

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

**Please answer ALL questions.  
Incomplete or missing answers may cause processing delays or decline of coverage.**

**1. REQUESTED POLICY PERIOD:** Effective Date: \_\_\_\_\_ to Expiration Date: \_\_\_\_\_

**2. APPLICANT INFORMATION**

- a. Form of business:  Individual  Corporation  Partnership  Joint Venture  Other: \_\_\_\_\_
- b. Applicant/Named Insured: \_\_\_\_\_  
(DBA): \_\_\_\_\_
- c. Mailing Address: \_\_\_\_\_
- d. Garaging Location #1: \_\_\_\_\_  
Garaging Location #2: \_\_\_\_\_
- e. Years in business: \_\_\_\_\_ Years of experience in this field: \_\_\_\_\_
- f. Inspection Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
- g. Website Address: \_\_\_\_\_

**3. NATURE OF BUSINESS**

- a. Dealer ID #: \_\_\_\_\_  Non-Franchised  Franchised with \_\_\_\_\_  
Type:  Retail  Wholesale  **Auction\***  Consignment Sales
- b. Estimate number of vehicles sold the prior year: \_\_\_\_\_
- c. E-Bay Sales?  Yes  No Internet Sales?  Yes  No Internet Advertising?  Yes  No
- d. Non-Dealer:  Repair/Service  **Towing/Wrecking Operation\***  Other: \_\_\_\_\_
- e.  **Salvage Operation (Auto Dismantling/Salvage Yard/Salvage Vehicles)\***

\* If Auction, Towing/Wrecking or Salvage Operation applies, separate addendum must be completed.

**4. PERCENTAGE OF OPERATION**

“X” all applicable operations below and show % of sales and/or % repair for each:

Operation	Sales %	Repair %
<input type="checkbox"/> ATVs, Motorcycles, Scooters, Snowmobiles		
<input type="checkbox"/> Auto Parts:                      New:    %    Used:    %		
<input type="checkbox"/> Boats, Jet Skis or Other Watercraft		
<input type="checkbox"/> Buses		
<input type="checkbox"/> Car Wash: <input type="checkbox"/> Attended <input type="checkbox"/> Unattended/Self Serve		
<input type="checkbox"/> Emergency Vehicles: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance		
<input type="checkbox"/> Equipment (Farm &/or Contractors)		
<input type="checkbox"/> Motor Homes, Recreational Vehicles, Campers		
<input type="checkbox"/> Parking Facility: <input type="checkbox"/> Public <input type="checkbox"/> Valet		
<input type="checkbox"/> Private Passenger (including pickups, mini vans or SUVs)		
<input type="checkbox"/> Storage/Impound Lot		
<input type="checkbox"/> Service Station: <input type="checkbox"/> Grocery <input type="checkbox"/> Liquor <input type="checkbox"/> Gas		
<input type="checkbox"/> Tires: <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Recaps, Re-Treads, Split Rim Work		
<input type="checkbox"/> Trailers: <input type="checkbox"/> Semi-Trailers <input type="checkbox"/> Utility Trailers <input type="checkbox"/> Fifth Wheels		
<input type="checkbox"/> Trucks and/or Truck Tractors (other than pickups, mini vans or SUVs)		
<input type="checkbox"/> Other (describe):		

