

Southern California 1600 Dove Street, Suite 315 Newport Beach, CA 92660 **P**: (949) 477-5030 **F**: (949) 477-5040 Northern California 2389 West March Lane Stockton, CA 95207 **P**: (209) 474-9100 **F**: (866) 217-1815 Pacific Islands 3375 Koapaka Street, Suite D136 Honolulu, HI 96819 **P**: (808) 840-1980 **F**: (866) 859-8302

PROPOSAL FORM

	DEALERS OF	PEN LOT INSURANCE)	Specify Coverage
	GARAGE KE	EPERS LEGAL LIABILIT	Y)	Required
TRUE. THE R THE P PROPO	COMPLETE AND H SISK(S) CONTAINED OLICY AND FORFE OSAL WILL BE INCO	IAT ALL STATEMENTS NAVE BEEN MADE TO INTITUTE IN THE POLICY, ANY MET ALL CLAIMS MADE TO RPORATED IN THE POLICE UNDERWRITERS AND	DUCE UN IISREPRE HEREUN ICY AND	IDERW SENTA DER. A FORN	VRITERS TO ACCEPT ATION WILL VOID A COPY OF THIS M THE BASIS OF THE
NOTE		ISSUED, WILL BE SUBJE N, A LIMIT OF ANY ONE			
1)	Name of Assured				
	Address of Assured				
2)	Location(s) at which insurance applies:	1)	,	•••••	
		2)		• • • • • • • • •	
		3)		•••••	
If there	e is more than one loca	tion please answer ALL the	following	questic	ons for EACH location.
3)		 A WRECKER SERVICE PI JPPLEMENTAL QUESTIC	LEASE AL		OMPLETE AND SIGN
	SUPPLEMENTAL Q				
4)	Perils Required	DEALERS OPEN LOT -	SUPPLE: WITH V.	MENT. .M.M.	OLLISION/ AL COVERAGE * / SUPPLEMENTAL TITHOUT V.M.M. *
		GARAGE KEEPERS LEGAL LIABILITY -	FIRE/TH COLLISI COMMC	ION/RI	OT OR CIVIL

^{*}Delete whichever is inapplicable.

5)	your a	w many years have you operated the business being proposed for insurance (include in answer any previous business of a similar nature which may have been operated er a different name or corporate structure stating the previous business title)				
	A.	At the above location(s)	(previous name)			
	B.	At any other location(s)	(previous name)			
6)	a)	Maximum number of units that your location(s) will accommodate				
	b)	Maximum number of units actually kept at your location(s)				
	c)	Average number of units kept at your location(s)				
	d)	Maximum Value per Unit	\$			
	e)	Average Value per Unit	\$			
	f)	Limit Required any one Unit	\$			
	g)	Limit Required any one Loss	\$			
7)	Nature	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				
Please	enclose	e 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				

	(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 elevators are protected	-
	(-)	A 1 1.Ω in iidi9	
	(g)	Are keys left in ignition?	YES/NO
		IF NOT EXPLAIN PROCEDURE OF HANDLING	
	(h)	Are cars examined by attendant for pre-existing damages and mar ticket?	ked 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 offence (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	experienc	e past	three	years

1	(a)	A 4	1-	1	
((a)	$A\iota$	each	Tocal	ш

AMOUNTS

	Date of loss	Details	Collision	Theft	Others
	(b) Elsewhere				
	Date of loss	Details	Collision	Theft	Others
	What steps have been	n taken to prevent simi	lar losses?		
				•••••	
11)	Previous Insurers?				
	(Give Policy Number	rs)			
12)	Has your insurance b	peen declined in the pas	st three years?	YES/N	10
	(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/Trai	lers/Semi-Trailers				
I/WE HEREBY WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND AGAREE THAT THEY FORM THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS L/WE FURTHER WARRANTED 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.						
Assure	ed's Signature					
(Positi	on in Company)					
Date						

13)

THIS APPLICATION SHALL NOT BE BINDING TO 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		Hook	\$			
2)	Avera	verage value per Unit on Hook			\$		
3)	Limit	Require	d any one Unit o	on Hook	\$		
4)	Numb	er of W	reckers/Towing	Units operated	d		
5)	(a)	Numbe	er of Drivers				
	(b)	Ages					
	(c)	Please	indicate if durin	g the past thre	ee years any drivers have had:	-	
		(i)	More than 5 mi	inor traffic vic	olations	YES/NO	
		(ii)	Any major traff	fic violations		YES/NO	
		(iii)	Any chargeable	e or at fault ac	cidents	YES/NO	
		(iv)	Any 'driving w under the influe			YES/NO	
	If the a	answer t	to any of the abo	ove questions i	is 'Yes' please provide full de	tails below:-	
ASSU	SRED'	S SIGN	ATURE				
POSIT	ION IN	I COMI	PANY				
DATE							