



ESSEX INSURANCE COMPANY

DOL & GKLL APPLICATION

1. Name: _____
2. Address (Separate application for each location requiring coverage): _____
3. Nature of trade: _____
4. Number of years in business: _____
4. 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: \$ _____ Per Location: \$ _____ Per Policy: \$ _____
 - (F) Type of vehicles (truck, car and new or used): _____
 - (G) Number of dealer plates: _____
5. Nature of location (type building/open lots, surrounding environment - attach diagram): _____
6. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed):

8. Fire Protection Details (NB Town Class & If Bldg., Group 1 & 2 Fire & Contents Rate): _____
9. Loss experience - 3 years (list steps taken to prevent similar losses): _____
10. Prior insurance companies (cancelled or non-renewed): _____

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 Insurance Company until evidence of an insurance contract has been issued.