

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
Adm. Office: 8877 North Gainey Center Drive
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: _____

Current Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$
Prior Carrier	Eff. Date	Exp. Date	Policy Premium
			\$

Date of Loss	Amount	Description of Loss
	\$	
	\$	
	\$	
	\$	

DRIVER INFORMATION

18. 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

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: _____

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Type of establishment for which you provide valet parking services: _____
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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: _____

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:	\$ _____
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	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: _____