



**Dealers Open Lot
Lloyds of London**

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

ASSURED WARRANTIES 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

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

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:	Zip Code:	

QUESTIONS OR STATEMENTS:	
<input type="checkbox"/> New Cars <input type="checkbox"/> Used Cars <input type="checkbox"/> Snowmobiles/ATVs <input type="checkbox"/> Camper Trailers <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Motorbikes <input type="checkbox"/> Trucks/Tractors/Trailers/Semi-Trailers <input type="checkbox"/> Other, Please specify	
1. Describe Business Operations:	
2. Location(s) at which Insurance applies: Location 1: _____	
3. What is the Radius for Pick-up and delivery?	
4. Are customers accompanied at test drives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the insured have units which are floorplanned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Any vehicle furnished for personal use? If yes, please specify: Individual's _____ Age's _____ Driving Record _____ Type and value of the vehicle _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Perils required <input type="checkbox"/> Dealers Open Lot <input type="checkbox"/> Dealers Open Lot – Excl. Theft <input type="checkbox"/> Dealers Open Lot – Excl. Collision <input type="checkbox"/> Dealers Open Lot – Excl. Theft and Collision	
8. 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)	
9. Nature of Location(s) Are units stored in: a. A closed building b. An open lot c. Other than above (parking lot, building with open lot or forecourt), If so, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10. a) Are premises unattended at any time during the day or night? b) Number of entrances _____ c) Are keys left in ignition? If No, explain procedure of handling _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

11. 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 have you across exits and entrances? Describe fully:

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

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

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

14. Owner/Employee Information

Owner	Employee	Name	Date of Birth	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"/>				

15. 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								

16. Description of Furnished Unit: (Specify Truck, Tractor, Trailer, Semi)

Veh #	Year	Make/Model	Body Type	Loaded GVW/Seating Capacity	Vehicle Identification Number	Stated Amount	Deductible

17. Loss Payee

Veh #	NAME	ADDRESS	CITY, STATE ZIP

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
