

| | | | | | | | | | | | | |
|---|-------------------|---|--------------------------|------------|--|--|--|--|---|-------------------------|-----------|--|
| NEW BRUNSWICK STANDARD GARAGE AUTOMOBILE APPLICATION (N.B.A.F. No. 4) | | | | | | | Policy No. Assigned | | | | | |
| Insurance Company (Hereinafter called the insurer) | | | | | <input type="checkbox"/> New Replacing Policy No. _____ <input type="checkbox"/> Company Bill <input type="checkbox"/> Agency Bill/ Broker Bill Other | | | Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French | | | | |
| 1. Applicant's Full Name and Business Address (including county or district) | | | | | Agent/Broker | | Code(s) | | Agent/Broker Use Only Applicant's Tel# | | | |
| (A) | | | | | | | | | | | | |
| Postal Code | | | | | Postal Code | | | | | | | |
| LOCATION OF OTHER PREMISES WHERE BUSINESS IS CONDUCTED (SHOW EACH BUILDING AND LOT SEPARATELY) | | | | | (B) _____ | | | | INDICATE BLDG. LOT | | | |
| | | | | | (C) _____ | | | | | | | |
| | | | | | (D) _____ | | | | | | | |
| | | | | | | | | | | | | |
| 2. Policy Period | | Time | | Date | | Date | | All times are local times at the applicant's postal address stated herein. | | | | |
| From | | a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | | YYYY DD MM | | To 12:01 a.m. YYYY DD MM | | | | | | |
| 3. THE AUTOMOBILES IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED ARE THOSE USED IN CONNECTION WITH THE APPLICANT'S BUSINESS OF: | | | | | | | | | | | | |
| (SPECIFY WHETHER AUTOMOBILE DEALER, REPAIR, GARAGE, SERVICE STATION, STORAGE GARAGE OR PARKING LOT AND DESCRIBE ALL OTHER BUSINESS, IN RESPECT OF WHICH INSURANCE IS TO BE PROVIDED, CONDUCTED BY THE APPLICANT AT THE LOCATIONS SPECIFIED IN ITEM 1) NOTE: THIS FORM SHOULD NOT BE USED FOR RENTAL OR LEASING EXPOSURES | | | | | | | | | | | | |
| 4. THE BASIS OF RATING AND CALCULATION OF THE PREMIUM PAYABLE SHALL BE IN ACCORDANCE WITH THE PREMIUM COMPUTATION STATEMENT ATTACHED (NB PCSI) | | | | | | | | | | | | |
| ESTIMATED TOTAL PAYROLL FOR POLICY PERIOD \$ | | | | | | | NUMBER OF EMPLOYEES INCLUDING PROPRIETORS, PARTNERS AND EXECUTIVE OFFICERS AT THE EFFECTIVE DATE OF THE POLICY | | FULL TIME | | PART TIME | |
| 5. THIS APPLICATION IS MADE FOR INSURANCE AGAINST ONE OR MORE OF THE PERILS MENTIONED IN THIS ITEM, BUT ONLY FOR INSURANCE UNDER THE SECTION(S) OR SUBSECTION(S), FOR WHICH A PREMIUM IS SPECIFIED IN THIS ITEM AND NO OTHER AND UPON THE TERMS, CONDITIONS, PROVISIONS, DEFINITIONS, AND EXCLUSIONS OF THE INSURER'S CORRESPONDING STANDARD GARAGE AUTOMOBILE POLICY FORM AND FOR THE FOLLOWING SPECIFIED LIMITS AND AMOUNTS. | | | | | | | | | | | | |
| INSURING AGREEMENTS | | PERILS | | | LIMITS AND AMOUNTS | | | | ADVANCE PREMIUM | | | |
| SECTION A THIRD PARTY LIABILITY | | LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT. | | | \$ (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT. | | | | BI | \$ | | |
| SECTION A.1 DIRECT COMPENSATION PROPERTY DAMAGE | | THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION - PROPERTY DAMAGE. | | | D E D. \$ | | | | PD | \$ | | |
| SECTION B ACCIDENT BENEFITS | | SUBJECT TO PROVINCIAL LEGISLATION, COVERAGE APPLIES AS FOLLOWS | | | | | | | | | | |
| | | 1. MEDICAL REHABILITATION AND FUNERAL EXPENSES | | | AS STATED UN THE ACCIDENT BENEFITS WORDING | | | | | | | |
| | | 2. DEATH BENEFITS AND LOSS OF INCOME PAYMENTS | | | | | | | | \$ | | |
| SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES | | 1. COLLISION OR UPSET | | | ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED | | SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE | | \$ | \$ | | |
| | | MONTHLY AVERAGE BASIS | | | OR COINSURANCE BASIS | | OR OTHER | | | | | |
| | | 2. COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE) | | | LOCATION AS PER ITEM 1 | SUBSECTIONS INSURED | *LIMIT OF LIABILITY | SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTNING OR THEFT OF THE ENTIRE AUTOMOBILE) | | \$ | | |
