

**National Casualty Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Insurance Company**  
Home Office: One Nationwide Plaza  
Columbus, Ohio 43215  
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Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

### VALET PARKING GARAGE APPLICATION

Proposed Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Web Address (If any): \_\_\_\_\_ FEIN: \_\_\_\_\_

Inspection/Audit Contact Name and Telephone Number: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Years of experience in valet parking services: \_\_\_\_\_

Have you ever operated a garage business under another name?.....  Yes  No

If yes, explain: \_\_\_\_\_

Business Entity:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Describe your Operations: \_\_\_\_\_

Do you engage in any other operations? .....  Yes  No

If yes, explain: \_\_\_\_\_

### GENERAL INFORMATION

1. What are your normal business hours? \_\_\_\_\_

2. What are your total gross receipts for all locations?..... \$ \_\_\_\_\_

3. Do you perform any directing of traffic at any location? .....  Yes  No

If no, is directing of traffic subbed out? .....  Yes  No

If yes, describe: \_\_\_\_\_

4. Do you use anything other than a 2- or 3-part ticket system at any location? .....  Yes  No

If yes, describe: \_\_\_\_\_

5. Is overnight parking allowed at any location? .....  Yes  No

If yes, how are customers' keys kept secure after valet hours? \_\_\_\_\_

- 6. Does the establishment assume liability when customer keys are relinquished to the establishment? .....  Yes  No
- 7. Do you refuse to give keys to an obviously intoxicated person?.....  Yes  No
- 8. Describe your hiring practices and employee control: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LOCATION INFORMATION**

- 9. Name of business for which you provide valet parking services: \_\_\_\_\_  
 Address of business for which you provide valet parking services: \_\_\_\_\_  
 Type of establishment for which you provide valet parking services: \_\_\_\_\_  
 Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No  
 If yes, do you have a certificate of insurance on file? .....  Yes  No  
 Is there a contract in place between establishment and valet service? .....  Yes  No
- 10. Number of valet parking spaces reserved: ..... \_\_\_\_\_  
 What is the average value per vehicle parked? ..... \_\_\_\_\_  
 What is the maximum value per vehicle parked? ..... \_\_\_\_\_
- 11. Is the parking lot on the premises of the establishment? .....  Yes  No  
 If no:  
 How far away is the lot? \_\_\_\_\_  
 What is the address of the lot? \_\_\_\_\_  
 Do you cross any public streets that are more than two lanes wide? .....  Yes  No  
 Are parked vehicles within 1,000 feet of the attendant? .....  Yes  No  
 Is the lot attended at all times? .....  Yes  No
- 12. Are customers' vehicles parked on a street? .....  Yes  No
- 13. Where are the customers' keys kept? \_\_\_\_\_
- 14. Is self-parking permitted in the same lot? .....  Yes  No  
 If yes, describe how valet parking area is designated and kept separate from self-parking: \_\_\_\_\_  
 \_\_\_\_\_
- 15. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 16. Do you provide valet parking services for special events away from these premises? .....  Yes  No  
 If yes, complete a separate supplemental application for each event and location.

**INSURANCE HISTORY**

- 17. Has your insurance been cancelled or non-renewed within the last three years? (Not applicable in Missouri) .....  Yes  No
  - a. If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
  - b. A minimum of a three-year history is required. If three-year history is unavailable, explain: \_\_\_\_\_  
 \_\_\_\_\_

<b>Current Carrier</b>	<b>Eff. Date</b>	<b>Exp. Date</b>	<b>Policy Premium</b>
			\$
<b>Prior Carrier</b>	<b>Eff. Date</b>	<b>Exp. Date</b>	<b>Policy Premium</b>
			\$
<b>Prior Carrier</b>	<b>Eff. Date</b>	<b>Exp. Date</b>	<b>Policy Premium</b>
			\$

<b>Date of Loss</b>	<b>Amount</b>	<b>Description of Loss</b>
	\$	
	\$	
	\$	
	\$	

**DRIVER INFORMATION**

18. List ALL Owners, Employees and Drivers/Contract Drivers:

(Full Time = over twenty [20] hours/week)

<b>Name</b>	<b>DOB</b>	<b>Driver's License No.</b>	<b>State of DL</b>	<b>CDL?</b>		<b>Furnished Auto? Y/N</b>	<b>Works at Loc. No.</b>	<b>Violations and Accidents Past Three Years</b>	<b>Full or Part Time</b>	<b>Job Title/ Duties</b>
				<b>Y/N</b>	<b>Class</b>					

**COVERAGES REQUESTED**

19. Check applicable box(es):

GARAGE LIABILITY:

