

GARAGE APPLICATION

	☐ Acceptance Indemnity Insurance Company ☐ Occidental Fire & Casualty Company of North Carolina									
	Acceptance Casualty Insurance Company Wilshire Insurance Company									
		ver ALL questions. use processing delays or decline of coverage.								
Re	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		City State Zip Lot Protection								
1		☐ Building ☐ Standard ☐ Nonstandard								
2		☐ Building☐ Standard☐ Nonstandard								
3		☐ Building☐ Standard☐ Nonstandard☐ Standard☐ 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:	· <u> </u>								
h.	Phone Inspection Contact:									
i.	Website Address:									
j.	What are your days and hours of operation?									
k.	Describe your business operations:									
I.	Are you engaged in any other operations?	☐ Yes ☐ No								
	If yes, explain:									
m.	Do you conduct operations or have driving expo	osures 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?	res ☐ No Year in which bankruptcy was closed:								

а		During the past three (3) years, has any company ever cancelled, declined or refused to issue any similansurance to the applicant? (Missouri applicants – do not answer this question)										
	If yes, expl	ain:										
b.	Prior carrie	ers for the last three (3) years. If no prior insu	urance, state "NONE".									
		Carrier Name	Policy Period		Pre	emium						
	Year 1		to		\$							
	Year 2		to		\$							
	Year 3		to		\$							
C.	Prior loss information											
	Date of Loss	Description of L		nount Paid	Amount Reserved							
				\$		\$						
				\$ \$		\$ \$						
				\$		\$						
				\$		\$						
		NDERWRITING INFORMATION			□ Voo	. \square No						
a.	•	n, lease or rent vehicles to others?			∐ Yes	_						
b.	·	gage in any rideshare programs?	wanta?		∐ Yes	<u> </u>						
C.	•	n or sponsor a race car, or sponsor racing e	vents?		∐ Yes	i ∐ No						
d.	Do you rep (1) Autos	s that you have sold?			□Yes	s □ No						
	` '	s for others?			☐ Yes							
e.	` '	ge/auto dismantling operations?			_ ☐ Yes							
		arate supplemental application required.			_	_						
f.	Any anima	Is kept on the premises?			☐ Yes	i □ No						
	If yes, wha	t breed(s) and purpose?										
g.	Provide ma	aximum radius for pickup and delivery:										
	(1) 🗌 Auto	os with a dealer plate: miles										
	(2) 🗌 Auto	os with a transport/transit plate: mi	les									
	(3) Non	-Owned/Customer's Autos: miles.	How many times per month	?								
h.	How man	y plates do you have? Dealer: Tra	ansport/Transit: O	ther:								
	(1) Where	are plates stored when not in use?										
	(2) Do you	loan or rent plates?			Yes	i □ No						
i	Describe y	our key control procedures:										
	(1) During	business hours:										
	, ,	usiness hours:										
j.	,	ns kept on the premises?			☐ Yes	. □ No						
k.		ize sub-contractors?			_ ☐ Yes							
	•	Who and for what purpose?										
	(2)	Are certificates of insurance obtained for all	?		☐ Yes	i □ No						

