



## DOL & GKLL APPLICATION

1. Proposed Effective Date:
2. Coverage Desired
 

|                                                 |                                         |                                       |
|-------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> DOL                    | <input type="checkbox"/> COMP/COLLISION | <input type="checkbox"/> SP/COLLISION |
| <input type="checkbox"/> GKLL – LEGAL LIABILITY | <input type="checkbox"/> COMP/COLLISION | <input type="checkbox"/> SP/COLLISION |
| <input type="checkbox"/> GKLL - DIRECT PRIMARY  | <input type="checkbox"/> COMP/COLLISION | <input type="checkbox"/> SP/COLLISION |
3. Name:
4. Mailing Address:  
Location Address of Risk (Separate application for each location requiring coverage):
5. Nature of trade:
6. Number of years in business:
7. 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:
  - (F) Type of vehicles (truck, car and new or used):
  - (G) Number of dealer plates:
8. Nature of location (type building/open lots, surrounding environment - attach diagram):
9. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed): \_\_\_\_\_
10. Loss experience - 3 years (list steps taken to prevent similar losses):
 

| <u>Date of Loss</u> | <u>Type/Description of Loss</u> | <u>Amount Paid</u> | <u>Amount Reserved</u> |
|---------------------|---------------------------------|--------------------|------------------------|
| 1.                  |                                 |                    |                        |
| 2.                  |                                 |                    |                        |
| 3.                  |                                 |                    |                        |
11. Prior insurance companies (cancelled or non-renewed):
12. Are test drives accompanied by an employee?
13. Employees & Drivers:
 

| <u>Name &amp; License #</u> | <u>Date of Birth</u> | <u>Violations(3 years)</u> | <u>Auto Use(yes or no)</u> |
|-----------------------------|----------------------|----------------------------|----------------------------|
| 1.                          |                      |                            |                            |
| 2.                          |                      |                            |                            |
| 3.                          |                      |                            |                            |

### 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 \_\_\_\_\_