



8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 877-585-2853 • Fax 877-585-2854

**VALET PARKING
 SERVICE**

I. General Information

Proposed effective date: _____

Applicant's name: _____

Applicant's mailing address: _____

City: _____ State: _____ Zip: _____

Email: _____ County: _____

Business telephone number: _____ Fax: _____

Physical location of business (if different): _____

Population within 50 miles: _____

Other locations used:

Physical address: _____

City: _____ State: _____ Zip: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Please list any other names the business is or has been known by: _____

Contact person: _____ Producer's name: _____

Detailed description of business activities (specifically, and by location): _____

Is this a new business? Yes No If no, how many years have you been in business? _____

Applicant is a(n): Individual Corporation Partnership Joint Venture Other: _____

Annual payroll: \$ _____ Total number of employees: _____ Full-time: _____ Part-time: _____

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services? Yes No

If yes, please tell us:

Employee name: _____

Email: _____ Business telephone: _____

Fax: _____ Years with company: _____

Employee's responsibilities: _____

II. Insurance History

Who is your current insurance carrier (or your last if no current provider)? _____

Provide names for all insurance companies that have provided applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the applicant or any predecessor ever had a claim? Yes No

Attach a five-year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or wrongful act which might give rise to a claim covered by this policy, prior to the inception of this policy? Yes No

If yes, please explain: _____

Has the applicant, or anyone on the applicant's behalf, attempted to place this risk in standard markets? Yes No

If the standard markets are declining placement, please explain why: _____

III. Desired Insurance

Per Act/Aggregate OR Per Person/Per Act/Aggregate

<input type="checkbox"/>	\$50,000/\$100,000	<input type="checkbox"/>	\$25,000/\$50,000/\$100,000
<input type="checkbox"/>	\$150,000/\$300,000	<input type="checkbox"/>	\$75,000/\$150,000/\$300,000
<input type="checkbox"/>	\$250,000/\$1,000,000	<input type="checkbox"/>	\$100,000/\$250,000/\$1,000,000
<input type="checkbox"/>	\$500,000/\$1,000,000	<input type="checkbox"/>	\$250,000/\$500,000/\$1,000,000
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

Self-Insured Retention (SIR): \$1,000 (Minimum) \$1,500 \$2,500 \$5,000 \$10,000

GKLL - Garage Keepers Legal Liability Limits

- Specified Causes of Loss (fire, theft, explosion, mischief and vandalism): \$1,000 deductible for each covered auto
- Collision: \$1,000 deductible for each covered auto

	Average number of vehicles at any one time	Maximum number of vehicles at any one time	Average value per vehicle	Maximum value per vehicle
Location 1			\$	\$
Location 2			\$	\$
Location 3			\$	\$

IV. Business Activities

1. Total annual payroll: \$ _____

	Number	Estimated Annual Gross Payroll
Licensed Drivers		\$
Office Employees		\$
Salesmen		\$
Repair Service Employees		\$
Other Service Employees		\$

2. How many vehicles parked last year? _____ This year? _____

3. Do you have Interstate Commerce Commission (ICC) Authority or state towing service company filings? Yes No

4. Do you loan vehicles to customers? Yes No
5. Please answer the following:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is a private gate or an alarm system used where the cars are parked?
<input type="checkbox"/>	<input type="checkbox"/>	Are attendants or night watchmen employed at the car parking area?
<input type="checkbox"/>	<input type="checkbox"/>	Are dogs on the premises?
<input type="checkbox"/>	<input type="checkbox"/>	If parked inside is building sprinkler protected?
<input type="checkbox"/>	<input type="checkbox"/>	Is lot completely floodlighted at night?
<input type="checkbox"/>	<input type="checkbox"/>	Does member operate towing vehicles?

6. Special Note: If commercial vehicle coverage is provided, it is understood and agreed that prior to coverage being provided and agreed to, the program underwriter will require the following:
- a. An MVR for each driver to be insured. This is a "named driver" coverage contract. Only qualified and listed drivers are covered under the insurance coverage provided.
 - b. A copy of the Driver's Employment Application will accompany the MVR supplied.
 - c. A medical exam and drug testing report may be required. If so, the reports must be submitted to the program underwriter for each driver authorized. Special medical testing laboratories and mobile life insurance exam clinics are considered acceptable reports.
 - d. Maintain a file identifying inspection, repairs and services rendered on any vehicles damaged.
 - e. No drivers under the age of 21 or over the age of 67 will be permitted.

7. Do you hire sub-contractors? Yes No

If yes,

- a. Do you require certification and evidence of LIABILITY insurance from sub-contractors? Yes No
- b. Do you require evidence of Workers Compensation insurance from sub-contractors? Yes No
- c. Gross annual receipts from work sub-contracted out: \$ _____
- d. Explain type of work you sub-contracted out: _____

8. What percent of your total gross is collected from:

	Percentage	Amount Collected
Restaurants	%	\$
Night clubs	%	\$
Plays, movies, concerts or within artist type buildings	%	\$
Concert, open air	%	\$
Indoor or outdoor sporting events (like Baseball, Football, Basketball, Tennis, Golf, Soccer, and other spectator sport activities)	%	\$
Any other valet services not listed above (weddings, anniversaries, funerals, etc.)	%	\$

9. Operations—Please answer the following:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Is any owned vehicles used for plowing of snow for others?
<input type="checkbox"/>	<input type="checkbox"/>	Are all accidents investigated?
<input type="checkbox"/>	<input type="checkbox"/>	Are customers required to shut off engines before attendants take vehicle?
<input type="checkbox"/>	<input type="checkbox"/>	Is "No Smoking" a policy of the company while in clients' cars?
<input type="checkbox"/>	<input type="checkbox"/>	Are service warranties provided to companies' clients?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a full-time manager on duty at all operations?

10. Number of clients under contract: # _____

11. Normal working hours: _____ a.m. to _____ p.m.

Special Note: Coverage has been specifically declined and rejected by the first Named Insured Association for uninsured motorist protection/underinsured motorist protection, and personal injury protection. If coverage is mandatory in the state where the vehicle is operated, coverage will be provided equal only to the minimum limit of coverage required by the financial responsibility and/or no fault state laws.

12. List all locations owned or from which you operate (use separate sheet if necessary).

Please list address, City, State, and description of use. Show main location as No. 1.

	Number and Street	City	County	State	Zip Code
Loc. 1					
Loc. 2					
Loc. 3					

13. Lots

a. If autos are outside, is lot a protected lot that is completely enclosed by a chain link fence or chain and posts not more than four feet apart? Yes No

b. Is lot completely enclosed by a chain link fence or chain and posts not more than six feet apart? Yes No

c. Is lot completely floodlighted? Yes No
Please explain: _____

d. Do you use guard dogs? Yes No
Please explain: _____

e. Is there police or other protection? Yes No
Please explain: _____

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: _____

Dated: _____

Applicant: _____

Agent/Broker: _____

Signature: _____

Signature: _____