

51 Harvard Street Worcester, MA 01609 Phone: 508-755-6210 Fax: 508-753-0646 www.quakerma.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 FROM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND THE ASSURED.

THE	ASSURED.		
NOT		BE SUBJECT TO LIMITS OF LIABILITY AT EACH UNIT AND SUBJECT TO CO-INSURANCE.	
1]	Name of Assured:		
	Address of Assured:		
2]	Location(s) at which insurance applies:	1)	
		2)	
		3)	
If the	re is more than one location please answer and answer answer answer answer answer and and answer a	ALL the following questions for EACH location.	
	IF YOU OPERATE A WRECKER SERVICE PLEASE ALSO COMPLETE AND SIGN ATTACHED SUPPLEMENTAL QUESTIONNAIRE		
4]	SUPPLEMENTAL QUESTIONS		
	Perils Required: DEALERS OPEN LOT -	FIRE/THEFT/COLLISION SUPPLEMENTAL COVERAGE WITH V.M.M.*/ SUPPLEMENTAL COVERAGE WITHOUT V.M.M.*	

GARAGE KEEPERS LEGAL LIABILITY - FIRE/THEFT/COLLISION/RIOT OR CIVIL COMMOTION*

Delete whichever is inapplicable.

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(s):			
	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	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 open lot or forecourt), if so please describe:		
	Please	e enclose a 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 exists? YES/NO					
		If not, the number of separate exists:					
f]		Is this a multi-ramp operation? If so, state number of floors and how ramp exists and elevator are protected:					
	g]	Are keys kept in ignition? YES/NO IF NOT, EXPLAIN PROCEDURE OF HANDLING:					
		THOT, EXILEMENT ROOLDONE OF THINDLING.					
	h]	Are cars examined by attendant for pre-existing damages and marked on parking ticket' YES/NO					
9]	If o	ppen lot:					
	a]	Is lot completely fenced or surrounded by buildings on all sides? YES/NO					
	b]	Are exists 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]	e] What protections against theft have you across exists and entrances? Describe fully:					
	f]	Any other protections (arc lights, dogs, watchman etc.)					
	10]	Loss experience past three years:					

a]

At each location

AMOUNTS

	DATE OF LOSS	DETAILS	COLLISION	THEFT	OTHERS			
	b] Elsewhere							
				AMOU	NTS			
	DATE OF LOSS	DETAILS	COLLISION	THEFT	OTHERS			
	What steps have be	en taken to preve	nt similar losses:	 				
11]	Previous Insurers?							
12]	Has your insurance been declined in the past three years? YES/NO							
ر ـــــــا	If so, why?							
	11 30, WITY:							

(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 QUESTION AND AGREE THAT THEY FORM THE BASIS OF THE CONTRACT WITH THUNDERWRITERS. I/WE FURTHER WARRANT THAT NOTHING MATERIAL TO THE RISHAS BEEN OMITTED AND ANY ALTERATION TO THE ABOVE INFORMATION WILL BE COMMUNICATED TO THE UNDERWRITERS AS SOON AS POSSIBLE.		
ASSURED'S SIGNATURE:(Position in 0	Company)	
DATE:		

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

13]

THIS APPLICATION SHALL 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: Average value per Unit on Hook: Limit required any one Unit on Hook:		alue per Unit on Hook:	\$ \$ \$		
2]			lue per Unit on Hook:			
3]			ed any one Unit on Hook:			
4]	Num	nber of \	Wreckers/Towing units operat	ed:		
5]	a]	Numbe	er of drivers			
-	b]	Ages	:			
	c] Please indicate if during the past three years any drivers have had:			nree years any drivers have had:		
		i]	More than 5 minor traffic vi	olations YES/NO		
		ii]	Any major traffic violations	YES/NO		
		iii]	Any chargeable or at fault a	accidents YES/NO		
		iv]	Any "driving while impair YES/NO	ed or driving under the influence" violations		
	If the answer to any of the above questions is "YES", please provide below:					
	ASS	URED'	S SIGNATURE:			
	DAT	E:				