

GARAGE RENEWAL QUESTIONNAIRE

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

THIS RENEWAL QUESTIONNAIRE IS TO BE USED FOR RISKS WHICH HAVE NO SIGNIFICANT CHANGES IN OPERATIONS.

IF THERE IS ANY CHANGE IN LOCATION, IF YOU ARE ADDING A NEW LOCATION OR IF THERE ARE OTHER SIGNIFICANT CHANGES IN YOUR OPERATIONS, A NEW IAT SPECIALTY GARAGE APPLICATION (AG 59 19) MUST BE COMPLETED.

Named Insured: _____
(DBA): _____
Mailing Address: _____
Garaging Location #1: _____
Garaging Location #2: _____
Policy Number: _____ Policy Period: _____ to _____

1. Have there been any changes with the following? If yes, describe:

- a. Named Insured? Yes No _____
- b. Location Address? Yes No _____
- c. Your Operations? Yes No _____
- d. Your Lot Protection? Yes No _____

2. List any changes in limits or coverage to be made at renewal:

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

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