



# 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 %
ATVs, Motorcycles, Scooters, Snowmobiles		
Auto Parts: New: % Used: %		
Boats, Jet Skis or Other Watercraft		
Buses		
Car Wash: Attended Unattended/Self Serve		
Emergency Vehicles: Police Fire Ambulance		
Equipment (Farm &/or Contractors)		
Motor Homes, Recreational Vehicles, Campers		
Parking Facility: Public Valet		
Private Passenger (including pickups, mini vans or SUVs)		
Storage/Impound Lot		
Service Station: Grocery Liquor Gas		
Tires: New Used Recaps, Re-Treads, Split Rim Work		
Trailers: Semi-Trailers Utility Trailers Fifth Wheels		
Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)		
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:**
- |   |  |
|---|--|
| <p><b>Class I – Employees / Regular Operators</b></p> <p>1 Active Owner, Partner or Officer<br/>                 2 Inactive Owner, Partner or Officer<br/>                 3 Salesperson<br/>                 4 Manager</p> <p><b>Class II – Non-Employees</b></p> <p>10 Spouse of Owner, Partner or Office<br/>                 11 Child of Owner, Partner or Officer (14 years of age or older) whether licensed to drive or not<br/>                 12 Other: _____</p> | <p><b>Class I – All Other</b></p> <p>5 Lot Person<br/>                 6 Mechanic<br/>                 7 Clerical<br/>                 8 Contract Driver<br/>                 9 Other: _____</p> |
|---|--|

- 
- \*\* Hours Worked:**
- F Full Time (over 20 hours per week)  
 P Part Time (20 hours or less per week)  
 N Non-Employee

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- \*\*\* 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 Automobile & Premises Premises Only	Limit: \$	\$	
Uninsured/Underinsured Motorists Uninsured Motorists Underinsured Motorists	Number of Dealer Plates/Transit Plates:	\$	
	Limit: \$		
	Limit: \$		
Garagekeepers Legal Direct Excess Direct Primary	<b>Limit:</b>		
		<b>Per Auto Per Location</b>	
	Comprehensive \$	\$	\$
	Specified Causes of Loss \$	\$	\$
Physical Damage Dealer's Open Lot Building Completely Fenced Not Fenced Scheduled Vehicles (Describe below)	<b>Limit:</b>		
		<b>Per Auto Per Location</b>	
	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?		Yes	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.**