2. PRIOR CARRIER LOSS INFORMATION

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 % rep	pair for each)	
	Type of Autos	Sales %	Repair %	
	Antique, Classic or Vintage Autos*			
	☐ ATVs, Dirt Bikes, Four-Wheelers, Snowmobiles, UTVs* ☐ Boats, Jet Skis or Other Watercraft			
	Buses: Type: Passenger Capacity:			
	Contractors/Construction Equipment*			
	☐ Emergency Vehicles: ☐ Police ☐ Fire ☐ Ambulance			
	☐ Farm Equipment*			
	☐ Kit Cars			
	Golf Carts			
	☐ Government Vehicles (including military trucks) ☐ Mobile Homes			
	☐ Motorcycles, Scooters*			
	☐ Motor Homes, Recreational Vehicles, Campers*			
	☐ Private Passenger (including pickups, mini vans or SUVs)			
	☐ Public Livery (including taxis and limousines)			
	☐ Trailers: ☐ Semi-Trailers ☐ Utility Trailers ☐ Fifth Wheels ☐ Livestock			
	% under 20,000 lbs. % over 20,000 lbs.*			
	☐ Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs): % under 20,000 lbs. % over 20,000 lbs.*			
	Other (describe):			
	*Separate supplemental application required			
	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:			
٠.	(1) Do you allow customers to test drive vehicles unaccompanied?	Π,	Yes □ No	
	(2) Do you obtain a copy of their Driver License?	_	res □ No	
		_	_	
	(3) Do you obtain a copy of their proof of insurance?	_	Yes ∐ No	
	(4) Do you allow overnight test drives?	□ \	Yes □ No	

t.		of the following are sed: Employee		— ′	es from the places w ort Carrier	nere they a	ire		
	Oth								
g.	_		vehicles (provide %)?	?					
J		her dealers:	☐ Auction	☐ Other					
h.	When a	are titles transferre	d?	of sale W	hen auto is paid in fu	II			
	Oth	er							
i.	Do you vehicle		auto insurance to be	in place prior to re	linquishing asold	☐ Y	es 🗌 No		
j.	We discuss the forest (D. Lee								
k.	Do you	offer auto pawn o	r title pawn services	?			es 🗌 No		
I.	Do you	export vehicles ov	verseas? ☐ Yes ☐] No D	o you import vehicles	s? 🔲 Y	es 🗌 No		
m.	Check	the applicable box	for any exposures the	nat apply within the	e listed state:				
	Aı	ny operations or dr	riving exposures?	□ New York □	New Jersey 🔲 Mid	chigan			
		iring of contract dri			New Jersey Mic	_			
						_			
		ny personal use of			New Jersey Mic	ū			
n.		•		which you primar	ily conduct business?	,			
	Lim	ited (0-5 times a ye	ear)						
	☐ Mod	derate (6-15 times	a year)						
	Reg	jularly (more than	15 times a year)						
ο.	Value o	of owned (inventory	y) autos:						
	Loc#	Average value	Maximum value	Average # of	Maximum # of	Maximun	n value of all		
		per auto	per auto	autos	autos	a	utos		
	1								
	3								
_									
		EALER INFORMA ual 100%	TION ☐ "X" if n	o service/non-deal	er operations exists				
	viusi eq	uai 10076	Servi	ce/Repair			Percentage		
		bags		•					
	Alarm/Stereo, GPS or Navigational Systems Installation								
		ernative Fuel Conv		0/ Head	0/ Uninetalled				
	Auto Parts: % New % Used % Uninstalled Auto Repair Schools/Education/Instruction								
	Bo			•					
		oting							
		akes							
			Interlock Devices	/ O . / C					
		r Wash		ded/Self-Serve					
		tail Shop	103 <u> 10</u>	•					
	☐ Dri	ve-away contracto	rs						
		gine							
		nme: ☐ Cutting Straightening with		Stretching sightening without	calibration				
	☐ Ha	ndicapped Equipm	ent or Wheelchair L	ft Service/Repair/	Modification				

