

**DEALERS OPEN LOT / GARAGE KEEPERS LEGAL LIABILITY
PROPOSAL FORM**

1 GENERAL INFORMATION

Corporate or individual name - include 'DBA'	
Mailing address	
Contact name	
Telephone / fax	
Website	
Nature of trade – check all that apply	<input type="checkbox"/> New car dealer <input type="checkbox"/> Used car dealer <input type="checkbox"/> Service station / gas station <input type="checkbox"/> Body shop / repair shop <input type="checkbox"/> Towing / wrecker service (please complete Supplemental Questions I) <input type="checkbox"/> Parking lot or garage – valet (please complete Supplemental Questions II) <input type="checkbox"/> Parking lot or garage – self-service <input type="checkbox"/> Restaurant or club valet parking (please complete Supplemental Questions II) <input type="checkbox"/> Car wash – hand (please complete Supplemental Questions III) <input type="checkbox"/> Car wash – machine (please complete Supplemental Questions III) <input type="checkbox"/> Other operation – please describe:
Years in business	At this location: _____ At other locations: _____
Coverage required	<input type="checkbox"/> Garage Keepers Legal Liability Insurance <input type="checkbox"/> Dealers Open Lot Insurance If both Garage Keepers Legal Liability and Dealers Open Lot are required, please complete <u>all</u> questions for each coverage separately.
Location address	Location 1: _____ Location 2: _____ Location 3: _____ If you have more than three locations, please complete an additional proposal form.

2 LOCATION INFORMATION

	Location 1	Location 2	Location 3
Nature of location – check all that apply	<input type="checkbox"/> Building <input type="checkbox"/> Lot <input type="checkbox"/> Restaurant or club <input type="checkbox"/> Residents' parking <input type="checkbox"/> Mall <input type="checkbox"/> Other - please describe:	<input type="checkbox"/> Building <input type="checkbox"/> Lot <input type="checkbox"/> Restaurant or club <input type="checkbox"/> Residents' parking <input type="checkbox"/> Mall <input type="checkbox"/> Other - please describe:	<input type="checkbox"/> Building <input type="checkbox"/> Lot <input type="checkbox"/> Restaurant or club <input type="checkbox"/> Residents' parking <input type="checkbox"/> Mall <input type="checkbox"/> Other - please describe:
If building:	<input type="checkbox"/> All Units stored inside overnight <input type="checkbox"/> No Units stored inside overnight <input type="checkbox"/> Capacity for some Units inside: up to ____ % of the Units are stored inside overnight	<input type="checkbox"/> All Units stored inside overnight <input type="checkbox"/> No Units stored inside overnight <input type="checkbox"/> Capacity for some Units inside: up to ____ % of the Units are stored inside overnight	<input type="checkbox"/> All Units stored inside overnight <input type="checkbox"/> No Units stored inside overnight <input type="checkbox"/> Capacity for some Units inside: up to ____ % of the Units are stored inside overnight
If lot:	<input type="checkbox"/> Unfenced <input type="checkbox"/> Partially fenced: height ____ feet <input type="checkbox"/> Fully fenced: height ____ feet	<input type="checkbox"/> Unfenced <input type="checkbox"/> Partially fenced: height ____ feet <input type="checkbox"/> Fully fenced: height ____ feet	<input type="checkbox"/> Unfenced <input type="checkbox"/> Partially fenced: height ____ feet <input type="checkbox"/> Fully fenced: height ____ feet
Security lights	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Guard / Watchperson	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Guard dog	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Cameras	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Alarm system	<input type="checkbox"/> On building <input type="checkbox"/> On lot perimeter <input type="checkbox"/> Local alarm <input type="checkbox"/> Central station monitored	<input type="checkbox"/> On building <input type="checkbox"/> On lot perimeter <input type="checkbox"/> Local alarm <input type="checkbox"/> Central station monitored	<input type="checkbox"/> On building <input type="checkbox"/> On lot perimeter <input type="checkbox"/> Local alarm <input type="checkbox"/> Central station monitored
Key handling	<input type="checkbox"/> Keys are left in Units <input type="checkbox"/> Keys are removed from Units Where are the keys kept when removed from Units?	<input type="checkbox"/> Keys are left in Units <input type="checkbox"/> Keys are removed from Units Where are the keys kept when removed from Units?	<input type="checkbox"/> Keys are left in Units <input type="checkbox"/> Keys are removed from Units Where are the keys kept when removed from Units?
Hours of operation	Days per week: Hours per day:	Days per week: Hours per day:	Days per week: Hours per day:
Type of Units	<input type="checkbox"/> New cars <input type="checkbox"/> Used cars <input type="checkbox"/> Campers <input type="checkbox"/> Trucks / Tractors / Trailers <input type="checkbox"/> Motorcycles <input type="checkbox"/> Mobile homes <input type="checkbox"/> Other – please describe:	<input type="checkbox"/> New cars <input type="checkbox"/> Used cars <input type="checkbox"/> Campers <input type="checkbox"/> Trucks / Tractors / Trailers <input type="checkbox"/> Motorcycles <input type="checkbox"/> Mobile homes <input type="checkbox"/> Other – please describe:	<input type="checkbox"/> New cars <input type="checkbox"/> Used cars <input type="checkbox"/> Campers <input type="checkbox"/> Trucks / Tractors / Trailers <input type="checkbox"/> Motorcycles <input type="checkbox"/> Mobile homes <input type="checkbox"/> Other – please describe:

3 LOSS HISTORY AND PREVIOUS COVERAGE

Please state all losses, whether insured or not, occurring in the last five years. If none, please state "NONE".