| | | | | | (A) | | \$ | \$ | | \$ | | |
| | | 3. SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE) | | | (B) | | \$ | \$ | | \$ | | |
| | | 4. SPECIFIED PERILS (EXCLUDING THEFT) | | | (C) | | \$ | \$ | | \$ | | |
| | | | | | (D) | | \$ | \$ | | \$ | | |
| | | *IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIC LOCATION | | | | | | | | | | |
| SECTION D UNINSURED AUTOMOBILE COVERAGE | | PROTECTION AGAINST UNINSURED AND UNIDENTIFIED MOTORISTS | | | AS STATED IN THE UNINSURED AUTOMOBILE COVERAGE | | | | \$ | | | |
| SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT | | 1. COLLISION OR UPSET | | | \$ (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE | | SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE | | \$ | \$ | | |
| | | 2. SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE) | | | LOCATION AS PER ITEM 1 | MAXIMUM NUMBER OF CUSTOMER'S AUTOMOBILES | LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGEMENT INTEREST) ANY ONE OCCURRENCE | | | | | |
| | | | | | (A) | | \$ | | | | | |
| | | | | | (B) | | \$ | | | | | |
| | | | | | (C) | | \$ | | | | | |
| | | | | | (D) | | \$ | | | | | |
| ENDORSEMENTS | | | | | | | | | | | | |
| MINIMUM RETAINED PREMIUM \$ | | | | | THE ADVANCE PREMIUMS ARE SUBJECT TO THE ADJUSTABLE PREMIUM COMPUTATION PROVISION IN THE POLICY | | | | TOTAL ADVANCE PREMIUM | | \$ | |
| STATE NAME AND ADDRESS OF LIENHOLDER OR MORTGAGEE TO WHOM, JOINTLY WITH THE APPLICANT, LOSS IF ANY UNDER SECTION C IS PAYABLE AS THEIR INTERESTS MAY APPEAR | | | | | | | | | | | | |
| 6. HAS ANY INSURER CANCELLED, DECLINED OR REFUSED TO RENEW OR ISSUE ANY INSURANCE RELATED TO THE BUSINESS OF THE APPLICANT WITHIN THE THREE YEARS PRECEDING THE APPLICATION? IF YES, STATE NAME OF INSURER | | | | | | | | | | | | |
| 7. STATE PARTICULARS OF ALL ACCIDENTS, LOSSES OR CLAIMS ARISING OUT OF THE OWNERSHIP, USE OR OPERATION OF ANY AUTOMOBILE (I) BY THE APPLICANT AND (II) IN CONNECTION WITH THE BUSINESS WITHIN THE THREE YEARS PRECEDING THIS APPLICATION (LIST SEPARATELY IF NECESSARY) | | | | | | | | | | | | |
| DAMAGE TO APPLICANT'S VEHICLE | | | | | | DAMAGE TO PROPERTY OF OTHERS | | | | | | |
| DATE | INJURO TO PERSONS | (A) COLLISION | AMT PAID OR ESTIMATED \$ | OTHER | AMT PAID OR ESTIMATED \$ | DATE | (A) NOT IN CARE OF APPLICANT | AMT PAID OR RESERVED \$ | (B) IN CARE OF APPLICANT | AMT PAID OR RESERVED \$ | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 8. ALL THE STATEMENTS IN THIS APPLICATION ARE TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID STATEMENTS WHERE (A) AN APPLICANT FOR A CONTRACT, (i) GIVES FALSE PARTICULARS OF THE DESCRIBED AUTOMOBILE TO BE INSURED TO THE PREJUDICE OF THE INSURER, OR (ii) KNOWINGLY MISREPRESENTS OR FAILS TO DISCLOSE IN THE APPLICATION ANY FACT REQUIRED TO BE STATED THEREIN; OR (B) THE INSURED CONTRAVENES A TERM OF THE CONTRACT OR COMMITS A FRAUD; OR (C) THE INSURED WILLFULLY MAKES A FALSE STATEMENT IN RESPECT OF A CLAIM UNDER THE CONTRACT, A CLAIM BY THE INSURED IS INVALID AND THE RIGHT OF THE INSURED TO RECOVER INDEMNITY IS FORFEITED. THE APPLICANT ACKNOWLEDGES THAT: (1) ALL OF THE INFORMATION GIVEN BY THE APPLICANT IN ITEMS 1 THROUGH 8 IS TRUE AND THE APPLICANT HEREBY APPLIES FOR A CONTRACT OF AUTOMOBILE INSURANCE TO BE BASED ON THE TRUTH OF THE SAID INFORMATION (2) CONSENT: I AM APPLYING FOR AUTOMOBILE INSURANCE BASED ON THE INFORMATION PROVIDED ABOVE WITH RESPECT TO THE APPLICATION OR ANY RENEWAL OR CHANGE IN COVERAGE I AUTHORIZE YOU TO COLLECT USE AND DISCLOSE INFORMATION AS PERMITTED BY LAW FOR THE PURPOSE NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATION, DRIVING RECORD INFORMATION AND CLAIMS HISTORY. | | | | | | | | | | | | |
| DATE YYYY MM DD | | | SIGNATURE OF APPLICANT | | | | | | | | | |