☐ Hydraulic Lifting apparatuses – Describe: ☐ LPG (Liquefied Petroleum Gas) ☐ Oil/Lube ☐ Painting: ☐ U/L approved booth ☐ Parking/Storage: % Auto Storage % Parking Lot/Garage % Valet (prohibited) ☐ Performance Enhancements (Beyond original manufacturer specs) ☐ Self-Service Operations (Do-It-Yourself Repair) ☐ Service/Convenience Store** ☐ Grocery ☐ Jift Kits Height: ☐ Tires: %New % Used % Recaps, Re-Treads ☐ Towing Operations: % For Hire ☐ Trailer Hitch Installation: ☐ Bolt-On ☐ Upholstery ☐ Wheels/Rims: ☐ Polishing/Cosmetic Repair ☐ Structural Repair ☐ Split Rims ☐ Windshield Installation/Tinting (incl vehicle wraps and decals)	Percentage								
Oil/Lube Painting: U/L approved booth Non-U/L approved booth** Parking/Storage: % Auto Storage % Impound Lot % Parking Lot/Garage %Valet (prohibited) Performance Enhancements (Beyond original manufacturer specs) Self-Service Operations (Do-It-Yourself Repair) Service/Convenience Store** Gas Grocery Liquor Suspension Lift Kits Height: Tires: %New % Used % Recaps, Re-Treads Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: Bolt-On Weld-On Upholstery Wheels/Rims: Polishing/Cosmetic Repair Structural Repair Split Rims									
Painting: U/L approved booth Non-U/L approved booth** Parking/Storage: % Auto Storage % Impound Lot % Parking Lot/Garage %Valet (prohibited) Performance Enhancements (Beyond original manufacturer specs) Self-Service Operations (Do-It-Yourself Repair) Service/Convenience Store** Gas Grocery Liquor Suspension Lift Kits Height: Tires: %New % Used % Recaps, Re-Treads Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: Bolt-On Weld-On Upholstery Wheels/Rims: Polishing/Cosmetic Repair Structural Repair Split Rims									
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<pre>% Parking Lot/Garage</pre>									
Performance Enhancements (Beyond original manufacturer specs) Self-Service Operations (Do-It-Yourself Repair) Service/Convenience Store** Gas Grocery Liquor Suspension Lift Kits Height: Tires: %New % Used % Recaps, Re-Treads Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: Bolt-On Weld-On Upholstery Wheels/Rims: Polishing/Cosmetic Repair Structural Repair Split Rims									
Self-Service Operations (Do-It-Yourself Repair) Service/Convenience Store** Gas Grocery Liquor Suspension Lift Kits Height: Tires: %New % Used % Recaps, Re-Treads Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: Bolt-On Weld-On Upholstery Wheels/Rims: Polishing/Cosmetic Repair Structural Repair Split Rims									
Service/Convenience Store** □ Gas □ Grocery □ Liquor Suspension □ Lift Kits Height: □ Tires: %New % Used % Recaps, Re-Treads □ Towing Operations: % For Hire % Not For Hire □ Trailer Hitch Installation: □ Bolt-On □ Weld-On □ Upholstery □ Wheels/Rims: □ Polishing/Cosmetic Repair □ Structural Repair □ Split Rims									
Suspension ☐ Lift Kits Height: Tires: %New % Used % Recaps, Re-Treads Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: ☐ Bolt-On ☐ Weld-On ☐ Upholstery ☐ Wheels/Rims: ☐ Polishing/Cosmetic Repair ☐ Structural Repair ☐ Split Rims									
Towing Operations: % For Hire % Not For Hire Trailer Hitch Installation: Bolt-On Weld-On Upholstery Wheels/Rims: Polishing/Cosmetic Repair Structural Repair Split Rims									
☐ Trailer Hitch Installation: ☐ Bolt-On ☐ Weld-On ☐ Upholstery ☐ Wheels/Rims: ☐ Polishing/Cosmetic Repair ☐ Structural Repair ☐ Split Rims									
Upholstery ☐ Wheels/Rims: ☐ Polishing/Cosmetic Repair ☐ Structural Repair ☐ Split Rims									
General Maintenance & Repair									
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?	s 🗌 No								
If yes, explain:									
c. Do you weld?									
(1) What do you weld?									
(2) What protective safeguards are in place to prevent fire?									
Are signs posted to keep customers from work areas?									
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)?	s No								
g. Value of non-owned (customer) autos:									
<u> </u>									
	value of all								
1	value of all								
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):

