

LAWRENCE EXCESS

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Garagekeepers Legal Liability & Dealers Open Lot Application *

THIS APPLICATION MUST BE EXECUTED BY THE APPLICANT, IF AN INDIVIDUAL, OR AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT'S COMPANY. ALL ANSWERS MUST BE COMPLETED.

Is this an application for a quotation? Yes No

Is this an application for a bound policy? Yes No

If Yes, what is the Policy Number? _____

Corporate or Individual Name (Include DBA): _____ FEIN:** _____

Mailing Address: _____ Contact: _____

Telephone No.: () _____ E-Mail Address: _____ Fax No.: () _____

Years in Business: _____

1. Nature of Operations: (Check all that apply)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> New Car Dealer | <input type="checkbox"/> Parking Lot or Garage - Valet | <input type="checkbox"/> Body Shop | <input type="checkbox"/> Car Wash - Hand |
| <input type="checkbox"/> Used Car Dealer | <input type="checkbox"/> Parking Lot or Garage - Self Service | <input type="checkbox"/> Repair Shop | <input type="checkbox"/> Car Wash - Machine |
| <input type="checkbox"/> Service Station | <input type="checkbox"/> Restaurant or Club - Valet | <input type="checkbox"/> Other (Specify) _____ | |

2. Coverage Requested: Dealers Open Lot (Car Dealer) Garagekeepers Legal Liability (All Other)

3. Garage Location(s):	<u>Location # 1</u>	<u>Location # 2</u>	<u>Location # 3</u>
Street	_____	_____	_____
City	_____	_____	_____
State and ZIP	_____	_____	_____
4. Max. no. of units kept at location:	_____	_____	_____
5. Average no. of units kept at location:	_____	_____	_____
6. Maximum value per unit:	\$ _____	\$ _____	\$ _____
7. Average value per unit:	\$ _____	\$ _____	\$ _____
8. Limit required any one unit:	\$ _____	\$ _____	\$ _____
9. Limit required any one loss:	\$ _____	\$ _____	\$ _____
10. Location description:			
Building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Open Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Restaurant or Club	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shopping Center	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)	_____	_____	_____
11. If open lot, is lot fenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, fully or partially fenced:	<input type="checkbox"/> Fully <input type="checkbox"/> Partially	<input type="checkbox"/> Fully <input type="checkbox"/> Partially	<input type="checkbox"/> Fully <input type="checkbox"/> Partially
Fence height:	_____	_____	_____
12. Security Lights:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Watchperson/Guard:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Guard Dog:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Central Station Alarm System:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Where are the keys kept?	_____	_____	_____
17. Distance of location from coast:	_____	_____	_____
18. Units stored overnight:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inside locked building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
On lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both (if both, percentage split)	% / %	% / %	% / %

* Quotation will be offered with an insurer not licensed in the State of New York

** A Federal Employer Identification Number is required for each corporate entity

19. No. of days open for business per week: _____
20. Hours of operation per day: _____
21. If your operation includes parking, complete the following:
- | | <u>Location #1</u> | <u>Location #2</u> | <u>Location #3</u> |
|---|--|--|--|
| A. Ticketing system description: | _____ | _____ | _____ |
| B. Does location have entrance/exit gate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Number of attendants: | _____ | _____ | _____ |
| D. Are cars dropped off and parked at the same location designated in Question 3? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, what is the distance between drop-off point and location? | _____ | _____ | _____ |
| E. Are cars parked on public road? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
22. Do you sell, service, store or park any high performance or antique vehicles? Yes No
23. Are vehicles used for personal use? Yes No

DRIVER INFORMATION

Complete all sections below for all employees, non-employees, proprietors (both full and part time) and relatives who may park or move vehicles or use your dealer and/or transporter vehicles. Use separate sheet to complete listing if needed. If driver is using vehicles for personal use, place a checkmark in the box marked **Pers. Use**. By checking this box, you are requesting that Personal Use Vehicle Coverage be quoted for designated driver.

Name	Address	Date of Birth	License Number and State	Date Employed	Pers. Use
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

ATTACH CURRENT MOTOR VEHICLE REPORT FOR EACH DRIVER

LOSS EXPERIENCE & PREVIOUS CARRIER INFORMATION

Must be completed. If no losses, indicate "no losses" under the **Amount Paid** column for each loss-free year. Attach Loss Runs.

Year	Carrier	Policy Number	Premium	No. of Losses	Amount Paid	Amount Reserved
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

EFFECTIVE DATE DESIRED _____

COVERAGE IS NOT BINDING UNTIL SPECIFICALLY AUTHORIZED BY THE **INSURANCE COMPANY** AND THEN ONLY AS OF THE COMMENCEMENT DATE OF SAID AUTHORIZATION AND IN ACCORDANCE WITH ALL TERMS THEREOF, AND THE SAID APPLICANT HEREBY COVENANTS AND AGREES THAT THE FOREGOING STATEMENTS AND ANSWERS ARE A JUST, FULL AND TRUE EXPOSITION OF ALL THE FACTS AND CIRCUMSTANCES WITH REGARD TO THE RISK TO BE INSURED, INSOFAR AS THE SAME ARE KNOWN TO THE APPLICANT: AND THE SAME ARE HEREBY MADE THE BASIS AND A CONDITION OF THE INSURANCE, AND A WARRANTY ON THE PART OF THE INSURED.

WARNING

NEW JERSEY: "ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

ALL OTHER STATES: "ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD."

NEW YORK: "ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR COMMERCIAL INSURANCE OR STATEMENT OF CLAIM FOR ANY COMMERCIAL OR PERSONAL INSURANCE BENEFITS CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, AND ANY PERSON WHO, IN CONNECTION WITH SUCH APPLICATION OR CLAIM, KNOWINGLY MAKES OR KNOWINGLY ASSISTS, ABETS, SOLICITS OR CONSPIRES WITH ANOTHER TO MAKE A FALSE REPORT OF THE THEFT, DESTRUCTION, DAMAGE OR CONVERSION OF ANY MOTOR VEHICLE TO A LAW ENFORCEMENT AGENCY, THE DEPARTMENT OF MOTOR VEHICLES OR AN INSURANCE COMPANY, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE VALUE OF THE SUBJECT MOTOR VEHICLE OR STATED CLAIM FOR EACH VIOLATION."

_____ Name of Insured		_____ Name of Broker	
_____ Signature of Insured	_____ Date	_____ Signature of Broker Licensee	_____ Date
_____ Title		_____ Address of Broker ()	
		_____ Broker's Phone Number	
_____ Co-Broker's Name, Address and Phone Number			