



# 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: \_\_\_\_\_
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: \$ \_\_\_\_\_ Per Location: \$ \_\_\_\_\_ Per Policy: \$ \_\_\_\_\_
  - (F) Type of vehicles (truck, car and new or used): \_\_\_\_\_ (  )New (  )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. 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 Essex Insurance Company until evidence of an insurance contract has been issued by Essex Insurance Company.**



**Delaware Valley Underwriting Agency, Inc.**

**ADDENDUM TO APPLICATION**

Insured's/Applicant's Name: \_\_\_\_\_

TO BE ATTACHED TO AND MADE A PART OF ALL APPLICATIONS

It is agreed that the following FRAUD STATEMENTS are attached to the application:

APPLICABLE IN THE STATE OF PENNSYLVANIA:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN THE STATE OF NEW YORK:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICABLE IN ALL OTHER STATES:

WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act which is a crime and subjects the person to criminal and (NY: substantial) civil penalties. (Not Applicable in CO, HI, NE, OH, OK, OR, IN, DC, LA, ME and VA insurance benefits may also be denied)

**I have read and accept the above (To be signed by the Insured/Applicant)**

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Insured/Applicant Signature

Date