



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
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Chicago Office
 303 W. Madison Street Suite 2075
 Chicago, IL 60606
 800-456-4576 • Fax 888-408-8081

VALET PARKING SERVICE

1. General Information

Proposed Effective Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: _____ Fax: _____

Physical Location of Business (if different): _____

Population within 50 miles: _____ Applicant's SS# or FEIN: _____

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: 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: _____

E-Mail: _____ Business Telephone No.: _____

Fax: _____ Years with Company: _____

Employee's Responsibilities: _____

2. Insurance History

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

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

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

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 Questions—Please answer the following:

Yes	No	
<input type="radio"/>	<input type="radio"/>	Is any owned vehicles used for plowing of snow for others?
<input type="radio"/>	<input type="radio"/>	Are all accidents investigated?
<input type="radio"/>	<input type="radio"/>	Are customers required to shut off engines before attendants take vehicle?
<input type="radio"/>	<input type="radio"/>	Is “No Smoking” a policy of the Company while in clients cars?
<input type="radio"/>	<input type="radio"/>	Are service warranties provided to companies clients?
<input type="radio"/>	<input type="radio"/>	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 Location(s) 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.

Dated: _____

Dated: _____

Applicant:

Agent/Broker:

Signature

Signature

Print Name

Print Name