

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) 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 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 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 ?
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
- (g) Are keys left in ignition?

IF NOT EXPLAIN PROCEDURE OF HANDLING
- (h) Are cars examined by attendant for pre-existing damages and marked on parking ticket ?

9) If open Lot:-

- (a) Is lot completely fenced or surrounded by buildings on all sides?
- (b) Are exits and entrances properly supervised ?
- (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) What protections against theft have you across exits and entrances ? Describe fully
- (f) Any other protections (Arc Lights, Dogs, Watchmen etc)?

10) Loss experience past three years

(a) At each location

					<u>AMOUNTS</u>
Date of loss	Details	Collision	Theft	Others	
.....	
.....	
.....	

(b) Elsewhere

					<u>AMOUNTS</u>
Date of loss	Details	Collision	Theft	Others	
.....	
.....	
.....	

What steps have been taken to prevent similar losses ?

11) Previous Insurers ?

(Give Policy Numbers)

12) Has your insurance been declined in the past three years ?

(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 AGAREE THAT THEY FORM THE BASIS OF THE CONTRACT WITH THE UNDERWRITERS I/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.

Assured's Signature

(Position in Company)

Date

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.