**NEW BRUNSWICK STANDARD GARAGE APPLICATION
(N.B.A.F. No. 4)
INSURANCE COVERAGES APPLIED FOR**

NEW BRUNSWICK MOTORISTS MUST HAVE THE FOLLOWING BASIC COVERAGES:

THIRD PARTY LIABILITY, ACCIDENT BENEFITS, UNINSURED AUTOMOBILE COVERAGE AND DIRECT COMPENSATION – PROPERTY DAMAGE.

Additional insurance may be purchased for Loss or Damage to Owned automobiles, Loss or Damage to Customers' Automobiles and Optional Increased Accident Benefits.

This is a brief explanation of the insurance coverages available. For complete details, consult the policy. The Insurer will supply a copy of the policy if requested.

PLEASE NOTE CERTAIN TYPES AND USES OF AUTOMOBILES ARE EXCLUDED FROM COVERAGE

THIRD PARTY LIABILITY

Provides coverage for the named Insured or other insured persons if someone else is killed or injured or their property is damaged in an automobile incident. It will pay for legitimate claims against insured person up to the limit of your coverage, and the cost of settling claims.

ACCIDENT BENEFITS

THE INSURANCE COMPANY IS OBLIGATED TO EXPLAIN DETAILS OF ACCIDENT BENEFITS COVERAGE.

