ESSEX INSURANCE COMPANY

MARKEL

DOL & GKLL APPLICATION

1. Name: _____

2. Address (Separate application for each location requiring coverage): _____

3. Nature of trade: _____

4. Number of years in business: _____

5. 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: $ _____ Per Location: $ _____ Per Policy: $ _____

    (F) Type of vehicles (truck, car <u>and</u> new or used): _____

    (G) Number of dealer plates: _____

6. Nature of location (type building/open lots, surrounding environment - attach diagram): _____

7. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed): _____

8. Fire Protection Details (NB Town Class & If Bldg., Group 1 & 2 Fire & Contents Rate): _____

9. Loss experience - 3 years (list steps taken to prevent similar losses): _____

10. Prior insurance companies (cancelled or non-renewed): _____

11. Are test drives accompanied by an employee? _____

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: _____

This application is for the purpose of considering acceptability and premium determination and not binding on the Essex Insurance Company until evidence of an insurance contract has been issued by Essex Insurance Company.