

# DOL & GKLL APPLICATION

1. Name: \_\_\_\_\_
2. Address (Separate application for each location requiring coverage): \_\_\_\_\_
3. Nature of trade: \_\_\_\_\_
4. Number of years in business: \_\_\_\_\_
5. For each location list:
  - (A) Maximum number of units (inside/outside): \_\_\_\_\_
  - (B) Average value per unit: \_\_\_\_\_
  - (C) Maximum value per unit: \_\_\_\_\_
  - (D) Maximum value per location: \_\_\_\_\_
  - (E) Deductible per unit: \$ \_\_\_\_\_ Per Location: \$ \_\_\_\_\_ Per Policy: \$ \_\_\_\_\_
  - (F) Type of vehicles (truck, car and new or used): \_\_\_\_\_
  - (G) Number of dealer plates: \_\_\_\_\_
6. Nature of location (type building/open lots, surrounding environment - attach diagram): \_\_\_\_\_
7. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed): \_\_\_\_\_
8. Fire Protection Details (NB Town Class & If Bldg., Group 1 & 2 Fire & Contents Rate): \_\_\_\_\_
9. Loss experience - 3 years (list steps taken to prevent similar losses): \_\_\_\_\_
10. Prior insurance companies (cancelled or non-renewed): \_\_\_\_\_
11. Are test drives accompanied by an employee? \_\_\_\_\_

## WARRANT BY APPLICANT-INSURED

The above information is correct and nothing material to the exposure has been withheld.

APPLICANT-INSURED (Signature) \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

BROKER (Signature) \_\_\_\_\_ DATE: \_\_\_\_\_