

ROBERT W. SCHMIDT & COMPANY
3505 North 124th Street
Brookfield, WI 53005-2489

DOL & GKLL APPLICATION

- | | | |
|-------------------------------------------------|-----------------------------------------|---------------------------------------|
| <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 |

1. Name:
2. Mailing Address:
Physical Address (Separate application for each location requiring coverage):
3. Nature of trade:
4. Number of years in business:
5. 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:
6. Nature of location (type building/open lots, surrounding environment - attach diagram):
7. Protection details (alarms, enclosures, entrances/exits, attendants, protection, key security, lights, hours (open-closed): _____
8. 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.			
9. Prior insurance companies (cancelled or non-renewed):
10. Are test drives accompanied by an employee?
11. 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.