

Daimler Truck Financial Services Floorplan Insurance Program Application of Insurance

*** Note: Coverage is not effective until authorized in writing by Marsh Canada Limited ***

CHOOSE ONE OF THE FOLLOWING

<input type="checkbox"/> New Application	<input type="checkbox"/> Request for Change in Coverage Current Certificate #	<input type="checkbox"/> Change in Information Only Current Certificate #	Coverage Requested <input type="checkbox"/> CDN\$ <input type="checkbox"/> US\$
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DEALERSHIP INFORMATION

Legal Name		Dealership Name	
Contact Name	Contact's Title	Contact's Email Address	
Dealership Group Affiliate (if any)		Telephone	Fax
Dealership Address			
City	Province	Postal Code	
Brands Represented			

DAIMLER TRUCK FINANCIAL

District Finance Manager	Transit Number (if applicable)
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COVERAGES PROVIDED – FLOORPLANNED UNITS ONLY

Comprehensive Coverage Deductible \$1,000 per unit, \$5,000 per occurrence	Collision Coverage Deductible \$1,000 per unit
Desired effective date of coverage (mm/dd/yyyy)	

FINANCED INVENTORY DETAILS

	Location 1	Location 2	Location 3
Are all vehicles usually kept at the dealership location identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address as per above		
If not, identify alternate storage addresses below and the percentage of total inventory normally kept at each address.	%	%	%
Maximum Value of "floorplanned" inventory	\$	\$	\$
Average Value of "floorplanned" inventory	\$	\$	\$
Maximum Number of vehicles	#	#	#
Average Number of vehicles	#	#	#
Average Number of units normally stored Indoors	#	#	#
# of units valued at \$250,000 or greater	#	#	#

ADDITIONAL LOCATION INFORMATION

Location 2 (Address):

Location 3 (Address):

SECURITY DETAILS

***** Note: If material changes to security are made after insurance is effected underwriters must be notified promptly *****

	Location 1	Location 2	Location 3
Is the storage compound fully enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, what % is enclosed?	%	%	%
Is the compound equipped with security gates?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the compound equipped with steel-clad posts anchored in concrete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What protection is employed, if not posting and gates (ie. fencing, ditch, landscaping boulders)?			
When was the protection installed?			
Is a guard service in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it overnight on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overnight mobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date service commenced?			
Is a Video Surveillance System installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date system / service installed?			
Is there both interior and exterior cameras?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 hour service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-hours only?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are signs posted advising of surveillance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system connected to a central monitoring station?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the system equipped with motion detection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a key security product in place for the management of keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is it computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please provide comment on key practices.			
Date system installed?			
If No, are keys stored in a closet away from public access?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the closet locked at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees with key access subject to Criminal Record checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees who drive vehicles subject to MVR review annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are vehicle tracking devices used (ie. GPS, window etching)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Please provide additional information concerning security at your dealership.

CLAIMS HISTORY

Please submit a loss history report representing a minimum of 3 years.
Final terms will be subject to receipt and review of the above requested loss history report.

AGREEMENT

By signing below, the dealer:

1. Applies for Floorplan Insurance Coverage under the Master Policy ("Policy") underwritten by Allied World Specialty Insurance Company (the "Insurer");
2. Warrants that the information provided herein is complete and accurate;
3. Authorizes Daimler Truck Financial to debit the insurance premiums at the rate in effect (and tax, if applicable) to the Dealer's account as of the effective date required and to pay the applicable premiums to the Insurer. The Dealer's obligation to pay the premiums is not affected if Daimler Truck Financial is unable for any reason to debit the Dealer's Account for the premiums when they are due;
4. Understands that coverage is subject to acceptance by the Insurers and that Daimler Truck Financial is not, for any purpose, an agent of the Insurers and that no Daimler Truck Financial employee has the authority to negotiate, amend or waive any Policy condition;
5. Authorizes all previous Insurers to release loss experience to Marsh Canada Limited, and/or the Insurers;
6. Understands that coverage, if accepted by the Insurers, will pply to such eligible vehicles as are described in the policy and stated on the individual Dealer's Certificate of Insurance.

DECLARATION & PRIVACY AGREEMENT

Program Disclosure: Your (Business Package or Product) coverages will be placed with a program administered by Marsh Canada Limited. Marsh Canada Limited has engaged in a competitive marketing process to offer a competitive product. We have negotiated this Program (Business Package) on a group basis with insurers but we have not acted as a broker for any individual participant.

This Program may be for a term of several years and may not be negotiated annually.

Privacy: Have you read Marsh's Privacy Policy which is available at www.marsh.ca? Do you consent to the collection, use, disclosure and retention of your Personal Information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the statements above.

SIGNATURE

Name	Signature
Title	
Date (mm/dd/yyyy)	