Date of loss	Circumstances	Amount paid	Measures taken to avoid similar loss or recurrence
		US\$	
		US\$	
		US\$	

Has your Insurance been cancelled and/or declined in the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Details:	
Current / previous Insurer and expiring / target premium:		Expiring: US\$	Target: US\$

4 EXPOSURE AND REQUIRED LIMITS

	Location 1	Location 2	Location 3
Maximum number of Units at the Location:	Maximum ____ Units	Maximum ____ Units	Maximum ____ Units
Average number of Units at the Location:	Average ____ Units	Average ____ Units	Average ____ Units
Maximum value per Unit:	US\$	US\$	US\$
Average value per Unit:	US\$	US\$	US\$
Limit required Any One Unit:	US\$	US\$	US\$
Limit required Any One Loss:	US\$	US\$	US\$

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:** _____ **DATE:** _____

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

GKLL SUPPLEMENTAL QUESTIONS I – TOWING / WRECKER SERVICE

1 COVERED UNITS WHILST BEING TOWED

1	Maximum value per Unit on hook	US\$
2	Average value per Unit on hook	US\$
3	Limit required Any One Unit on hook	US\$

2 WRECKERS / TOWING UNITS

List details of all wreckers and towing units below. Continue on a separate page if necessary.

Vehicle	Year	Make	Model	Vehicle Identification Number
1				
2				
3				
4				
5				

3 WRECKER / TOWING UNIT OPERATORS

- (i) Number of drivers: _____
- (ii) Ages of drivers: _____
- (iii) During the past three years, have any of the drivers had:
- | | | | |
|--|-----|----|--|
| (a) more than five minor traffic violations | YES | NO | |
| (b) any major traffic violations | YES | NO | |
| (c) any chargeable or at fault accidents | YES | NO | |
| (d) any 'driving while impaired' or 'driving under the influence' violations | YES | NO | |

If the answer to any of (a) – (d) above is YES, provide full details on a separate page.

4 WRECKER / TOWING OPERATION

Operation will be towing or hauling Units that are (check all that apply):

BREAKDOWNS	<input type="checkbox"/>
WRECKS	<input type="checkbox"/>
ILLEGALLY PARKED	<input type="checkbox"/>
REPOSSESSIONS	<input type="checkbox"/>
OTHER (please specify)	<input type="checkbox"/> _____

I hereby declare that the above statements and particulars, whether in my own hand or not, are true and that no facts have been suppressed or misstated. I understand that the signing of this proposal form does not bind me or Underwriters to complete the insurance but I agree that should a contract of insurance be concluded this proposal and the statements herein shall form the basis of that contract. I understand that non-disclosure or misrepresentation of a material fact will enable Underwriters to void the insurance.

Signed:	Date:	Name:
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GKLL SUPPLEMENTAL QUESTIONS II – VALET PARKING SERVICE

1 Please describe fully the nature of the facility

RESTAURANT

COUNTRY CLUB or the like

BAR / NIGHT CLUB or the like

MALL / CENTER

RESIDENTS ONLY

OTHER – please describe in full _____

2 (i) Average number of spaces: _____

(ii) Maximum number of spaces: _____

(iii) Average value per vehicle: USD _____

(iv) Maximum value per vehicle: USD _____

3 Hours of operation: _____

4 Please describe the ticket system used: _____

5 Please describe the entry/exit system: _____

6 Maximum number of attendants: _____ Minimum number of attendants: _____

7 Are the vehicles dropped off and parked at the same location?

YES

NO - Distance between drop-off point and parking area is _____

I hereby declare that the above statements and particulars, whether in my own hand or not, are true and that no facts have been suppressed or misstated. I understand that the signing of this proposal form does not bind me or Underwriters to complete the insurance but I agree that should a contract of insurance be concluded this proposal and the statements herein shall form the basis of that contract. I understand that non-disclosure or misrepresentation of a material fact will enable Underwriters to void the insurance.

Signed:	Date:	Name:
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GKLL SUPPLEMENTAL QUESTIONS III – CAR WASH

1 Please describe fully the nature of the facility

MACHINE CAR WASH

MACHINE CAR WASH with HAND DETAILING / FINISHING

HAND CAR WASH

OTHER – please describe in full _____

The owner of the vehicle being washed remains in the vehicle
 exits the vehicle but remains on the premises
 leaves the vehicle in your care for collection later

2 (i) How many employees are involved in washing (not including cashiers)? _____

(ii) Do these employees work in teams? YES If YES, how many teams work at any one time? _____
NO

(iii) What is the maximum number of vehicles on the premises at any one time? _____

3 (i) What is the average cost per car wash? US\$ _____

(ii) What is the maximum cost per car wash? US\$ _____

4 What is the estimated gross annual receipts for the car wash operation? US\$ _____

5 Please provide details of any disclaimers posted on site or on the tickets:

6 How many incidents have been reported in the last three years? Irrespective of value and whether insured or not, please provide brief details of circumstances and amounts paid:

I hereby declare that the above statements and particulars, whether in my own hand or not, are true and that no facts have been suppressed or misstated. I understand that the signing of this proposal form does not bind me or Underwriters to complete the insurance but I agree that should a contract of insurance be concluded this proposal and the statements herein shall form the basis of that contract. I understand that non-disclosure or misrepresentation of a material fact will enable Underwriters to void the insurance.

Signed:

Date:

Name: