



800.990.9553

# 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. FEIN (if applicable): \_\_\_\_\_
- d. Mailing Address: \_\_\_\_\_
- e. 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.

- f. Years in business: \_\_\_\_\_ Years experience in this industry: \_\_\_\_\_ Years ownership/management experience: \_\_\_\_\_
- g. Provide complete details of all prior work experience: \_\_\_\_\_
- h. Phone \_\_\_\_\_ Inspection Contact: \_\_\_\_\_
- i. Website Address: \_\_\_\_\_
- j. What are your days and hours of operation? \_\_\_\_\_
- k. Describe your business operations: \_\_\_\_\_
- l. Are you engaged in any other operations?       Yes     No  
If yes, explain: \_\_\_\_\_
- m. 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): \_\_\_\_\_
- n. Have you ever filed for bankruptcy?       Yes     No    Year in which bankruptcy was closed: \_\_\_\_\_

**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? (Missouri applicants – do not answer this question)  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, or sponsor racing events?  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)  Autos with a dealer plate: \_\_\_\_\_ miles

(2)  Autos with a transport/transit plate: \_\_\_\_\_ miles

(3)  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 for all?  Yes  No

l. Do you attend or host trade shows, fairs, or any other special events?  Yes  No

If yes, explain: \_\_\_\_\_

m. Do you have a formal safety program in place?  Yes  No

Please describe: \_\_\_\_\_

n. 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"/> Antique, Classic or Vintage Autos*		
<input type="checkbox"/> ATVs, Dirt Bikes, Four-Wheelers, Snowmobiles, UTVs*		
<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"/> Kit Cars		
<input type="checkbox"/> Golf Carts		
<input type="checkbox"/> Government Vehicles (including military trucks)		
<input type="checkbox"/> Mobile Homes		
<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"/> Public Livery (including taxis and limousines)		
<input type="checkbox"/> Trailers: <input type="checkbox"/> Semi-Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> Fifth Wheels <input type="checkbox"/> Livestock % under 20,000 lbs. % over 20,000 lbs.*		
<input type="checkbox"/> Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs): % under 20,000 lbs. % over 20,000 lbs.*		
<input type="checkbox"/> Other (describe): _____		

\*Separate supplemental application required

4. **DEALER INFORMATION**  "X" if no dealer operations exist

a. Are you a licensed dealer?  Yes  No

Dealer ID #: \_\_\_\_\_  Non-Franchised  Franchised with: \_\_\_\_\_

Type:  Retail % \_\_\_\_\_  Wholesale\* % \_\_\_\_\_  Broker % \_\_\_\_\_  Auction\* % \_\_\_\_\_

\*If Auction or Wholesale 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. Do you offer auto pawn or title pawn services?  Yes  No
- l. Do you export vehicles overseas?  Yes  No      Do you import vehicles?  Yes  No
- m. Check the applicable box for any exposures that apply within the listed state:  
Any operations or driving exposures?  New York  New Jersey  Michigan  
Hiring of contract drivers?  New York  New Jersey  Michigan  
Any personal use of vehicles?  New York  New Jersey  Michigan
- n. How often do you travel outside of the state in which you primarily conduct business?  
 Limited (0-5 times a year)  
 Moderate (6-15 times a year)  
 Regularly (more than 15 times a year)

o. 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, GPS or Navigational Systems Installation	
<input type="checkbox"/> Alternative Fuel Conversions	
<input type="checkbox"/> Auto Parts:      % New      % Used      % Uninstalled	
<input type="checkbox"/> Auto Repair Schools/Education/Instruction	
<input type="checkbox"/> Body	
<input type="checkbox"/> Booting	
<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 Customers stay in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<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 with calibration <input type="checkbox"/> Straightening without calibration	
<input type="checkbox"/> Handicapped Equipment or Wheelchair Lift Service/Repair/Modification	

