

IAT Specialty
 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. <i>Effective Date:</i> _____	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 ID #: _____ Non – Franchised: _____ Franchised with: _____ (___ Retail ___ Wholesale ___ *Auction ___ Consignment Sales)			
b. Estimate the number of vehicles sold the prior year: _____			
c. E-Bay Sales: ___ No ___ Yes Internet sales: ___ No ___ Yes Internet Advertising: ___ No ___ Yes			
d. Non-Dealer: ___ Repair/Service ___ *Towing/Wrecker Operation ___ Other: _____			
e. ___ *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 %
ATVs/Motorcycles/Scooters/Snowmobiles			
Auto Parts: ___ New ___ Used			
Boats/Jet Skis or Other Watercrafts			
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/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 th Wheels			
Trucks and/or Truck Tractors (Other than Pickups & Mini Vans/SUV's)			
Other: (Please specifically describe.)			

ADDITIONAL UNDERWRITING INFORMATION:

11. Are you engaged in any other operations? No Yes If yes, explain: _____
12. Do you loan, lease or rent vehicles to others? No Yes
13. Do you allow customers to test drive vehicles unaccompanied? No Yes
14. Do you own or sponsor a race car? No Yes
15. Do you install or repair trailer hitches? No Yes (Welded _____ or Bolted _____)
16. Do you perform any hydraulic work? No Yes
17. Do you modify, rebuild or perform conversions on vehicles? No Yes
If yes, explain: _____
18. Do you perform any frame straightening? No Yes
19. Do you repossess autos? No Yes
20. Do you perform any work on airbags (including any deactivating) or breathalyzers? No Yes
21. Do you do any spray painting? No Yes If yes, is there an U/L approved booth? No Yes
22. Any animals kept on the premises? No Yes
23. What is your max radius for pickup & delivery? Miles: _____
24. How do you transport or drive away vehicles from the places where autos are purchased?
 Employees Contract Drivers Other: _____
25. a. When are titles transferred? _____
b. Do you require Personal Auto Insurance be in place prior to relinquishing a sold vehicle? No Yes
26. If you finance autos held for sale, do you:
a. Hold the title for final payment? No Yes
b. Finance for three months or less? No Yes
c. Require a certificate of insurance from the buyer? No Yes
27. Describe Key Control: _____
28. Describe your theft protection: _____
29. Are signs posted to keep customers from work areas? No Yes
30. Are Firearms kept on the premises? No Yes
31. Describe Security: _____

32. 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____			

33. OWNERS, EMPLOYEES AND DRIVERS INFORMATION							
LIST ALL OWNERS, EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS OF DRIVING AGE.							
NAME	Date of Hire	Driver's License No. & State	D.O.B.	Violations & Accidents Last 5 Years	Status	Hours Worked	Auto Use

- STATUS:** Class I – Employees/Regular Operators
1. Active Owners, Partners & Officers
2. Inactive Owners, Partners & Officers
3. Salesperson
4. Managers

- Class I - All Other
5. Lot Person
6. Mechanic
7. Clerical
8. Contract Driver
9. Other: _____

- Class II – Non-Employees
10. Spouse of Owners, Partners & Officers
11. Children of Owners, Partners & Officers who are 14 years of age & older.
Licensed or not.
12. Other: _____

HOURS WORKED: F = Full Time (Over 20 hours per week)
P = Part Time (20 hours or less per week)
N = Non-Employee

AUTO USE: A. Furnished a covered auto for business and personal use.
B. Uses a covered auto strictly for business use.
C. Does not drive a covered auto.

34. COVERAGE REQUESTED					
COVERAGE	LIMITS			DEDUCTIBLES	
<i>Garage Liability</i>	<i>Auto</i>	\$ _____	<i>Each Accident</i>		
	<i>Other Than Auto</i>	\$ _____	<i>Each Accident</i>	\$ _____	<i>PD</i>
	<i>Other Than Auto</i>	\$ _____	<i>Aggregate Limit</i>	\$ _____ <i>BI & PD</i>	
<i>Personal Injury Protection</i>	<i>Limit Per Statue</i>				
	\$ _____			\$ _____	
<i>Medical Payments</i> ___ <i>Automobile & Premises</i> ___ <i>Premises Only</i>	<i>Limit</i>				
	\$ _____			\$ _____	
<i>Uninsured Motorist</i> <i>Underinsured Motorist</i>	<i>Limit</i>				
	\$ _____			\$ _____	
	\$ _____			\$ _____	
	<i>Number of Dealer Plates/Transit Plates:</i> _____				
<i>Garagekeepers</i> ___ <i>Legal</i> ___ <i>Direct Excess</i> ___ <i>Direct Primary</i>		<i>Limit Per Auto</i>	<i>Limit Per Location</i>		
	<i>Comprehensive</i>	\$ _____	\$ _____	\$ _____	
	<i>Specified Causes</i>			\$ _____	
	<i>Of Loss</i>	\$ _____	\$ _____	\$ _____	
	<i>Collision</i>	\$ _____	\$ _____	\$ _____	
<i>Physical Damage</i> ___ <i>Dealer's Open Lot</i> ___ <i>Building</i> _____ ___ <i>Completely Fenced</i> _____ ___ <i>Not Fenced</i> _____ ___ <i>Scheduled Vehicles</i> <i>(Describe below)</i>		<i>Limit Per Auto</i>	<i>Limit Per Location</i>		
	<i>Comprehensive</i>	\$ _____	\$ _____	\$ _____	
	<i>Fire & Theft</i>	\$ _____	\$ _____	\$ _____	
	<i>Specified Causes</i>			\$ _____	
	<i>Of Loss</i>	\$ _____	\$ _____	\$ _____	
	<i>Collision</i>	\$ _____	\$ _____	\$ _____	
	<i>Number of Autos held for sales at anyone time: ___ Max</i>			\$ _____	
	<i>___ Average</i>				
	<i>Value of anyone Auto held for sale: \$ ___ Max</i>				
	<i>\$ ___ Average</i>				
	<i>Any vehicles on consignment ___ No ___ Yes</i>				
	<i>If yes, what percentage? ___ % Need copy of agreement.</i>				
<i>In-Tow</i>	<i>Limit Per Tow Truck \$ _____</i>			\$ _____	
Service Vehicles including Tow Trucks, Car Haulers & Wreckers or Specifically Described Autos:					
<i>Filings required: ___ No ___ Yes If yes, list MC # &/or Certificate #: _____</i>					
<i>Year</i>	<i>Make</i>	<i>Body Type</i>	<i>Serial #</i>	<i>MGVW</i>	<i>Limit of Insurance</i>
<i>Loss Payee: _____</i>					
<i>_____</i>					
<i>Additional Insured</i>		Name: _____			
		Address: _____			
		Insurable Interest: _____			
<i>Optional Coverage Not Listed:</i>					

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.

(Print Applicant's Name)

(Applicant's Signature)

(Date)

(Title)

Agent:

Are you personally familiar with this Applicant's operation? *No* *Yes*

Did your office control this risk the past year? *No* *Yes*

(Agency Name)

(Agent's Signature)

(Date)

(Street Address)

(City, State & Zip Code)