

**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 \_\_\_\_\_