



ESSEX INSURANCE COMPANY

DOL & GKLL APPLICATION

1. Proposed Effective Date:
2. Coverage Desired

<input type="checkbox"/> DOL	<input type="checkbox"/> COMP/COLLISION	<input type="checkbox"/> SP/COLLISION
<input type="checkbox"/> GKLL – LEGAL LIABILITY	<input type="checkbox"/> COMP/COLLISION	<input type="checkbox"/> SP/COLLISION
<input type="checkbox"/> GKLL - DIRECT PRIMARY	<input type="checkbox"/> COMP/COLLISION	<input type="checkbox"/> SP/COLLISION
3. Name:
4. Mailing Address:
Location Address of Risk (Separate application for each location requiring coverage):
5. Nature of trade:
6. Number of years in business:
7. 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:
 - (F) Type of vehicles (truck, car and new or used):
 - (G) Number of dealer plates:
8. Nature of location (type building/open lots, surrounding environment - attach diagram):
9. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed): _____
10. Loss experience - 3 years (list steps taken to prevent similar losses):

<u>Date of Loss</u>	<u>Type/Description of Loss</u>	<u>Amount Paid</u>	<u>Amount Reserved</u>
1.			
2.			
3.			
11. Prior insurance companies (cancelled or non-renewed):
12. Are test drives accompanied by an employee?
13. Employees & Drivers:

<u>Name & License #</u>	<u>Date of Birth</u>	<u>Violations(3 years)</u>	<u>Auto Use(yes or no)</u>
1.			
2.			
3.			

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.