



PROPOSAL FORM

Specify Coverage Required:

- DEALERS OPEN LOT INSURANCE
- GARAGE KEEPERS LEGAL LIABILITY

ASSURED WARRANTS THAT ALL STATEMENTS MADE IN THE PROPOSAL ARE TRUE, COMPLETE AND HAVE BEEN MADE TO INDUCE UNDERWRITERS TO ACCEPT THE RISK(S) CONTAINED IN THE POLICY, ANY MISREPRESENTATION WILL VOID THE POLICY AND FORFEIT ALL CLAIMS MADE THEREUNDER. A COPY OF THIS PROPOSAL WILL BE INCORPORATED IN THE POLICY AND FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND THE ASSURED.

NOTE: THE POLICY, IF ISSUED, WILL BE SUBJECT TO LIMITS OF LIABILITY AT EACH LOCATION, A LIMIT OF ANY ONE UNIT AND SUBJECT TO COINSURANCE.

1. NAME OF ASSURED:

MAILING ADDRESS OF ASSURED:

2. LOCATION(S) AT WHICH INSURANCE APPLIES:

Location 1: _____

Location 2: _____

Location 3: _____

IF THERE IS MORE THAN ONE LOCATION PLEASE ANSWER **ALL** THE FOLLOWING QUESTIONS FOR EACH LOCATION.

3. NATURE OF TRADE

SUPPLEMENTAL QUESTIONS

4. PERILS REQUIRED - DEALERS OPEN LOT:

- FIRE THEFT COLLISION
- SUPPLEMENTAL COVERAGE **WITH** V.M.M.
- SUPPLEMENTAL COVERAGE **WITHOUT** V.M.M.

GARAGE KEEPERS LEGAL LIABILITY:

- FIRE THEFT COLLISION RIOT CIVIL COMMOTION

5. HOW MANY YEARS HAVE YOU OPERATED THE BUSINESS BEING PROPOSED FOR INSURANCE?
(INCLUDE IN YOUR ANSWER ANY PREVIOUS BUSINESS OF A SIMILAR NATURE WHICH MAY HAVE BEEN OPERATED UNDER A DIFFERENT NAME OR CORPORATE STRUCTURE STATING THE PREVIOUS BUSINESS TITLE)

- A. AT THE ABOVE LOCATION(S) _____
(PREVIOUS NAME: _____)
- B. AT ANY OTHER LOCATION(S) _____
(PREVIOUS NAME: _____)

6. A. MAXIMUM NUMBER OF UNITS THAT YOUR LOCATION(S) WILL ACCOMMODATE:

B. MAXIMUM NUMBER OF UNITS ACTUALLY KEPT AT YOUR LOCATION(S):

C. AVERAGE NUMBER OF UNITS KEPT AT YOUR LOCATION(S):

D. MAXIMUM VALUE PER UNIT: \$ _____

E. AVERAGE VALUE PER UNIT: \$ _____

F. LIMIT REQUIRED ANY ONE UNIT: \$ _____

G. LIMIT REQUIRED ANY ONE LOSS: \$ _____

H. DEDUCTIBLE REQUIRED: \$ _____

7. NATURE OF LOCATION(S)

A. CLOSED BUILDING: YES NO

B. OPEN LOT: YES NO

C. OTHER THAN ABOVE:

PARKING LOT CAR WASH BUILDING WITH OPEN LOT OR FORECOURT
IF SO PLEASE DESCRIBE: _____

PLEASE ENCLOSE DIAGRAM SHOWING TOTAL AREA AVAILABLE FOR STORING UNITS.

