

LOCATION INFORMATION
COMPLETE A SEPARATE FORM FOR EACH LOCATION

Location: _____ Address: _____ City: _____ State: _____ Zip: _____

1. How many years have you been at this location? _____
2. Is the property shared with any other businesses? Yes No
 If yes, list name(s): _____
 describe physical separations: _____
3. Do any individuals reside on the premises? Yes No
4. Where are keys kept at night: _____
 During business hours: _____
5. What is the lot security:
 None Fence & Gate Post & Cable/Chain Building Other: _____
6. Is the lot lit at night when closed for business?..... Yes No
7. Is the lot paved?..... Yes No
8. Average wholesale value of cars \$ _____ x _____ # of cars = \$ _____ (Minimum insurable value on lot)
9. Describe the type of alarm you have: None Local burglar alarm Central reporting and monitored alarm
10. Describe the window protection: None Bars or grates Alarmed
11. Are there deadbolts on ALL doors?..... Yes No
12. Are there any potential trip and fall hazards? (Un-even pavement, potholes, clutter, debris, etc.) Yes No
13. Are there any underground tanks on the premises? Yes No
14. Are there currently serviced, charged and operable fire extinguishers? Yes No
15. Are there NO SMOKING signs posted in all areas where combustible materials are located? Yes No
16. Are all wiring, conduit, circuit breakers, and electrical boxes securely mounted and covered? Yes No
17. Do you store oil, solvents, chemicals, flammables, paints, and similar materials in approved containers? Yes No
18. Do you discard oily rags in a self-closing metal container? Yes No
19. Are vehicles serviced or repaired at this location? If yes, answer the questions in the box below..... Yes No

ANSWER THE FOLLOWING QUESTIONS IF THERE IS A SERVICE / REPAIR FACILITY ON PREMISES

1. Average value of customers cars \$ _____ X _____ # of cars = \$ _____ (Minimum GKLL Limit)
2. Where are customer's keys kept at night: _____
 During business hours: _____
3. Where are customer's vehicles stored at night: Building Enclosed Area Publicly Accessible Area
4. Do you do any painting? Yes No
5. Do you have a spray paint booth? Yes No
 If yes, check all that apply: Self-Made Sprinklered U.L. Listed
6. Do you perform any performance enhancement modifications? Yes No
7. Do you perform any frame, chassis, or structural repairs, fabrications, or modifications? Yes No
8. Do you salvage, rebuild, or dismantle autos? Yes No

REMARKS

I WARRANT THAT I HAVE READ THE ABOVE QUESTIONS AND ANSWERED THEM TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE. IF I WAS UNCERTAIN ABOUT A QUESTION, I WAS GIVEN THE OPPORTUNITY TO ASK MY AGENT/BROKER FOR CLARIFICATION AND THEN ANSWERED THE QUESTION TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE _____ DATE _____