

**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**

<b>Please indicate all that applies and show percentage of operation of each:</b>	<b>Sales %</b>	<b>Repair %</b>
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 ____ 5 <sup>th</sup> 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	_____	_____	_____
<b><u>Date of Loss</u></b>	<b><u>Description of Loss</u></b>	<b><u>Amount Paid</u></b>	<b><u>Amount Reserved</u></b>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

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: \_\_\_\_\_





NOTICE: The policy of insurance applied for does not provide coverage as required by Environmental Protection Agency (EPA) 40 CFR Parts 280 and 281 for underground storage tanks nor any coverage under CERLA or similar state or federal environmental act(s). THIS POLICY EXCLUDES ALL COPVERAGE FOR POLLUTION.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, person characteristics and mode of living. Upon request, additional information as to the nature and scope of the report, if one is made, will be provided.

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

_____	_____	_____
Applicant's Signature	Title	Date

Agent:

Are you personally familiar with this Applicant's operation? \_\_\_\_\_Yes \_\_\_\_\_NO

Did your office control this risk in the past year? \_\_\_\_\_Yes \_\_\_\_\_No

_____	_____	_____
Agent's/Broker's Name	Agent's Signature	Date

\_\_\_\_\_  
\_\_\_\_\_  
Agent's/Broker's Address