



**Lloyds of London
Garagekeepers On-Hook**

Phone # 888-495-4950
Fax # 888-997-9970
P.O. Box 8010
Goldsboro, NC 27533-8010

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 THE ASSURED AND SUBJECT TO COINSURANCE

TYPE OF OWNERSHIP OF BUSINESS: (PLEASE CHECK ONE)

- INDIVIDUAL
- PARTNERSHIP (MARRIED COUPLE)
- PARTNERSHIP (ALL OTHER)
- CORPORATION

Effective Date: From _____ to _____

Name of applicant		Producer Code:		Phone:	
DBA		Name:			
Address:		Address:			
City:		City:			
State:		Zip Code:		State:	

QUESTIONS OR STATEMENTS:	
1. Coverage requested	<input type="checkbox"/> Garagekeepers Types of units stored _____ <input type="checkbox"/> On-Hook
2. Describe Business Operations:	
3. Does the insured do any Repossessions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Location(s) at which Insurance applies: Location 1: _____	
5. What is the Radius for Pick-up and delivery?	
6. How many years have you operated the business being proposed for insurance? (Include in your answer 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)
7. Nature of Location(s) Are units stored in:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
a. A closed building b. An open lot c. Other than above (parking lot, building with open lot or forecourt), If so, please describe: _____	
8. a) Are premises unattended at any time during the day or night?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Number of entrances _____	
c) Are keys left in ignition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, explain procedure of handling _____	

9. If Open Lot
 a) Is the lot completely fenced or surrounded by buildings on all four sides? Yes No
 If not fenced, state what protections you have:
 Front _____
 Rear _____
 Left Side _____
 Right Side _____
 b) Are exits and entrances properly supervised? Yes No
 c) Height and type of fence or wall _____
 d) What protection against theft do you have across exits and entrances? Describe fully:

 e) Any other protections (Lights, Dogs, Watchmen etc)

10. Has your insurance been declined in the past three years? If yes, explain Yes No

11. Storage Limit							
	Maximum No. of units that your location(s) will accommodate	Average Value per Unit	Maximum Value per Unit	Average No. Of Units	Maximum No. Of Units	Limit required	Deductible Each and every loss/ Each and every unit
Location 1							

12. On-Hook							
Veh #	Year	Make/Model	Body Type	Loaded GVW	Vehicle Identification Number	On-Hook Limit	Deductible

13. Owner/Employee Information						
Owner	Employee	Name	Date of Birth	Years of commercial Driving experience	Driver License Number & State	Description of violations and Accidents (Past 3 years)
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>					

14. Previous Insurance and Loss Experience								
Policy Period	Insurance Carrier	Policy #	Number of Claims	Total Amount Paid Hail	Total Amount Paid Windstorm	Total Amount Paid Collision	Any other Physical loss	Open Claims
From To								
From To								
From To								

APPLICANT PLEASE READ

This application, being submitted through Strickland Insurance Brokers, Inc., 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 and the said Applicant hereby covenants and agrees to and with the Underwriters that the foregoing statements and answers are 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 condition of the Insurance.

APPLICANT'S SIGNATURE **DATE** **TIME** **PRODUCER'S SIGNATURE**