Provides benefits that insured persons are entitled to receive if injured or killed in an automobile accident. These benefits include: income replacement for persons who have lost income; payments to non-earners who suffer complete inability to carry on a normal life; payment of care expenses to person who cannot continue to act as a primary caregiver for a member of their household; payment of medical, rehabilitation and attendant care expenses; payment of certain other expenses; payment of funeral expenses; and payments to survivors of a person who is killed. The Insured may also purchase optional benefits to increase the basic level of benefits provided in the policy. The optional benefits insurance companies must offer are:

Increased Income Replacement – the basic level of income replacement provided in the policy (\$400 per week maximum) can be increased by purchasing optional coverage so that the weekly limit is up to \$600, \$800 or \$1,000. All income replacement benefits are based on 80% of net weekly income.

Increased Caregiver and Dependant Care – the basic level of caregiver benefits for care expenses of persons who are not employed but care for dependants (up to \$250 per week for the first person needing care, and \$50 per week for every additional person) can be increased by purchasing optional coverage so that the weekly limit is up to \$325 for the first person and \$75 for additional persons. There is no basic benefit for persons who are employed and care for dependants, but if this optional coverage is purchased, a benefit to cover additional weekly dependant care expenses of \$75 for the first dependant, and \$25 for each additional dependant, up to \$150 per week is available.

Increased Medical, Rehabilitation and Attendant Care – the basic benefit pays up to \$100,000 for medical and rehabilitation expenses, with a 10 year time limit in most cases, and up to \$72,000 for attendant care expenses. If catastrophically impaired, the basic benefit pays up to \$1,000,000 for medical and rehabilitation expenses and up to \$1,000,000 for attendant care expenses. An optional coverage of \$1,000,000 above the basic coverage may be purchased, and that provides no limitation on the time for which these expenses are paid.

Increased Death and Funeral – the basic level of death benefits paid to the surviving spouse or same-sex partner and dependant of a person who is killed (\$25,000 to a surviving spouse or same-sex partner; \$10,000 to surviving dependant;) can be doubled by purchasing this optional coverage. This coverage also increases the basic funeral expense benefit from \$6,000 to \$8,000.

Indexation Benefit – this optional coverage will ensure that certain weekly benefit payments and monetary limits will increase on an annual basis to reflect changes in the cost of living.

UNINSURED AUTOMOBILE COVERAGE

Provides coverage if insured persons are injured or killed by an uninsured motorist or by a hit-and-run driver. It covers damage to an automobile owned by the Insured, and its contents, caused by an identified, uninsured motorist, subject to a deductible.

DIRECT COMPENSATION – PROPERTY DAMAGE

Provides coverage in Ontario, under certain conditions, for damage to an automobile owned by the Insured and to property it is carrying, when another motorist is responsible. It is called Direct Compensation because the Insured will collect from the Insurer, even though the Insured is not at fault for the accident. Coverage may also apply to a "customer's" or "non-owned" automobile and to property it is carrying – under some conditions. There may be a deductible amount, and this amount is either paid by the Insured towards the cost of repairs or is deducted from the loss settlement. Higher deductibles may reduce the premium.

LOSS OF OR DAMAGE TO OWNED AUTOMOBILES

Provides a selection of optional coverages for specified automobiles owned by the Insured. Payments cover direct and accidental loss of, or damage to, automobiles owned by the Insured and their equipment. If you are insured for "Loss of or Damage to Owned Automobiles", there is a \$1500 limit on non-factory installed electronic accessories and equipment.

Collision or Upset: Covers owned automobiles when involved in a collision with another object or tips over.

Comprehensive: Covers owned automobiles against loss or damage other than those covered by Collision or Upset, including falling or flying objects, missiles and vandalism in addition to the perils listed under Specified Perils. Coverage excludes theft from an open lot, except theft of the entire automobile.

Specified Perils: Covers owned automobiles against loss or damage caused by certain specific perils. They are: fire; theft or attempted theft; lightning, windstorm, hail or rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; or the stranding, sinking, burning, derailment, collision or upset of any railway care or watercraft in, or upon which the owned automobile is being transported. Coverage excludes theft from an open lot except theft of the entire automobile.

