

Garage & Auto Dealer Application is required in addition to this Supplemental

ALL QUESTIONS MUST BE ANSWERED IN FULL, SIGNED AND DATED BY THE APPLICANT.

Name of Applicant (include DBA): _____

	Establishment Name and Complete Address	Parking Lot (if different than drop-off location)	Number of Parking Spaces	Hours & Days of Operation
1	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____
2	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____
3	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____
4	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____
5	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____
6	Name: _____ Address: _____ _____	Name: _____ Address: _____ _____	Valet: _____ Self-Park: _____	_____ _____ _____

UNDERWRITING INFORMATION

Average value per single Auto: \$ _____ Maximum value per single Auto: \$ _____

Are you the owner of the premises?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, is Commercial General Liability coverage in place?

Do you provide parking lot maintenance? **If yes, provide copy of contract & details below.**

Do you provide snow / ice removal? **If yes, provide copy of contract & details below.**

Do you provide security / guard service? **If yes, provide copy of contract & details below.**

Are you requesting Liability coverage for self-parked autos? **If yes, provide receipts: \$ _____**

Do you park Customer's Autos on the street? **If yes, provide location # : _____**

Do you drive Customer's Autos on, or across any public street? **If yes, provide location # : _____**

Do you utilize at least a 3 part ticket system (Keys, Car & Customer)?

Are keys secured in a locked cabinet, or attended by an employee at all times?

Do you offer valet parking for special events, or locations not listed above?

If yes, approximately how many special events per year & describe types:

ADDITIONAL INFORMATION

Witness

Date

Applicant's Signature