**5. ADDITIONAL UNDERWRITING INFORMATION**

- a. Are you engaged in any other operations?  Yes  No  
 If yes, explain: \_\_\_\_\_
- b. Do you loan, lease or rent vehicles to others?  Yes  No
- c. Do you allow customers to test drive vehicles unaccompanied?  Yes  No  
 If yes, do you obtain a copy of their Driver License and proof of insurance?  Yes  No
- d. Do you own or sponsor a race car?  Yes  No
- e. Do you install or repair trailer hitches?  Yes  No  
 If yes, are they:  Welded on  Bolted on
- f. Do you perform any hydraulic work?  Yes  No
- g. Do you modify, rebuild or perform conversions on vehicles?  Yes  No  
 If yes, explain: \_\_\_\_\_
- h. Do you repossess:
  - (1) Autos that you have sold?  Yes  No
  - (2) Autos for others?  Yes  No
- i. Do you perform any work on airbags (including any deactivating) or breathalyzers?  Yes  No
- j. Do you do any spray painting?  Yes  No  
 If yes, is there a U/L approved booth?  Yes  No
- k. Any animals kept on the premises?  Yes  No
- l. Provide maximum radius for pickup and delivery: \_\_\_\_\_ miles
- m. Which of the following are used to transport or drive away vehicles from the places where they are purchased:  
 Employees  Contract Drivers  Other: \_\_\_\_\_
- n. (1) When are titles transferred? \_\_\_\_\_  
 (2) Do you require personal auto insurance be in place prior to relinquishing a sold vehicle?  Yes  No  
 (3) If you finance autos for sale, are you listed as a lienholder?  Yes  No
- o. Describe your theft protection / key control / security: \_\_\_\_\_  
 \_\_\_\_\_
- p. Are signs posted to keep customers from work areas?  Yes  No
- q. Are firearms kept on the premises?  Yes  No

**6. PRIOR CARRIER / LOSS INFORMATION**

- a. During the past three (3) years, has any company ever cancelled, declined or refused to issue any similar insurance to the applicant?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
- b. Prior carriers for the last three (3) years. If no prior insurance, state "NONE".

	Carrier Name	Policy Period	Premium
Year 1		to	\$
Year 2		to	\$
Year 3		to	\$

- c. Prior loss information:

Date of Loss	Description of Loss	Amount Paid	Amount Reserved
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$



**8. COVERAGE REQUESTED**

a. Provide limits and deductibles for all requested coverages:

COVERAGE	LIMITS	DEDUCTIBLES
Garage Liability	Auto \$ Each Accident	\$ PD
	Other Than Auto \$ Each Accident	
	Other Than Auto \$ Aggregate	\$ BI & PD
Personal Injury Protection	Limit per Statute: \$	\$
Medical Payments <input type="checkbox"/> Automobile & Premises <input type="checkbox"/> Premises Only	Limit: \$	\$
Uninsured/Underinsured Motorists Uninsured Motorists Underinsured Motorists	Number of Dealer Plates/Transit Plates:	\$
	Limit: \$	
	Limit: \$	
Garagekeepers <input type="checkbox"/> Legal <input type="checkbox"/> Direct Excess <input type="checkbox"/> Direct Primary	<b>Limit:</b>	
	<b>Per Auto Per Location</b>	
	Comprehensive \$ \$	\$
	Specified Causes of Loss \$ \$	\$
Physical Damage <input type="checkbox"/> Dealer's Open Lot <input type="checkbox"/> Building <input type="checkbox"/> Completely Fenced <input type="checkbox"/> Not Fenced <input type="checkbox"/> Scheduled Vehicles (Describe below)	<b>Limit:</b>	
	<b>Per Auto Per Location</b>	
	Comprehensive \$ \$	\$
	Fire & Theft \$ \$	\$
	Specified Causes of Loss \$ \$	\$
Collision \$ \$	\$	
In Tow	Limit per Tow Truck: \$	\$
Optional Coverage(s) not listed:		\$ \$ \$ \$

**Service vehicles, including tow trucks, car haulers and wreckers or specifically described autos:**

Are filings required? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list MC # and/or Certificate #:			
Year	Make	Body Type	Serial #	MGVW	Limit
					\$
					\$
					\$
					\$

**Loss Payee:**

\_\_\_\_\_

\_\_\_\_\_

**Additional Insured:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Insurable Interest:** \_\_\_\_\_

b. If Dealer's Physical Damage coverage is requested, answer the following:

(1) Provide the number of Autos held for sale at any one time: Maximum: \_\_\_\_\_ Average: \_\_\_\_\_

(2) Provide the value of any one Auto held for sale: Maximum: \$ \_\_\_\_\_ Average: \$ \_\_\_\_\_

(3) Are any vehicles on consignment?  Yes  No

If yes, what percentage? \_\_\_\_\_ **Provide copy of agreement.**

