

GARAGE KEEPERS LIABILITY APPLICATION

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 UNDERWRITER AND INSURED.

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

1) Name of Assured _____
 Address of Assured _____

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

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

3) Nature of Trade _____

4) Perils Required FIRE THEFT COLLISION RIOT OR CIVIL COMMOTION*

*Circle whichever is applicable LEGAL LIABILITY OR DIRECT

5) How many years of 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 corporation structure stating the previous business title:

A. At the above location(s) _____ (previous name) _____
 B. At any other location(s) _____ (previous name) _____

6) *Maximum number of units that your location(s) will accommodate:

Average number of units at location(s): _____
 Average value per unit \$ _____
 Maximum value per unit \$ _____
 Limit Required \$ _____

*IF THE RISK IS A VALET PARKING RISK, WE NEED THE # OF PARKING SPACES AT EACH LOCATION

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 an open lot or forecourt), if so, please describe:

8) (a) Are premises unattended at any time during the day or night? Yes No
 (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 preexisting damages and marked on parking ticket? Yes No
 If not, can this procedure be implemented? _____
 If the Risk is a Valet Parking Risk, we also need to know in detail: _____
 What is their procedure on handling the keys, etc.? _____

9) If Open Lot:

Is Lot completely fenced or surrounded by buildings on all sides? Yes No

Are exits and entrances properly supervised? Yes No

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 exits and entrances? Describe Fully:

(f) Any other protections (Arc Lights, Dogs, Watchmen, etc.)

10) Loss experience past three years (Whether insured or not)

(a) at each location

Date of Loss	Details (including amount paid & the deductible applying)
_____	_____
_____	_____
_____	_____
_____	_____

(b) Elsewhere

Date of Loss	Details (including amount paid & the deductible applying)
_____	_____
_____	_____
_____	_____
_____	_____

What steps have been taken to prevent similar losses?

11) Previous Insurers? _____

(Give Policy Numbers) _____

12) Has your insurance been declined in the last three years? Yes No

If so, Why? _____

13) State what type of units are, or are expected to be, on the premises:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> New Cars | <input type="checkbox"/> Snowmobiles |
| <input type="checkbox"/> Used Cars | <input type="checkbox"/> Motorbikes |
| <input type="checkbox"/> Campers Trailers | <input type="checkbox"/> Mobile Homes |
| <input type="checkbox"/> Trucks/Tractors/Trailers/Semi-Trailers | |

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. ME FURTHER WARRANT THAT NOTHING MATERIAL TO THE RISK HAS BEEN WITHHELD AND ANY ALTERATION TO THE ABOVE INFORMATION WILL BE COMMUNICATED TO THE UNDERWRITERS AS SOON AS POSSIBLE

SPECIAL NOTICE: As part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Insured's Name (Printed) _____
Home Address _____
Phone # (inc area code) _____
Social Security Number: _____
Insured's Signature _____
Title _____ 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 NoIf the answer to any of the above questions is YES, please provide full details below:

Insured's Signature _____
Title _____ Date _____