<u>(</u>							3		
First & Last Name	Driver's License Number / State	DOB	Date of Hire	Accidents & Violations (within the past 3 years)	Sta- tus* (1–11)	Hours Work- ed**	Furnished (Personal use)	Personal Auto Policy In Place	Excluded Driver
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	/						☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	If yes:	(1) Do yo	u verify ea	ntract) drivers? ach has a valid U s per month?	JS driv	er's lice	ense?	☐ Yes [☐ Yes [□ No □ No

*Status: 1 Active Owner	er, Partner or	Officer		echanic erical					
	ner, Partner o			heduled Driver					
3 Salesperson				ouse of Owner, F					
4 Manager				nild of Owner, Par	tner or	Officer	(whether lic	ensed to dri	ve or not)
5 Lot Person			11 Ot	her:					
**Hours Worked:	F Ful	Il Time (ov	er 20 hou	rs per week)					
	P Pa		O hours or	less per week)					
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:

	CO	/ERAGE	LIMITS				DEDUCTIBLES				
				Each A	ccident		Aggregate				
Garage Liability		(Auto	& Othe	er Than Auto)	(Othe	Than Auto	only)	\$	F	PD	
		\$			1)	⟨	3x	\$	Е	3I & PD	
		jury Protection	\$						\$		
_		Motorists	\$								
Und	lerinsure	ed Motorists	\$								
Med	lical Pay										
		Premises	\$								
		es Only									
Erro	ors & Or	missions	Odc	meter	☐ Truth-in-Le	ending [Title				
Gar	agekee		☐ Leg	al 🗌	Direct Excess	☐ Direc	t Primary				
	Fire/Th			P	er Location		Per A	Auto			
		ed Causes	Loc 1	\$							
ΙШ	Compre	ehensive	Loc 2	\$			\$		\$		
			Loc 3	\$			1				
Dea	alers Ph	ysical Damage		Р	er Location		Per A	Auto			
	Fire/Th	eft	Loc 1	\$							
	Specifie	ed Causes	Loc 2	\$			\$		\$		
	Compre	ehensive	Loc 3	\$			1				
Fals	se Prete	ense	\$				•		'		
_		_	☐ Per	sonal I	njury Liability						
Bro	adened	Coverage	☐ Damage to Rented Premises \$								
Fm	plovmer	nt Practices	\$	lage t	o reciniou i ion		\$				
	<u> </u>		Name:				Land	llord			
Additional Insured			Address:				☐ Waiver of Subrogation				
,			Insurable Interest:					. o go.u.	···		
Opt	ional Co	overages not					1				
liste		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3									
							::::::::::::::::::::::::::::::::::::::	اد ما الد	4		
		es, including to required?	W trucks,		ulers and wreck lo If	ers or spec	ITICALLY des IC # and/or	Cribed au	tos:		
Ale	Year	Make	_	M	VIN/Seria		MGVW	Us		Radius	In-Tov
	i C ai	IVIANE		od	VIIV/Seria	1#	IVIGVVV	US	E	Naulus	111-100
				el							
1											\$
		Liability		PIP	UM/UIM	□ Mod	Pay (Limits	follow no	liov oo	vorogoo)	Ψ
		☐ Physical D				Deductil		ioliow po	licy co	verages)	
		Loss Payee:	amage –	шин ф	•	Deductii	ле. φ				
		LU33 i ayee.									Φ.
2										L	\$
		Liability	_	PIP	☐ UM/UIM		Pay (Limits	follow po	licy co	verages)	
		☐ Physical D	amage –	Limit \$		Deductil	ole: \$				
<u> </u>		Loss Payee:		<u> </u>		1		Т		T	
3										<u></u>	\$
		Liability	F	PIP	☐ UM/UIM	☐ Med	Pay (Limits	follow po	licy co	verages)	
		☐ Physical D	amage –	Limit \$;	Deductil	ole: \$	-			
		Loss Payee:									
									-		
Δre	any ve	hicles listed eve	er used in	a for-h	ire capacity? If	so, please	identify:				
7110											

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 RegulatoryAgencies.

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	