



**Dealers Open Lot
Lloyds of London
Supplement Additional Location**

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

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

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

Address Location: _____

	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 2							
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							
1. 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
2. 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
3. If Open Lot a) Is the lot completely fenced or surrounded by buildings on all four sides? If not fenced, state what protections you have: Front _____ Rear _____ Left Side _____ Right Side _____							<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Are exits and entrances properly supervised? 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) _____							<input type="checkbox"/> Yes <input type="checkbox"/> No

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
