment (Farm &/or Contractors)		
<input type="checkbox"/> Motor Homes, Recreational Vehicles, Campers		
<input type="checkbox"/> Parking Facility: <input type="checkbox"/> Public <input type="checkbox"/> Valet		
<input type="checkbox"/> Private Passenger (including pickups, mini vans or SUVs)		
<input type="checkbox"/> Storage/Impound Lot		
<input type="checkbox"/> Service Station: <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor <input type="checkbox"/> Gas		
<input type="checkbox"/> Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Recaps, Re-Treads, Split Rim Work		
<input type="checkbox"/> Trailers: <input type="checkbox"/> Semi-Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> Fifth Wheels		
<input type="checkbox"/> Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)		
<input type="checkbox"/> Other (describe):		

5. ADDITIONAL UNDERWRITING INFORMATION

- a. Are you engaged in any other operations? ☐ Yes ☐ No
If yes, explain: _____
- 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 insurance? ☐ Yes ☐ No
- d. Do you own or sponsor a race car? ☐ Yes ☐ No
- e. Do you install or repair trailer hitches? ☐ Yes ☐ No
If yes, are they: ☐ Welded on ☐ Bolted on
- f. Do you perform any hydraulic work? ☐ Yes ☐ No
- g. Do you modify, rebuild or perform conversions on vehicles? ☐ Yes ☐ No
If yes, explain: _____
- 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? ☐ Yes ☐ No
- k. Any animals kept on the premises? ☐ Yes ☐ No
- l. Provide maximum radius for pickup and delivery: _____ miles
- m. Which of the following are used to transport or drive away vehicles from the places where they are purchased:
☐ 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? ☐ Yes ☐ No
(3) If you finance autos for sale, are you listed as a lienholder? ☐ Yes ☐ No
- o. 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? ☐ Yes ☐ No

6. 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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

7. OWNERS, EMPLOYEES AND DRIVERS INFORMATION

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

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

* Status:		Class I – Employees / Regular Operators	Class I – All Other
	1	Active Owner, Partner or Officer	5 Lot Person
	2	Inactive Owner, Partner or Officer	6 Mechanic
	3	Salesperson	7 Clerical
	4	Manager	8 Contract Driver
			9 Other: _____
		Class II – Non-Employees	
	10	Spouse of Owner, Partner or Office	
	11	Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not	
	12	Other: _____	

**** Hours Worked:**

F Full Time (over 20 hours per week)

P Part Time (20 hours or less per week)

N Non-Employee

***** Auto Use:**

A Furnished a covered auto for business & personal use

B Covered auto used strictly for business & carries a separate personal auto policy

C Covered auto used strictly for business & DOES NOT carry a separate personal auto policy

D Does not drive a covered auto

8. COVERAGE REQUESTED

a. Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS	DEDUCTIBLES
Garage Liability	Auto \$ Each Accident	\$ PD
	Other Than Auto \$ Each Accident	
	Other Than Auto \$ Aggregate	\$ BI & PD
Personal Injury Protection	Limit per Statute: \$	\$
Medical Payments <input type="checkbox"/> Automobile & Premises <input type="checkbox"/> Premises Only	Limit: \$	\$
Uninsured/Underinsured Motorists	Number of Dealer Plates/Transit Plates:	\$
Uninsured Motorists	Limit: \$	
Underinsured Motorists	Limit: \$	
Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	Limit: Per Auto Per Location	\$
	Comprehensive \$ \$	
	Specified Causes of Loss \$ \$	
	Collision \$ \$	
Physical Damage <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Building <input type="checkbox"/> Completely Fenced <input type="checkbox"/> Not Fenced <input type="checkbox"/> Scheduled Vehicles (Describe below)	Limit: Per Auto Per Location	\$
	Comprehensive \$ \$	
	Fire & Theft \$ \$	
	Specified Causes of Loss \$ \$	
	Collision \$ \$	
In Tow	Limit per Tow Truck: \$	\$
Optional Coverage(s) 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	Body Type	Serial #	MGVW	Limit
					\$
					\$
					\$
					\$

Loss Payee:

Additional Insured:

Name: _____

Address: _____

Insurable Interest: _____

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: _____

(2) Provide the value of any one Auto held for sale: Maximum: \$ _____ Average: \$ _____

(3) Are any vehicles on consignment? ☐ Yes ☐ No

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 Name

Producer Signature

Date

Producer Street Address

Producer City, State & Zip Code)

Producer: Are you personally familiar with this Applicant's operation?

☐ Yes ☐ No

Did your office control this risk the past year?

☐ Yes ☐ No