Each Accident Limit: \$ \_\_\_\_\_ Aggregate Limit:  1x  2x  3x

Deductible: ..... \$ \_\_\_\_\_

MEDICAL PAYMENTS: Applicable to:  Garage Operations  Autos  Both  
 Limits:  \$500  \$1,000  \$2,500  \$5,000

UNINSURED MOTORIST: \$ \_\_\_\_\_ PERSONAL INJURY PROTECTION: \$ \_\_\_\_\_

ADDITIONAL INSURED: \_\_\_\_\_  
 Address: \_\_\_\_\_

Explain the relationship between the Named Insured and the Additional Insured: \_\_\_\_\_

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):  
 Legal Liability  Direct Primary  
 Maximum Limit Per Vehicle:.....\$ \_\_\_\_\_  
 Causes of Loss:  Specified Causes w/Collision  Comprehensive w/Collision  
 Total Limits: Location No. 1: .....\$ \_\_\_\_\_  
 Deductibles: Specified Causes or Comprehensive Deductible:.....\$ \_\_\_\_\_  
 Collision Deductible:.....\$ \_\_\_\_\_  
 Maximum Deductible Per Loss:.....\$ \_\_\_\_\_

SPECIFICALLY DESCRIBED AUTOS:

Vehicle No.	Year	Make	Body Type	VIN	ACV	GVW
1						
2						
3						

Vehicle No.	Radius	Personal Service or Commercial Use?	Filings Required		Coverages Desired? Y/N			Loss Payee
			Yes/No	State/Federal	Liability	Physical Damages	Other	
1								
2								
3								

**ADDITIONAL COVERAGES REQUESTED**

20. Check applicable box(es):

- Personal Injury Liability
- Damage To Rented Premises Liability:  \$50,000  \$100,000  \$300,000
- Broadened Coverage (Includes Personal Injury Liability and Damage To Rented Premises):  
 \$50,000  \$100,000  \$300,000

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This application does not bind the applicant or the Company to an agreement. However, the information stated on the application shall be the basis of the contract should a policy be issued. The application does not provide coverage or limits and may reflect different coverages or limits than offered by the Company.

**FRAUD WARNING:** 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 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

**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 policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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 insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully 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 MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

**NOTICE TO RHODE ISLAND 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.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** 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.

**NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING:** 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 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.

**NEW YORK AUTOMOBILE FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized owner, partner or executive officer)

RETAIL AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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### VALET PARKING ADDITIONAL LOCATIONS SUPPLEMENTAL APPLICATION

Named Insured: \_\_\_\_\_ DBA: \_\_\_\_\_

LOCATION NO.: \_\_\_\_\_

1. Name of business for which you provide valet parking services: \_\_\_\_\_  
Address of business for which you provide valet parking services: \_\_\_\_\_  
Type of establishment for which you provide valet parking services: \_\_\_\_\_  
Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No  
If yes, do you have a certificate of insurance on file? .....  Yes  No  
Is there a contract in place between establishment and valet service? .....  Yes  No
2. Number of valet parking spaces reserved: ..... \_\_\_\_\_  
What is the average value per vehicle parked? ..... \_\_\_\_\_  
What is the maximum value per vehicle parked? ..... \_\_\_\_\_
3. Is the parking lot on the premises of the establishment? .....  Yes  No  
If no:  
How far away is the lot? \_\_\_\_\_  
What is the address of the lot? \_\_\_\_\_  
Do you cross any public streets that are more than two lanes wide? .....  Yes  No  
Are parked vehicles within 1,000 feet of the attendant? .....  Yes  No  
Is the lot attended at all times? .....  Yes  No
4. Are customers' vehicles parked on a street? .....  Yes  No
5. Where are the customers' keys kept? \_\_\_\_\_
6. Is self-parking permitted in the same lot? .....  Yes  No  
If yes, describe how valet parking area is designated and kept separate from self-parking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION NO.:** \_\_\_\_\_

1. Name of business for which you provide valet parking services: \_\_\_\_\_  
Address of business for which you provide valet parking services: \_\_\_\_\_  
Type of establishment for which you provide valet parking services: \_\_\_\_\_  
Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No  
If yes, do you have a certificate of insurance on file? .....  Yes  No  
Is there a contract in place between establishment and valet service? .....  Yes  No
2. Number of valet parking spaces reserved: ..... \_\_\_\_\_  
What is the average value per vehicle parked? ..... \_\_\_\_\_  
What is the maximum value per vehicle parked? ..... \_\_\_\_\_
3. Is the parking lot on the premises of the establishment? .....  Yes  No  
If no:  
How far away is the lot? \_\_\_\_\_  
What is the address of the lot? \_\_\_\_\_  
Do you cross any public streets that are more than two lanes wide? .....  Yes  No  
Are parked vehicles within 1,000 feet of the attendant? .....  Yes  No  
Is the lot attended at all times? .....  Yes  No
4. Are customers' vehicles parked on a street? .....  Yes  No
5. Where are the customers' keys kept? \_\_\_\_\_
6. Is self-parking permitted in the same lot? .....  Yes  No  
If yes, describe how valet parking area is designated and kept separate from self-parking: \_\_\_\_\_  
\_\_\_\_\_
7. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION NO.:** \_\_\_\_\_

