



PROPOSAL FORM

DEALERS OPEN LOT INSURANCE

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GARAGE KEEPERS LEGAL LIABILITY

(X)

Specify Coverage
Required

ASSURED WARRANTS THAT ALL STATEMENTS MADE IN THE PROPOSAL ARE TRUE, COMPLETE AND HAVE BEEN MADE TO INDUCE UNDERWRITERS TO ACCEPT THAT 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 _____
 Address of Assured _____

- 2) Location(s) at which insurance applies:
- 1) _____
 2) _____
 3) _____

If there is more than one location please answer ALL the following questions for EACH location.

- 3) Nature of Trade _____
 IF YOU OPERATE A WRECKER SERVICE PLEASE ALSO COMPLETE AND SIGN THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE.

- 4) SUPPLEMENTAL QUESTIONS
- | | | |
|-----------------|-----------------------------------|---|
| 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 OR CIVIL COMMOTION* |

* Delete whichever is inapplicable.

- 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 of 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) Number of Furnished Autos (DOL only) _____
 i) Is coverage required for Unaccompanied Test Drives (DOL only) YES/NO _____
 j) Is coverage required for False Pretense Coverage (DOL only) YES/NO _____
 k) Is Direct Primary Coverage required (GKLL only) YES/NO _____
 l) Average distance travelled during normal course of business _____
 m) Maximum distance travelled during normal course of business _____

Note: This application must be completed in its entirety.

- 7) Nature of location(s)
- A. A closed building YES/NO
 - B. An open lot YES/NO
 - C. Other than above (parking lot, car wash, building with open lot or forecourt), if so please describe
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Please enclose a 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? Are they also used as exits? YES/NO
- If not, the number of separate exits
- (f) Is this a multi-ramp operation 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

(If none, state none)
- (d) Height and type of fence (or wall etc.)?
- (e) What protections against theft have you across exists and entrances? Describe Fully
- (f) Any other protections (Arc Lights, Dogs, Watchmen etc.).

10) Loss experience past three years

(a) at each location
AMOUNTS

Date of Loss	Details	Collision	Theft	Others
.....
.....
.....

(b) Elsewhere
AMOUNTS

Date of Loss	Details	Collision	Theft	Others
.....
.....

What steps have been taken to prevent similar losses?.....
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11) Previous Insurers?.....
(Give Policy Numbers).....

12) Has your insurance been declined in the past three years YES/NO
(If so, Why).....
.....

13) If this is a 'New Venture' for the Insured, state any experience that Insured has in related businesses;
.....
.....

14) State what type of units are, or are expected to be, on the premises - delete which is inapplicable

- New Cars
- Used Cars
- Campers Trailers
- Trucks/Tractors/Trailers/Semi-Trailers
- Snowmobiles
- Motorbikes
- Mobile Homes

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 WARRANTED 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.

SUPPLEMENTAL QUESTIONS TO BE ANSWERED IF YOU OPERATE A WRECKER SERVICE

- 1) Maximum Value per Unit on Hook \$ _____
- 2) Average Value per Unit on Hook \$ _____
- 3) Limit Required Any One Unit on Hook \$ _____
- 4) Number of Wreckers/Towing Units Operated _____
- 5) (a) Number of Drivers _____
(b) Ages _____
(c) Please indicate if during the past three years any drivers have had:-
 - (i) More than 5 minor traffic violations YES/NO
 - (ii) Any major traffic violations YES/NO
 - (iii) Any chargeable or at fault accidents YES/NO
 - (iv) Any 'driving while impaired or driving under the influence' violations YES/NO

If the answer to any or the above questions is 'Yes', please provide full details below:-

ASSURED'S SIGNATURE _____

POSITION IN COMPANY _____

DATE _____