LIABILITY FOR DAMAGE TO A CUSTOMER'S AUTOMOBILE

Provides a selection of optional coverages for the Insured's legal liability for damage to customer' automobiles **while in the Insured's care, custody or control**. There is usually a deductible amount indicated for each coverage and this amount is either paid by the Insured toward the cost of repairs or is deducted from the loss settlement.

Collision or Upset: Covers the Insured's legal liability for damage to a customer's automobile when it is involved in a collision with another object or tips over.

Specified Perils: Covers the Insured's legal liability for loss of or damage to a customer's automobile caused by certain specific perils. They are: fire; theft or attempted theft; vandalism; lightning, windstorm, hail, rising water; earthquake; explosion; riot or civil disturbance; falling or forced landing of aircraft or parts of aircraft; the stranding, sinking, burning, derailment, or collision or upset of any railway car or watercraft in, or upon which the automobile is being transported.

Warning: The *Insurance Act* provides that where (a) an Applicant for a contract, (i) gives false particular of the described automobile to be insured to the prejudice of the Insurer, or (ii) knowingly misrepresents or fails to disclose in the application any fact required to be stated therein; or (b) the Insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim under the contract, a claim by the Insured, for other than such statutory accident benefits as are set out in the Statutory Accident Benefits Schedule, is invalid and the right of the Insured to recover indemnity is forfeited.

Warning – Offenses

It is an offence under the *Insurance Act* to knowingly make a false or misleading statement or representation to an Insurer in connection with the person's entitlement to a benefit under a contract of insurance, or to willfully fail to inform the Insurer of a material change in circumstances within 14 days, in connection with such entitlement. The offence is punishable on conviction by a maximum fine of \$100,000 for the first offence and a maximum fine of \$200,000 for any subsequent conviction.

It is an offence under the federal *Criminal Code* for anyone to knowingly make or use a false document with the intent it be acted on as genuine and the offence is punishable, on conviction, by a maximum of 10 years imprisonment.

It is an offence under the federal *Criminal Code* for anyone, by deceit, falsehood or other dishonest act, to defraud or to attempt to defraud an insurance company. The offence is punishable, on conviction, by a maximum of 10 years imprisonment for cases involving an amount over \$5,000 or otherwise a maximum of 2 years imprisonment.

RATING INFORMATION

1 TYPE OF OPERATION DEALERS

- * NEW & USED CARS
- * USED CARS EXCLUSIVELY
- * MOTORCYCLES
- * RECREATIONAL VEHICLES
- * SNOW VEHICLES
- * FARM IMPLEMENTS
- * BODY SHOP ONLY – CAR SALES? Y N
- * REPAIR GARAGE – CAR SALES Y N
- SERVICE STATION – SELF-SERVE? Y N
- OTHER – SPECIFY _____
- GAS BAR SELF-SERVE? Y N
- PARKING STATION SPECIFY } BY CUSTOMER
- STORAGE GARAGE OR VALET PARKING BY EMPLOYEE
- CAR WASH

e.g. MUFFLER SHOP, TIRE SHOP, ETC.

* GIVE DETAILS OF TYPES AND NUMBER OF AUTOMOBILES SOLD ANNUALLY AND COMPLETE DESCRIPTION OF OPERATIONS INCLUDING NUMBER OF YEARS IN BUSINESS.

HOW MANY LONG TERM LEASED AUTOMOBILES DOES THE NAMED INSURED LEASE TO OTHERS? _____

2 TOTAL NUMBER OF EMPLOYEES & PAYROLL

| | FULL TIME | PART TIME | ACTUAL FULL AMOUNT OF PAYROLL |
|----------------------------|-----------|-----------|-------------------------------|
| PAST YEAR | _____ | _____ | _____ |
| 1 ST PRIOR YEAR | _____ | _____ | _____ |
| 2 ND PRIOR YEAR | _____ | _____ | _____ |

