



GARAGE APPLICATION

Acceptance Indemnity Insurance Company
 Acceptance Casualty Insurance Company

Occidental Fire & 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: <input type="checkbox"/> % Used: <input type="checkbox"/> %		
<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
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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 <input type="checkbox"/> Uninsured Motorists <input type="checkbox"/> Underinsured Motorists	Number of Dealer Plates/Transit Plates:	\$
	Limit: \$	
	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 \$ \$	\$
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.**

