

IAT GROUP
Special Products Division
PO Box 3328
Omaha, NE 68103
1-888-389-0598

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

GARAGE APPLICATION

Please answer ALL questions in full.

Incomplete and/or missing answers will cause delays in processing or may cause coverage to be declined.

POLICY PERIOD

1. Effective Date: _____ Expiration Date: _____

APPLICANT INFORMATION

2. Individual _____ Corporation _____ Partnership _____ Joint Venture _____ Other: _____

3. Named Insured: _____
(DBA) _____

4. Mailing Address: _____

5. Garaging Location #1: _____

Garaging Location #2: _____

6. Years In Business: _____ Years of experience in this field: _____

7. Inspection (Contact/Phone #): _____

8. Web Site Address: _____

NATURE OF BUSINESS

9. a. Dealer: _____ Non – Franchised _____ Franchised with: _____
(_____ Retail _____ Wholesale _____ *Auction _____ Consignment Sales)

b. Non-Dealer: _____ Repair/Service _____ *Towing Operation _____ Other: _____

c. _____ *Salvage Operation/Auto Dismantling/Salvage Yard/Salvage Vehicles

***If yes to Auction, Towing Operation or Salvage Operation, you must complete their addendum.**

10. **PERCENTAGE OF OPERATION**

Please indicate all that applies and show percentage of operation of each:

Sales %

Repair %

All Terrain Vehicles/Recreational Vehicles/Snowmobiles

Auto Parts: _____ New _____ Used

Boats/Jet Skis or Other Watercrafts

Car Wash: _____ Attended _____ Unattended/Self Serve

Emergency Vehicles: _____ Police _____ Fire _____ Ambulance

Farm Machinery/Heavy Equipment

Motor Homes/Mobile Homes

Motorcycles/Scooters

Parking Facility: Public Valet

Private Passenger (including Pickups & Vans/SUV's)

Storage/Impound Lot

Service Station: Grocery Sales Liquor Sales Gas Sales

Tires: New Used Re-Caps/Re-Treads/Split Rim Work

Trailers: Semi Trailers Utility Trailers 5th Wheels

Trucks and/or Truck Tractors (Other than Pickups & Vans/SUV's)

Other: (Please specifically describe.)

ADDITIONAL UNDERWRITING INFORMATION:

11. Are you engaged in any other operations? Yes No If yes, explain _____
12. Do you loan, lease or rent vehicles to others? Yes No
13. Do you allow customers to test drive vehicles unaccompanied? Yes No If yes, explain _____
14. Do you own or sponsor a race car? Yes No
15. Do you install or repair trailer hitches? Yes No
16. Do you perform any hydraulic work? Yes No
17. Do you modify, rebuild or perform conversions on vehicles? Yes No If yes, explain _____
18. Do you perform any frame straightening? Yes No
19. Do you repossess autos? Yes (For Hire &/or For Yourself) No
20. Do you perform any work on airbags (including any deactivating) or breathalyzers? Yes No
21. Do you have a spray paint booth? Yes No If yes, is it U/L approved? Yes No
22. Any animals kept on the premises? Yes No
23. Do you tow for hire? Yes No If yes, will you need a state filing? Yes No
24. What is your max radius for pickup & delivery? _____ Miles.
25. How do you transport or drive away vehicles from the places where autos are purchased?
 Employees Contract Drivers Other: _____
26. If you finance autos held for sale, do you:
 a. Hold the title for final payment? Yes No
 b. Finance for three months or less? Yes No
 c. Require a certificate of insurance from the buyer? Yes No
27. When are titles transferred? _____
28. Key Control: a. Do you leave keys in the vehicles at any time? Yes No
 b. Are keys stored in a lockbox? Yes No
 c. Other: _____
29. Describe your theft barriers: _____
30. Is your lot well lit at night? Yes No
31. Are signs posted to keep customers from work areas? Yes No
32. Are Firearms kept on the premises? Yes No
33. a. Is your lot patrolled by a security guard? Yes (Armed or Unarmed) No
 b. Do you have any other security devices, i.e., cameras, alarms? If yes, describe _____

34. PRIOR CARRIER / LOSS INFORMATION

a. Prior Carriers for the last 3 years. If no prior insurance, state "NONE".

Policy Period _____
 Carrier _____
 Policy Premium _____

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

b. During the past 3 years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant? No Yes If yes, please explain: _____

36. COVERAGE REQUESTED					
COVERAGE		LIMITS			DEDUCTIBLES
Liability Garage Operations		Auto	\$ _____	Each Accident	\$ _____
		Other Than Auto	\$ _____	Each Accident	
		Other Than Auto	\$ _____	Aggregate Limit	
Personal Injury Protection		Per Statue			\$ _____
Medical Payments		Limit			\$ _____
Auto		\$ _____			
Premises & Operations		\$ _____			
Both		\$ _____			\$ _____
Uninsured Motorist &/or Underinsured Motorist		Limit			\$ _____
		\$ _____			\$ _____
		Number of Dealer Plates/Transit Plates: _____			
Garagekeepers		Limit Per Auto	Limit Per Location		\$ _____
Legal		Comprehensive	\$ _____	\$ _____	
Direct Excess		Specified Causes	\$ _____	\$ _____	
Direct Primary		Of Loss	\$ _____	\$ _____	
		Collision	\$ _____	\$ _____	\$ _____
Physical Damage		Limit Per Auto	Limit Per Location		\$ _____
Dealer's Open Lot					
Building		Comprehensive	\$ _____	\$ _____	
Completely Fenced		Fire & Theft	\$ _____	\$ _____	
Not Fenced		Specified Causes	\$ _____	\$ _____	
Scheduled Vehicles		Of Loss	\$ _____	\$ _____	
		Collision	\$ _____	\$ _____	\$ _____
		Number of Autos held for sales at anyone time: _____ Max _____ Average			
		Value of anyone Auto held for sale: \$ _____ Max \$ _____ Average			
		Any vehicles on consignment _____ Yes _____ No If yes, what percentage? _____%. Also need a copy of agreement.			
In-Tow		Limit Per Tow Truck	\$ _____	\$ _____	
Service Vehicles including Tow Trucks, Car Haulers & Wreckers or Specifically Described Autos:					
Year	Make	Body Type	Serial #	MGVW	Stated Value
Optional Coverage Not Listed: _____ _____					

38. Loss Payee: _____

39. List any Additional Insured to be named and advise what their interest is in this operation. _____

WILSHIRE INSURANCE COMPANY
Garage Policy

I, _____, do not allow unaccompanied test drives.
(Print Named Insured)

Named Insured's Signature: _____

Date: _____