

Commonwealth Underwriters Ltd. P.O. Box 5441 Richmond, VA 23220 Phone: 800-396-6226 Fax: 888-359-6994 www.commund.com

## **PROPOSAL FORM**

DEALERS OPEN LOT INSURANCE )Specify Coverage

GARAGE KEEPERS LEGAL LIABILITY )Required.

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:		
	Address of Assured		
2)	Location(s) at which insurance applies:	1)	
		2)	
		3)	
If there i location.		ease answer <u>ALL</u> the foll	owing questions for <u>EACH</u>
3)	IF YOU OPERATE A	A WRECKER SERVICE	PLEASE ALSO COMPLETE TAL QUESTIONNAIRE.
4)	SUPPLEMENTAL Q Perils Required	UESTIONS	
	DEALERS OPEN LO	ЭТ	FIRE/THEFT/COLLISION/ SUPPLEMENTAL COVERAGE WITH V.M.M.*/SUPPLEMENTAL COVERAGE WITHOUT

V.M.M.\*

## GARAGE KEEPERS LEGAL

## FIRE/THEFT/COLLISION/ RIOT OR CIVIL COMMOTION\*.

\* Delete whichever is inapplicable.

6)

7)

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).

А.	At the above loca	tion(s)	(previous name)		
В.	At any other loca	tion(s)	(previous name)		
a)		er of units that your			
b)	Maximum numbe	er of units actually			
	kept at your locat	ion(s)			
c)	Average number	-			
	your location(s).				
d)					
e)	Average Value p	er Unit \$			
f)	Limit Required a	ny one Unit \$			
g)	Limit Required a	ny one Loss \$			
Natur	re of location(s)				
	A.	A closed building	YES/NO		
		An open lot			
	C. Other than above (parking lot, car wash, bu				
	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
YES/NO	e)	Number of entrances?Are they also used as exits?
		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 NO	OT EXPLAIN PROCEDURE OF HANDLING
	h)	Are cars examined by attendant for pre-existing damages and marked on parking ticket? YES/NO.
9)	If Op	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 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	Watchman	ato)				
、 、	,	•	-	Lights, Dogs	s, waterinnen,	etc).				
0)	Loss Experience past three years									
	a)	at each loca	ation							
	Date o	f Loss	Details	Collision	AMO Theft	<u>UNTS</u> Others				
	b)	Elsewhere								
	Date o	f Loss	Details	Collision	AMO Theft	<u>UNTS</u> Others				
	••••••									
	What steps have been taken to prevent similar losses?									
	Previo	us Insurers? .								
	(Give ]	Policy Numb	ers)							
2)	Has your insurance been declined in the past three 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 Snowmobiles

Used Cars Motorbikes

Campers Trailers Mobile Homes

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 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.