Service/Repair	Percentage
<input type="checkbox"/> Hydraulic 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/Storage: % Auto Storage % Impound Lot % Parking Lot/Garage % Valet (prohibited)	
<input type="checkbox"/> Performance Enhancements (Beyond original manufacturer specs)	
<input type="checkbox"/> Self-Service Operations (Do-It-Yourself Repair)	
<input type="checkbox"/> Service/Convenience Store** <input type="checkbox"/> Gas <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor	
<input type="checkbox"/> Suspension <input type="checkbox"/> Lift Kits Height:	
<input type="checkbox"/> Tires: %New % Used % Recaps, Re-Treads	
<input type="checkbox"/> Towing Operations: % For Hire % Not For Hire	
<input type="checkbox"/> Trailer Hitch Installation: <input type="checkbox"/> Bolt-On <input type="checkbox"/> Weld-On	
<input type="checkbox"/> Upholstery	
<input type="checkbox"/> Wheels/Rims: <input type="checkbox"/> Polishing/Cosmetic Repair <input type="checkbox"/> Structural Repair <input type="checkbox"/> Split Rims	
<input type="checkbox"/> Windshield Installation/Tinting (incl vehicle wraps and decals)	
<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?

(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	Date of Hire	Accidents & Violations (within the past 3 years)	Status* (1-11)	Hours Worked**	Furnished (Personal use)	Personal Auto Policy In Place	Excluded Driver
	/						<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
	/						<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?									

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

<b>**Hours Worked:</b>	<b>F</b> Full Time (over 20 hours per week)
	<b>P</b> Part Time (20 hours or less per week)
	<b>N</b> 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	\$	<input type="checkbox"/> 1x <input type="checkbox"/> 2x <input type="checkbox"/> 3x	\$ PD \$ 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		\$
	<b>Per Location</b>		
	Loc 1 \$	<b>Per Auto</b>	
	Loc 2 \$	\$	
	Loc 3 \$		
Dealers Physical Damage <input type="checkbox"/> Fire/Theft <input type="checkbox"/> Specified Causes <input type="checkbox"/> Comprehensive	<b>Per Location</b>		\$
	<b>Per Auto</b>		
	Loc 1 \$	\$	
	Loc 2 \$	\$	
	Loc 3 \$		
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?		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 \$ <input type="checkbox"/> 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 \$ <input type="checkbox"/> 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 \$ <input type="checkbox"/> Deductible: \$		Loss Payee:			

Are any vehicles listed ever used in a for-hire capacity? If so, please identify:

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	



POLICY NUMBER:

FM 01 96 09 08

## TEXAS SELECTION/REJECTION OF PERSONAL INJURY PROTECTION COVERAGE AND UNINSURED/UNDERINSURED MOTORISTS COVERAGE

This endorsement is attached to and made part of the Policy No. referenced above,  
issued to:

and is effective from

### PERSONAL INJURY PROTECTION COVERAGE

- I/we hereby reject Personal Injury Protection coverage in accordance with the right of rejection provided in Article 5.06-3 of the Texas Insurance Code.
- I/we select Personal Injury Protection coverage at a \$      Limit of Liability.

### UNINSURED/UNDERINSURED MOTORISTS COVERAGE

In accordance with the provision of Article 5-06-1, Texas Insurance code, as amended, I have been given the opportunity to purchase Uninsured/Underinsured Motorist Coverage and have made the following choice:

- I/we reject Uninsured/Underinsured Motorists Coverage in its entirety.
- I/we select Uninsured/Underinsured Motorists Coverage for:
  - \$            each person;
  - \$            each occurrence Bodily Injury (excluding Property Damage Liability)
- I/we select Uninsured/Underinsured Motorists Coverage for
  - \$            each person;
  - \$            each occurrence Bodily Injury; and/or
  - \$            Property Damage
 (Limits not to exceed the Bodily Injury and Property Damage Limits specified in your liability policy.)
- I/we select Uninsured/Underinsured Motorists Coverage for a Combined Single Limit of \$      .

### FUTURE RENEWALS

The selection(s) or rejection(s) indicated above shall apply on this policy and on all future renewals of such policy and all future policies issued to me by this Company because of change of vehicle or coverage, or because of interruption of coverage until I notify the Company in writing that changes in my coverage choices are desired.

\_\_\_\_\_  
Signature of Named Insured

\_\_\_\_\_  
Date