



# 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. Mailing Address: \_\_\_\_\_
- d. 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.

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

**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?  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?  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)  Owned Autos: \_\_\_\_\_ miles.
  - (2)  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 from all?  Yes  No
- l. Do you attend or host trade shows, fairs, or any other special events?  Yes  No  
If yes, explain: \_\_\_\_\_
- m. 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"/> ATVs, Snowmobiles*		
<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"/> Golf Carts		
<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"/> Trailers: <input type="checkbox"/> Semi-Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> Fifth Wheels <input type="checkbox"/> Livestock		
<input type="checkbox"/> Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)*		
<input type="checkbox"/> Other (describe): _____		

\*Separate supplemental application required

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

a. Are you a licensed dealer?  Yes  No

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

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

\*If Auction 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. 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 Installation	
<input type="checkbox"/> Auto Parts      New:    %      Used:    %      Uninstalled    %	
<input type="checkbox"/> Body	
<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	
<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	
<input type="checkbox"/> Hydraulic <input type="checkbox"/> 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 Facility: <input type="checkbox"/> Public <input type="checkbox"/> Valet**	
<input type="checkbox"/> Performance Enhancements (Beyond original manufacturer specs)	
<input type="checkbox"/> Service/Convenience Store** <input type="checkbox"/> Gas <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor	
<input type="checkbox"/> Storage/Impound Lot	
<input type="checkbox"/> Suspension <input type="checkbox"/> Lift Kits      Height:	
<input type="checkbox"/> Tires: <input type="checkbox"/> New % <input type="checkbox"/> Used % <input type="checkbox"/> Recaps, Re-Treads, Split Rim Work	
<input type="checkbox"/> Trailer Hitch Installation <input type="checkbox"/> Bolt-On <input type="checkbox"/> Weld-On	
<input type="checkbox"/> Upholstery	
<input type="checkbox"/> Windshield Installation/Tinting	
<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?  Yes  No
  - (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	Accidents & Violations (within the past 5 years)	Status* (1-11)	Hours Worked**	Furnished (Personal use)	Personal Auto Policy	Excluded Driver
						Yes/No	Yes/No	Yes/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					\$ PD
	\$	<input type="checkbox"/> 1x	<input type="checkbox"/> 2x	<input type="checkbox"/> 3x	\$ 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>		<b>Per Auto</b>		
	Loc 1	\$	\$		
	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	\$	\$		
	Loss Payee:				
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: \$      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: \$      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: \$      Deductible: \$ Loss Payee:								

