

**DEALERS OPEN LOT/GARAGE KEEPERS LEGAL  
LIABILITY INSURANCE QUOTE SHEET**

PLEASE MARK IF COVERAGE **A** OR **B** IS REQUIRED

- A.        DEALERS OPEN LOT INSURANCE
- B.        GARAGE KEEPERS LEGAL LIABILITY INSURANCE.
1.    NAME AND ADDRESS OF INSURED: \_\_\_\_\_  
\_\_\_\_\_
2.    DETAILS OF OPERATION: \_\_\_\_\_
3.    HOW MANY YEARS IN BUSINESS ? \_\_\_\_\_
4.    MAXIMUM NUMBER OF UNITS  
      THAT YOUR LOCATION WILL ACCOMMODATE: \_\_\_\_\_
5.    MAXIMUM NUMBER OF UNITS  
      ACTUALLY KEPT AT YOUR LOCATION: \_\_\_\_\_
6.    AVERAGE NUMBER OF UNITS  
      AT YOUR LOCATION: \_\_\_\_\_
7.    MAXIMUM VALUE PER UNIT:     \$ \_\_\_\_\_
8.    AVERAGE VALUE PER UNIT     \$ \_\_\_\_\_
9.    LIMIT REQUIRED ANY ONE UNIT   \$ \_\_\_\_\_
10.   LIMIT REQUIRED ANY ONE LOSS   \$ \_\_\_\_\_
11.   FULL PROTECTION INFORMATION INCLUDING LOT, LIGHTS, FENCES,  
      ALARMS, BUILDINGS, OVERNIGHT INFORMATION:
12.   5 YEAR LOSS RECORD:
13.   TYPE OF VEHICLES KEPT ON LOT:
14.   ESTIMATED PREMIUM DESIRED ?  
      IF INSURED HAS MORE THAN ONE LOCATION, PLEASE COMPLETE A SEPARATE SHEET FOR  
          EACH LOCATION