PROPOSAL FORM

DEALERS OPEN LOT COVERAGE)

	GARAC) Specify Coverage Required EKEEPERS LEGAL LIABILITY)				
AND H. POLICY THERE	AVE BEEN MAI 7, ANY MISPRES UNDER. A COP	THAT ALL STATEMENTS MADE IN THE PROPOSAL ARE TRUE, COMPLETE TO INDUCE UNDERWRITERS TO ACCEPT THE RISK(S) CONTAINED IN THE ENTATION WILL VOID THE POLICY AND FORFEIT ALL CLAIMS MADE OF THIS PROPOSAL WILL BE INCORPORATED IN THE POLICY AND FORM TRACT BETWEEN THE UNDERWRITERS AND ASSURED.				
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 Assur	d:	. .			
2)	Location(s) at wl	ch (1)				
		(2)				
		(3)				
	If there is more to	an one location please answer <u>ALL</u> the following questions for <u>EACH</u> location.				
3)	Nature of Trade					
4) Perils Required		DEALERS OPEN LOT – FIRE/THEFT/COLLISION/ SUPPLEMENTAL COVERAGE WITH V.M.M.*/SUPPLEMENTAL COVERAGE WITHOUT V.M.M.				
		GARAGEKEEPERS LEGAL LIABILITY – FIRE/THEFT/ COLLISION/RIGOR CIVIL COMMOTION*	ТС			
	* Delete whichev	elete whichever is inapplicable.				
5)	How many years have you operated the business being proposed for insurance (include in your a previous business of a similar nature which may have been operated under a different name or constructure stating the previous balance title).					
	A. B.	At the above location(s) (previous name) At any other location(s) (previous name)				

6)	Maxi	Maximum number of units that your location(s) will accommodate					
	Minir	Minimum number of units at location(s)					
	Avera	age Value per unit \$					
	Maxi	mum Value per unit \$					
	Limit	required \$					
7)	Natur	e 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					
Pleas	e enclose		ea 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 please state number of floors and how ramp exits and elevators are protected					
	(g)	Are keys left in ignition YES/NO					
	IF NO	IF NOT EXPLAIN PROCEDURE OF HANDLING					
	(h)	Are cars examined by If not can this procedu	attendant for pre-existing damages and marked on parking ticket? YES/NO re be implemented				

9)	If Ope	en 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 stated what protections you have:-						
		Front Rear: Left Side: Right Side:						
		(if none, stated	(if none, stated 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 e	Loss experience past three years						
	(a)	at each location						
		<u>AMOUNTS</u>						
	Date of	of Loss	Details	Collision	Theft	Others		
	(b)	Elsewhere						
		<u>AMOUNTS</u>						
	Date of	of Loss	Details	Collision	Theft	Others		
	•••••	ctons have been to	ken to prevent similar lo					
	·····	•						
11)	Previo	ous Insurers						
	(Give	Policy numbers)						
12)	Has ye	our insurance been	declined in the last thre	ee years YES/NO				
	(If so,	why)						
	, ,	. .						

13)	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			
14)	Radius of Operations.				
15)	Is Furnished Auto Endorsement required. If so please list drivers below:				
THAT T	THEY FORM THE BASIS OF THE CONTRACT ANT THAT NOTHING MATERIAL TO THE RIS E ABOVE INFORMATION WILL BE COMMUN	WERS TO THE ABOVE QUESTIONS AND AGREE WITH THE UNDERWRITERS. I/WE FURTHER IK HAS BEEN WITHHELD AND ANY ALTERATION ICATED TO THE UNDERWRITERS AS SOON AS			
Assured	's Signature	(Position in Company)			
Date					
CONTR		HE UNDERWRITERS UNLESS AND UNTIL A D DELIVERED IN ACCORDANCE HEREWITH AND F SAID INSURANCE AND IN ACCORDANCE WITH			

ALL TERMS THEREOF.