

- 6) Maximum number of units that your location(s) will accommodate
- Minimum number of units at location(s)
- Average Value per unit \$
- Maximum Value per unit \$
- Limit required \$

- 7) Nature of location(s)
 - A. A closed building YES/NO
 - B. An open lot YES/NO
 - C. Other than above (parking lot, car wash, building with open lot or forecourt), if so please describe

Please enclose diagram showing total area available for storing units.

- 8) (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? Are they also used as exits? YES/NO; If not, the number of separate exits
- (f) Is this a multi-ramp operation if so please state number of floors and how ramp exits and elevators are protected
- (g) Are keys left in ignition YES/NO

IF NOT EXPLAIN PROCEDURE OF HANDLING

- (h) Are cars examined by attendant for pre-existing damages and marked on parking ticket? YES/NO If not can this procedure be implemented

9) If Open Lot:-

(a) Is Lot completely fenced or surrounded by buildings on all sides YES/NO

(b) Are exits and entrances properly supervised? YES/NO

(c) If not fenced stated what protections you have:-

Front
Rear:
Left Side:
Right Side:

(if none, stated none)

(d) Height and type of fence (or wall etc)?

(e) What protections against theft have you across exists and entrances?
Describe fully

(f) Any other protections (Arc Lights, Dogs, Watchmen etc.)

10) Loss experience past three years

(a) at each location

AMOUNTS

Date of Loss	Details	Collision	Theft	Others
.....
.....
.....

(b) Elsewhere

AMOUNTS

Date of Loss	Details	Collision	Theft	Others
.....
.....
.....

What steps have been taken to prevent similar losses?

11) Previous Insurers

(Give Policy numbers)

12) Has your insurance been declined in the last three years YES/NO

(If so, why)

.....

13) State what type of units are, or are expected to be, on the premises:-

Delete which is inapplicable

- | | |
|--|--------------|
| New Cars | Snowmobiles |
| Used Cars | Motorbikes |
| Campers Trailers | Mobile Homes |
| Trucks/Tractors/Trailers/Semi-Trailers | |

14) Radius of Operations:

15) If Furnished Auto Coverage is required, please list those drivers who are furnished an auto including age & position held in organisation.

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

Assured's Signature (Position in Company)

Date

THIS APPLICATION 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.