



**GARAGE
PROPOSAL FORM**

International Brokerage and Surplus Lines, Inc.

Contact information available on the internet at www.ibsl.com or telephone 800.348.4275/863.687.2940

THE 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 HEREUNDER. A COPY OF THIS PROPOSAL WILL BE INCORPORATED IN THE POLICY AND FORM THE BASIS OF THE CONTRACT BETWEEN THE UNDERWRITERS AND THE ASSURED.

NOTE: THE POLICY, IF ISSUED, WILL BE SUBJECT TO LIMITS OF LIABILITY AT EACH LOCATION, A LIMIT OF ANY ONE UNIT AND SUBJECT TO COINSURANCE.

01. NAME OF ASSURED:

ADDRESS OF ASSURED:

Home Phone: _____

Day Eve

Mobile Phone: _____

Business Phone: _____

Day Eve

Extension: _____

Fax: _____

Email: _____

Pager: _____

02. LOCATION(S) AT WHICH INSURANCE APPLIES:

a)

b)

c)

IF THERE IS MORE THAN ONE LOCATION PLEASE ANSWER ALL THE QUESTIONS FOR EACH LOCATION.

03. NATURE OF TRADE:

(IF YOU OPERATE A WRECKER SERVICE PLEASE ALSO COMPLETE AND SIGN THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE)

04. PERILS REQUIRED:

_____ DEALERS OPEN LOT

FIRE/THEFT/COLLISION/*SUPPLEMENTAL COVERAGE
WITH V.M.M./*SUPPLEMENTAL COVERAGE WITHOUT V.M.M.

_____ GARAGEKEEPERS' LEGAL LIABILITY

FIRE/THEFT/COLLISION/RIOT OR CIVIL COMMOTION

* DELETE WHICHEVER IS INAPPLICABLE *

05. 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:



06. a) MAXIMUM NUMBER OF UNITS THAT YOUR LOCATION(S) WILL ACCOMODATE:

b) MAXIMUM NUMBER OF UNITS ACTUALLY KEPT AT YOUR LOCATION(S):

c) AVERAGE NUMBER OF UNITS KEPT AT YOU LOCATION(S):

d) MAXIMUM VALUE PER UNIT: \$

e) AVERAGE VALUE PER UNIT: \$

f) LIMIT REQUIRED ANY ONE UNIT: \$

g) LIMIM REQUIRED ANY ONE LOSS: \$

07. NATURE OF LOCATION(S): (PLEASE ENCLOSE A DIAGRAM SHOWING TOTAL AREA AVAILABLE FOR STORING UNITS, ALSO ALL ENTRANCES AND EXITS)

a) A CLOSED BUILDING

b) AN OPEN LOT

c) OTHER THAN ABOVE (PARKING LOT, CAR WASH, BUILDING WITH OPEN LOT OR FORECOURT), DESCRIBE:

08. 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 AND ARE THEY USED AS EXITS, IF NOT, 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, PLEASE EXPLAIN HANDLING PROCEDURE:

h) ARE CARS EXAMINED BY ATTENDANT FOR PRE-EXISTING DAMAGE AND MARKED ON PARKING TICKET?

09. ANSWER THE FOLLOWING QUESTIONS IF RISK IS AN OPEN LOT

YES / NO a) IS LOT COMPLETELY FENCED OR SURROUNDED BY BUILDINGS ON ALL SIDES.

YES / NO b) ARE EXITS AND ENTRANCES PROPERLY SUPERVISED.

c) IF NOT FENCED STATE WHAT PROTECTIONS YOU HAVE FOR:
(IF NONE, STATE NONE)

FRONT

REAR

LEFT SIDE

RIGHT SIDE

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 (LIGHTS, DOGS, WATCHMAN, ETC.):

10. LOSS EXPERIENCE FOR THE PAST THREE YEARS

(INCLUDE DATE OF LOSS, DETAILS, AMOUNT PAID FOR COLLISION, THEFT OR OTHER PERILS)

a) AT EACH LOCATION:

b) ELSEWHERE:

WHAT STEPS HAVE BEEN TAKEN TO PREVENT SIMILAR LOSSES ?

11. PREVIOUS INSURERS AND POLICY NUMBERS FOR THE PAST THREE YEARS:

12. HAS YOUR INSURANCE EVER BEEN DECLINED IN THE PAST THREE YEARS: YES / NO



13. STATE WHAT TYPE OF UNITS ARE, OR ARE EXPECTED TO BE, ON THE RPEMISES:
(DELETE WHICHEVER IS INAPPLICABLE)

NEW CARS
USED CARS

SNOWMOBILES
MOTORBIKES

CAMPERS/TRAILERS
TRUCKS/TRACTORS/TRAILERS/SEMI-TRAILERS

MOBILE HOMES

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 OMITTED AND ANY ALTERATION TO THE ABOVE INFORMATION WILL BE COMMUNICATED TO THE UNDERWRITERS AS SOON AS POSSIBLE.

SIGNATURE OF AGENT

SIGNATURE OF APPLICANT

DATE

DATE

FLORIDA FRAUD STATEMENT

"Any person who knowingly and with intent to injure, defraud, deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

INSURED'S SIGNATURE



SUPPLEMENTAL QUESTIONS TO BE ANSWERED
IF YOU OPERATE A WRECKER SERVICE

01. MAXIMUM VALUE PER UNIT ON HOOK:

02. AVERAGE VALUE PER UNIT ON HOOK:

03. LIMIT REQUIRED ANY ONE UNIT ON HOOK:

04. NUMBER OF WRECKERS/TOWING UNITS OPERATED:

05. a) NUMBER OF DRIVERS:

b) AGES:

c) PLEASE INDICATE IF DURING THE PAST THREE YEARS ANY DRIVERS HAVE HAD:

YES / NO

01. MORE THAN 5 MINOR TRAFFIC VIOLATIONS:

YES / NO

02. ANY MAJOR TRAFFIC VIOLATIONS:

YES / NO

03. ANY CHARGEABLE OR AT FAULT ACCIDENTS:

YES / NO

04. ANY "DRIVING WHILE IMPAIRED" OR "DRIVING UNDER THE INFLUENCE":

06. IF THE ANSWER TO ANY OF THE ABOVE QUESTION IS "YES", PLEASE PROVIDE FULL DETAILS BELOW: