

GARAGE - VALET SERVICE SUPPLEMENTAL
COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. If not applicable, indicate N/A.

GENERAL INFORMATION

1)

Named Insured:			
Brokerage/Broker:			Agency/Agent:
Renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Policy Number:
Effective Date:			
Website:			

2)

Current Carrier Information:

Carrier:			
Limit of Insurance:			
Deductible:			
Premium:			
Offering renewal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Please attach copies of the following:

- a) Currently valued five year loss runs, including claim detail for all losses open or exceeding \$15,000
- b) A detailed description of your operations, brochures, etc. if a website is not available
- c) A table of all drivers and their respective MVRs and age

3)

Mailing Address: _____
 City: _____ State: _____ Zip Code: _____

4)

Years this business entity has been operational: _____ Years of experience in this field: _____

5)

Years this business has held Garage Liability (or any other insurance related to valet ops): _____

6)

What are the number of full time and part time employees? FT _____ PT _____

7)

Please complete the following table for your receipts, vehicles, and estimated miles driven:

	Revenue	Number of Vehicles Parked
Next 12 Months		
Last 12 Months		
1st Prior Year		

OPERATIONAL INFORMATION

Loc	Name, Address, Description of Establishment	Site Info	Garagekeepers	Additional Info
1)	Name _____ Address: _____ _____ Description of Establishment _____ _____	On-Street Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> On-Street Driving: Yes <input type="checkbox"/> No <input type="checkbox"/> Off-Site Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> *If Yes: Address _____ Distance From Podium _____	Lot Aggregate Limit _____ Each Vehicle Limit _____ Deductible: _____	Hours: _____ Days: _____ # of Valet Spaces: _____ Self-Park Separated: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> # of Self Park Spaces _____
2)	Name _____ Address: _____ _____ Description of Establishment _____ _____	On-Street Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> On-Street Driving: Yes <input type="checkbox"/> No <input type="checkbox"/> Off-Site Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> *If Yes: Address _____ Distance From Podium _____	Lot Aggregate Limit _____ Each Vehicle Limit _____ Deductible: _____	Hours: _____ Days: _____ # of Valet Spaces: _____ Self-Park Separated: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> # of Self Park Spaces _____
3)	Name _____ Address: _____ _____ Description of Establishment _____ _____	On-Street Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> On-Street Driving: Yes <input type="checkbox"/> No <input type="checkbox"/> Off-Site Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> *If Yes: Address _____ Distance From Podium _____	Lot Aggregate Limit _____ Each Vehicle Limit _____ Deductible: _____	Hours: _____ Days: _____ # of Valet Spaces: _____ Self-Park Separated: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> # of Self Park Spaces _____
4)	Name _____ Address: _____ _____ Description of Establishment _____ _____	On-Street Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> On-Street Driving: Yes <input type="checkbox"/> No <input type="checkbox"/> Off-Site Parking: Yes <input type="checkbox"/> No <input type="checkbox"/> *If Yes: Address _____ Distance From Podium _____	Lot Aggregate Limit _____ Each Vehicle Limit _____ Deductible: _____	Hours: _____ Days: _____ # of Valet Spaces: _____ Self-Park Separated: Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> # of Self Park Spaces _____



- 8) Do you utilize a 3 Part Ticketing system? (car, customer, keys)? Yes No
 a. Where are customer keys held? _____
- 9) Are you the owner of any of the scheduled locations? Yes No
 a. If yes, which locations? _____
 b. Is Commercial General Liability coverage in force? Yes No
- 10) Do you hire employees under the age of 25? Yes No
 a. Under 21? Yes No
- 11) Are on-site/premise lots manned by an attendant when opened? Yes No
- 12) Are off-site lots manned by an attendant or fenced and gated for controlled access? Yes No NA
- 13) What is the average value of vehicle parked at your facility? _____
- 14) What is the maximum value of vehicle parked at your facility? _____
- 15) Is any of your parking considered long-term or storage parking? Yes No
 a. If yes, how long do you permit customers to store their vehicle without being operated? _____
- 16) Do you review MVRs for all employees who are permitted to drive customer vehicles on a no less than annual basis? Yes No
- 17) Do you provide shuttle or van type services? Yes No
- 18) Do you have any owned autos (shuttles, etc.)? Yes No
 a. If yes, are these autos insured separately? Yes No
- 19) Is your parking facility on airport grounds or an airport "park and fly" lot? Yes No
- 20) Do you operate any vehicle lifts or elevators? Yes No
 a. Are all lifts/elevators routinely inspected by independent third parties? Yes No
 b. When was the lift/elevator equipment originally installed? _____
 c. Are lifts/elevators in an enclosed deck or building? Yes No
 d. What is the maximum vehicle weight this equipment can accommodate? _____
- 21) Are employees instructed to turn off the engine and remove the keys from the ignition of any vehicle with an interlock device before returning the keys to the customer? Yes No
- 22) Are employees instructed to refuse to return keys to a visibly intoxicated customer? Yes No
 a. Do you have an agreement with a cab or black car service to offer pick-up and next day drop-off to intoxicated customers, whether gratis or for a fee? Yes No
 b. Are employees encouraged to call law enforcement if an intoxicated customer becomes belligerent? Yes No

SAFETY AND SECURITY INFORMATION

- 23) If you offer valet, are customers permitted to enter the parking area? Yes No
- 24) Do you have any dogs on premise? Yes No
- 25) Do you have any firearms on premise? Yes No



- 26) How are customer vehicles secured? Check all that apply:
- | | | |
|---|---|---|
| <input type="checkbox"/> Gated Deck Access | <input type="checkbox"/> Walled and Gated Lot | <input type="checkbox"/> Fenced and Gated Lot |
| <input type="checkbox"/> Open Lot | <input type="checkbox"/> Security Cameras | <input type="checkbox"/> Motion Detection |
| <input type="checkbox"/> Lot High-Intensity Lighting | <input type="checkbox"/> Patrol Vehicles | <input type="checkbox"/> Security Station |
| <input type="checkbox"/> Other (please describe): _____ | | |
- 27) Do you allow overnight parking? Yes No
- a. If no, are customers informed of this with clear signage at entrance and within the parking area(s)? Yes No
- b. What is your protocol for vehicles left in the lot after closing time?

- 28) Do you have a written employee handbook or formal safety guidelines? Yes No
- a. How frequently are safety meetings held? _____

LOSS EXPERIENCE

- 29) Do you know of any incidents not currently reported to insurance that may result in a claim against you? **If yes, please attach an explanation.** Yes No
- 30) Have any of your employees even been at-fault for an accident resulting in damages to a third party or a customer vehicle which you settled outside of insurance? **If yes, please attach an explanation.** Yes No
- a. Was the accident reported to law enforcement? Yes No
- b. Did you have a commercial motor vehicle or garage policy in-force at the time of the accident? Yes No
- 31) Have you ever had an incident resulting to physical damage to a customer vehicle(s) that was not reported to your insurance carrier? Yes No
- a. If yes, please attach a description of the incident(s) and why it was not reported (or ineligible for coverage) to your insurance carrier.
- 32) During the past five years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for nonpayment of premium by any insurance or finance company. **If yes, please attach an explanation.** Yes No
- 33) Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective products or work, product failure, premise related bodily injury or property damage) arising out of or related to your garage operations that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? **If yes, please attach an explanation.** Yes No



FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other 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 \$5,000 and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 civil penalties.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.



All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____

FEIN #: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