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Address of business for which you provide valet parking services: \_\_\_\_\_  
Type of establishment for which you provide valet parking services: \_\_\_\_\_  
Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No  
If yes, do you have a certificate of insurance on file? .....  Yes  No  
Is there a contract in place between establishment and valet service? .....  Yes  No
2. Number of valet parking spaces reserved: ..... \_\_\_\_\_  
What is the average value per vehicle parked? ..... \_\_\_\_\_  
What is the maximum value per vehicle parked? ..... \_\_\_\_\_
3. Is the parking lot on the premises of the establishment? .....  Yes  No  
If no:  
How far away is the lot? \_\_\_\_\_  
What is the address of the lot? \_\_\_\_\_  
Do you cross any public streets that are more than two lanes wide? .....  Yes  No



Are parked vehicles within 1,000 feet of the attendant?.....  Yes  No

Is the lot attended at all times?.....  Yes  No

4. Are customers' vehicles parked on a street? .....  Yes  No

5. Where are the customers' keys kept? \_\_\_\_\_

6. Is self-parking permitted in the same lot?.....  Yes  No

If yes, describe how valet parking area is designated and kept separate from self-parking: \_\_\_\_\_

\_\_\_\_\_

7. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCATION NO.:** \_\_\_\_\_

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Address of business for which you provide valet parking services: \_\_\_\_\_

Type of establishment for which you provide valet parking services: \_\_\_\_\_

Will the establishment provide you with a Commercial General Liability certificate of insurance? .....  Yes  No

If yes, do you have a certificate of insurance on file?.....  Yes  No

Is there a contract in place between establishment and valet service? .....  Yes  No

2. Number of valet parking spaces reserved:..... \_\_\_\_\_

What is the average value per vehicle parked? ..... \_\_\_\_\_

What is the maximum value per vehicle parked? ..... \_\_\_\_\_

3. Is the parking lot on the premises of the establishment? .....  Yes  No

If no:

How far away is the lot? \_\_\_\_\_

What is the address of the lot? \_\_\_\_\_

Do you cross any public streets that are more than two lanes wide? .....  Yes  No

Are parked vehicles within 1,000 feet of the attendant?.....  Yes  No

Is the lot attended at all times?.....  Yes  No

4. Are customers' vehicles parked on a street? .....  Yes  No

5. Where are the customers' keys kept? \_\_\_\_\_

6. Is self-parking permitted in the same lot?.....  Yes  No

If yes, describe how valet parking area is designated and kept separate from self-parking: \_\_\_\_\_

\_\_\_\_\_

7. Describe any and all theft, vandalism and fire protection at the lot: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DRIVER INFORMATION

List ALL Owners, Employees and Drivers/Contract Drivers:

(Full Time = over twenty [20] hours/week)

Name	DOB	Driver's License No.	State of DL	CDL?		Furnished Auto? Y/N	Works at Loc. No.	Violations and Accidents Past Three Years	Full or Part Time	Job Title/ Duties
				Y/N	Class					

### COVERAGES REQUESTED

GARAGEKEEPERS (Coverage for customers' vehicles while in your care, custody and control):

Total Limits: Location No. \_\_\_\_\_ : ..... \$ \_\_\_\_\_

Deductibles: Specified Causes or Comprehensive Deductible: ..... \$ \_\_\_\_\_

Collision Deductible: ..... \$ \_\_\_\_\_

Maximum Deductible Per Loss: ..... \$ \_\_\_\_\_

Total Limits:	Location No. _____:	\$ _____
Deductibles:	Specified Causes or Comprehensive Deductible:	\$ _____
	Collision Deductible:	\$ _____
	Maximum Deductible Per Loss:	\$ _____
Total Limits:	Location No. _____:	\$ _____
Deductibles:	Specified Causes or Comprehensive Deductible:	\$ _____
	Collision Deductible:	\$ _____
	Maximum Deductible Per Loss:	\$ _____
Total Limits:	Location No. _____:	\$ _____
Deductibles:	Specified Causes or Comprehensive Deductible:	\$ _____
	Collision Deductible:	\$ _____
	Maximum Deductible Per Loss:	\$ _____

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APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Authorized owner, partner or executive officer)

RETAIL AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRODUCER'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_