8. A. ARE PREMISES UNATTENDED AT ANY TIME DURING THE DAY OR NIGHT?

B. MAXIMUM AND MINIMUM NUMBER OF ATTENDANTS ON DUTY AND THEIR HOURS:

C. IF SELF CLOSING DOORS IN USE, DESCRIBE TYPE OF LOCK SYSTEM USED:

D. BURGLAR ALARM SYSTEM USED: _____

E. NUMBER OF ENTRANCES: _____ ALSO USED AS EXITS? YES / NO
IF NOT, THE NUMBER OF SEPARATE EXITS: _____

F. IS THIS A MULTI-RAMP OPERATION? YES / NO
IF SO, STATE NUMBER OF FLOORS AND HOW RAMP EXITS AND ELEVATORS ARE PROTECTED: _____

G. ARE KEYS LEFT IN IGNITION? YES / NO
 IF NOT, EXPLAIN PROCEDURE OF HANDLING: _____

H. ARE CARS EXAMINED BY ATTENDANT FOR PRE-EXISTING DAMAGES AND
 MARKED ON PARKING TICKET? YES / NO

9. IF OPEN LOT:

A. IS LOT COMPLETELY FENCED OR SURROUNDED BY BUILDINGS ON ALL SIDES?
 YES / NO

B. ARE EXITS AND ENTRANCES PROPERLY SUPERVISED? YES / NO

C. IF NOT FENCED STATE WHAT PROTECTIONS YOU HAVE:

FRONT _____
 REAR _____
 LEFT SIDE _____
 RIGHT SIDE _____

D. HEIGHT AND TYPE OF FENCE (OR WALL, ETC): _____

E. WHAT PROTECTIONS AGAINST THEFT HAVE YOU ACROSS EXITS AND
 ENTRANCES? DESCRIBE FULLY: _____

F. ANY OTHER PROTECTIONS (ARC LIGHTS, DOGS, WATCHMEN, ETC)? YES / NO

10. LOSS EXPERIENCE PAST THREE YEARS

A. AT EACH LOCATION

DATE OF LOSS	DETAILS	COLLISION	<u>AMOUNTS</u> THEFT	OTHERS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. ELSEWHERE

DATE OF LOSS	DETAILS	COLLISION	<u>AMOUNTS</u> THEFT	OTHERS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WHAT STEPS HAVE BEEN TAKEN TO PREVENT SIMILAR LOSSES?

11. PREVIOUS INSURERS (GIVE POLICY NUMBERS):

12. HAS YOUR INSURANCE BEEN DECLINED IN THE PAST THREE YEARS? YES / NO
IF SO, WHY? _____

13. STATE WHAT TYPES OF UNITS ARE, OR ARE EXPECTED TO BE, ON THE PREMISES:

- NEW CARS USED CARS
 SNOWMOBILES MOTORBIKES
 CAMPERS TRAILERS MOBILE HOMES
 TRUCKS/TRACTORS/TRAILERS/SEMI-TRAILERS

14. RADIUS OF OPERATION: _____

15. EMPLOYEES / DRIVERS – PLEASE COMPLETE THE ATTACHED SCHEDULE (PAGE 5)

I/WE HEREBY WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND AGREE THAT THEY FORM THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS. I/WE FURTHER WARRANT THAT NOTHING MATERIAL TO THE RISK HAS BEEN OMITTED AND ANY ALTERATION TO THE ABOVE INFORMATION WILL BE COMMUNICATED TO THE UNDERWRITERS AS SOON AS POSSIBLE.

ASSURED'S SIGNATURE

POSITION IN COMPANY

DATE

THIS APPLICATION SHALL NOT BE BINDING ON THE UNDERWRITERS UNLESS AND UNTIL A CONTRACT OF INSURANCE SHALL BE ISSUED AND DELIVERED IN ACCORDANCE HEREWITH AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID INSURANCE AND IN ACCORDANCE WITH ALL TERMS THEREOF.

	EMPLOYEE / DRIVER NAME	DATE OF BIRTH	DRIVERS LICENSE #	JOB DUTIES	FURNISHED AUTO		ACTIVE OR INACTIVE
1					YES	NO	
2					YES	NO	
3					YES	NO	
4					YES	NO	
5					YES	NO	
6					YES	NO	
7					YES	NO	
8					YES	NO	
9					YES	NO	
10					YES	NO	
11					YES	NO	
12					YES	NO	
13					YES	NO	
14					YES	NO	
15					YES	NO	
16					YES	NO	
17					YES	NO	
18					YES	NO	
19					YES	NO	
20					YES	NO	
21					YES	NO	
22					YES	NO	
23					YES	NO	
24					YES	NO	
25					YES	NO	
26					YES	NO	
27					YES	NO	
28					YES	NO	
29					YES	NO	
30					YES	NO	