

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. 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 ID #: _____ Non – Franchised: _____ Franchised with: _____
 (_____Retail _____Wholesale _____*Auction _____Consignment Sales)

b. Estimate the number of vehicles sold the prior year: _____

c. Non-Dealer: _____Repair/Service _____*Towing Operation _____Other: _____

d. _____*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 _____5 th 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
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. a. When are titles transferred? _____
 b. Do you require Personal Auto Insurance be in place prior to relinquishing a sold vehicle? Yes No
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, explain: _____

35. **OWNERS, EMPLOYEES AND DRIVERS INFORMATION**

LIST ALL OWNERS, EMPLOYEES, DRIVERS AND HOUSEHOLD MEMBERS OF DRIVING AGE.

NAME	Driver's License No. & State	D.O.B.	Violations & Accidents Last 3 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. Occasional or 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. Spouse of any other person furnished an auto.
 13. Children of any other person furnished an auto who are 14 years of age & older.
Licensed or not.

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.