3 SUMMARY OF ACTIVE AUTOMOBILES* OWNED BY INSURED

NOTE: * RENTING OR LEASING OF AUTOMOBILES TO OTHERS IS EXCLUDED, OTHER THAN SHOWN IN (iv) BELOW } COMPLETE APPLICATION FOR OWNER'S FORM (S.P.F. 1)

* IF AUTOMOBILES ARE LEASED BY THE INSURED FROM OTHERS THEY MUST BE INSURED ON A SEPARATE POLICY (S.P.F. 1) IN THE NAME OF THE LESSOR WITH AN S.P.F. 5

* TOWING SERVICES ALSO REQUIRE SEPARATE POLICY S.P.F. 1

| | NUMBER | | NUMBER |
|---|--------|---|--------|
| (i) (a) COMMERCIAL TOW TRUCKS STRICTLY INCIDENTAL TO A GARAGE OPERATION | _____ | (iv) COURTESY CARS (EXCLUSIVELY SUPPLIED TO CUSTOMERS WHOSE OWN VEHICLE IS BEING SERVICED REPAIRED OR AWAITING DELIVERY OF A NEW VEHICLE) | _____ |
| (b) PARTS & SERVICE TRUCKS | _____ | (v) MISCELLANEOUS AUTOMOBILES (i.e. MOTORCYCLES, MOTORHOMES, SHUTTLE BUSES, OTHERS –SPECIFY) | _____ |
| (ii) DEMONSTRATORS (VEHICLES USED FOR TEST DRIVES, INCLUDING SALESMEN'S CARS) | _____ | (vi) NUMBER OF DEALER PLATES HELD | _____ |
| (iii) AUTOS SUPPLIED (EXCLUDING DEMOS) FOR REGULAR AND FREQUENT USE OF | | (vii) LESS "PERMANENTLY" ATTACHED (IF COUNTED IN SECTIONS 1 to v) | _____ |
| (a) ACTIVE PARTNERS & FULL-TIME EMPLOYEES | _____ | | |
| (b) OTHERS (THESE PEOPLE SHOULD BE LISTED ON S.P.F.76 - SEE QUESTIONS 8B) | _____ | | |
| | | TOTAL OF ACTIVE OWNED AUTOMOBILES | _____ |
| | | PAST YEAR | _____ |
| | | 1 ST PRIOR | _____ |
| | | 2 ND PRIOR | _____ |

IF LESS THAN 5 AUTOMOBILES OWNED (EXCLUDING MOTORCYCLES, SNOWMOBILES, TRAILERS, ETC.), ATTACH A LIST OF ALL OWNED AUTOMOBILES INCLUDING YEAR, MAKE, MODEL & SERIAL NUMBER, USE AND DRIVERS

4 TYPES AND VALUES OF AUTOMOBILES

CARS, TRUCKS

OTHER

SPECIALIZED VEHICLES, RECREATIONAL, TANK TRUCK, ETC.

| | CARS, TRUCKS | | | | OTHER | | | |
|--------------------|--------------|-----|-----------|-----|-------|-----|-----------|-----|
| | OWNED | | CUSTOMERS | | OWNED | | CUSTOMERS | |
| | BLDG. | LOT | BLDG. | LOT | BLDG. | LOT | BLDG. | LOT |
| MAXIMUM UNIT VALUE | | | | | | | | |
| AVERAGE UNIT VALUE | | | | | | | | |
| MAXIMUM NUMBER | | | | | | | | |

5 WHERE LEGAL LIABILITY, SPECIFIED PERILS/COMPREHENSIVE COVERAGE IS REQUIRED FOR CUSTOMERS AUTOMOBILES, INDICATE THE MAXIMUM NUMBER AT EACH LOCATION.

| | | | | |
|----------|-----------|-----------|-----------|-----------|
| BUILDING | (A) _____ | (B) _____ | (C) _____ | (D) _____ |
| OPEN LOT | (A) _____ | (B) _____ | (C) _____ | (D) _____ |

6 WHERE ARE KEYS KEPT

DURING BUSINESS HOURS _____

AFTER BUSINESS HOURS _____

