



Inter Insurance Agency
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**GARAGE KEEPERS LEGAL LIABILITY / ON-HOOK APPLICATION
&
OPEN LOT APPLICATION**

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 FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND ASSURED.

NOTE: THE POLICY, IF ISSUED, WILL BE SUBJECT TO LIMITS OF LIABILITY AT EACH LOCATION, A

LIMIT ANY ONE UNIT AND SUBJECT TO COINSURANCE.

1) Name of Assured _____
Address of Assured _____

2) Location(s) at which
Insurance applies: 1. _____
2. _____
3. _____

NOTE: If there is more than one location, please answer **ALL** the following questions for **EACH** location.

3) Nature of Trade _____

4) Perils Require 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).

A. At the above location(s) (previous name)

B. At any other location(s) (previous name)

6) *Maximum number of units that your location(s) will accommodate: _____

Average number of units at location(s): _____

Average value per unit \$ _____

Maximum value per unit \$ _____

Limit Required \$ _____

***IF THE RISK IS A VALET PARKING RISK, WE NEED THE # OF PARKING SPACES AT EACH LOCATION.**

7) 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 an open lot or forecourt), if so please describe:

8) (a) Are premises unattended at any time during the day or night? Yes No

(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 ramp exits and elevators are protected)?

(a) At each location

Date of Loss	Details (including amount paid & the deductible applying)
_____	_____
_____	_____
_____	_____

(b) Elsewhere

Date of Loss	Details (including amount paid & the deductible applying)
_____	_____
_____	_____
_____	_____

What steps have been taken to prevent similar losses? _____

11) Previous Insurers?

(Give Policy Numbers) _____

12) Has your insurance been declined in the last three years? Yes No
(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/Trailers/Semi-Trailers | |

I/WE HEREBY WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND AGREE THAT THEY FORM THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS. I/WE FURTHER WARRANT THAT NOTHING MATERIAL TO THE RISK HAS BEEN WITHHELD AND ANY ALTERATION TO THE ABOVE INFORMATION WILL BE COMMUNICATED TO THE UNDERWRITERS AS SOON AS POSSIBLE.

SPECIAL NOTICE: As part of our underwriting procedure, a routine inquiry and/or a consumer credit report may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Insured's Name (Printed) _____

Home Address _____

Phone # (____) _____

Social Security Number: _____

Insured's Signature _____ Date _____

Position In

Company: _____

THIS APPLICATION SHALL NOT 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 \$ _____

2. Average Value per Unit on Hook \$ _____

3. Limit Required any one Unit on Hook \$ _____

4. Number of Wreckers/Towing Units operated: _____

5. a. Number of Drivers: _____

b. Ages: _____

c. Please indicate if during the past three years any drivers have had:

- | | | | |
|------|---|-----|----|
| i. | More than 5 minor traffic violations | Yes | No |
| ii. | Any major traffic violations | Yes | No |
| iii. | Any chargeable or at fault accidents | Yes | No |
| iv. | Any driving while impaired
or Driving Under the Influence violations | Yes | No |

If the answer to any of the above questions is YES, please provide full details below:

Insured's Signature _____ Date _____

Position in Company _____