

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 RENEWAL QUESTIONNAIRE

THIS RENEWAL QUESTIONNAIRE IS TO BE USED FOR RISKS WHICH HAVE NO SIGNIFICANT CHANGES IN OPERATIONS.

IF THERE IS ANY CHANGE IN LOCATION, IF YOU ARE ADDING A NEW LOCATION, OR IF THERE ARE OTHER SIGNIFICANT CHANGES IN YOUR OPERATIONS, A COMPLETE NEW APPLICATION MUST BE COMPLETED. USE IAT'S CG-APP.

Policy No: _____

Policy Period: _____ to _____

Named Insured: _____

Location: _____

1. *Have there been any changes with the following? If so, indicate below.*

	Yes	No	
(a) Named Insured:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Location Address:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(c) Your Operations:	<input type="checkbox"/>	<input type="checkbox"/>	_____
(d) Your Lot Protection:	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. *Indicate any change in limits or coverage to be made at renewal.* _____

3. Owners, Employees and Drivers Information.

YOU MUST COMPLETE THE FOLLOWING FOR 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

<p>STATUS: <u>Class I - Employees/Regular Operators</u> 1. Active Owners, Partners or Officers 2. Inactive Owners, Partners or Officers 3. Salesperson 4. Managers <u>Class I - All Others</u> 5. Lot Person 6. Mechanic 7. Clerical 8. Contract Driver 9. Other: _____</p>	<p><u>Class II - Non-Employees</u> 10. Spouse of Owners, Partners or Officers 11. Children of Owners, Partners & Officers who are 14 years of age & older. Licensed or not. 12. Other: _____</p>
<p><u>HOURS WORKED</u> F = Full Time (Over 20 hours per week) P = Part Time (20 hours or less per week) N = Non-Employee</p>	<p><u>AUTO USE</u> A. Furnished a covered auto for business or personal use. B. Uses a covered auto strictly for business use. C. Does not drive a covered auto.</p>

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)
(Agency Name)	(Agency Address)	(Agent's Signature)
		(Date)