

8. How many special events do you expect to handle during next policy term? (Count each day of multiple-day events as one event.)
 Self-parking special events _____ Valet-parking special events _____

9. How many of your employees are affiliated with your parking operations?
 Full-time _____ Part-time _____

10. Do you keep customers' keys in a protected area, such as a lockbox or separate room? Yes No

a. Do you keep this protected area locked at all times? Yes No

b. Is an employee always in the immediate vicinity of this protected area? Yes No

11. If you do not keep customers' keys locked in a protected area, such as a lockbox or separate room, OR if an employee is not always in the immediate vicinity of that protected area, describe how you protect customers' keys.

12. What type of ticket system do you use?
 2-part 3-part 4-part Other: _____

13. Provide the following breakdown of where you park customer vehicles.

Where Customer Vehicles Are Parked	Percentage of All Vehicles Parked
At location where received	%
On public streets	%
At another location (other than public streets)	%

14. Do you pick up or deliver customer vehicles away from where you park them for any reason other than parking? If so, provide details (for example, "take vehicles to a repair facility" or "take vehicles out for refueling"). Yes No

15. Do you ever drive customers' vehicles with the customers as passengers or other persons as passengers? If so, provide details. Yes No

16. Do you conduct any other operations (for example, consulting services, customer auto services, or concierge services)? If so, describe each operation and provide annual receipts. Yes No

Description of Operation	Annual Receipts
	\$
	\$
	\$
	\$

17. Are you under contractual agreement to maintain the premises of any of the parking lots you operate for others? Yes No

a. Do you keep a regular written report of the maintenance of equipment and premises? Yes No

b. List your maintenance and housekeeping responsibilities (such as asphalt repair, lot sweeping, lot de-icing, oil-slick removal, light-bulb replacement, and so forth).

c. Do you submit written reports to the management company or property owner when repairs are needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Do you hire security guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If they are your employees, indicate their annual payroll:	\$	
b. If they are from a security firm, indicate the annual cost:	\$	
c. Are any security guards armed? <i>IMPORTANT NOTE: The ArmorPark program does not provide coverage for parking operators that employ armed security guards.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Do any of your locations use vehicle lifts or elevators? If so, provide the following information for each lift and elevator. (Include these locations on the ArmorPark Schedule of Locations.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Description of Device and Use	Vehicle Capacity

20. Do you own or operate under contract any open motorized vehicles (such as golf carts) and use them for transporting patrons or employees? If so, provide the following information for each type of vehicle. <i>IMPORTANT NOTE: The ArmorPark CGL&GKLL policy will not provide coverage for these types of vehicles if they are licensed for road use or are driven on any public roads.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Vehicle Description	Passenger Capacity	Total Units	Use	Total Daily Trips

HIRING, TRAINING, AND SAFETY

Parking companies need specific, established policies and procedures for hiring employees and for training employees to handle customer vehicles safely, to protect customer vehicles adequately, to deal appropriately with customers, and to dress professionally on the job. In addition to answering the questions in this section, provide copies of your hiring, training, and safety policies and procedures (including MVR standards) with this application.

21. Do you require current MVRs on all prospective drivers prior to hire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. How often do you update MVRs for your current drivers (i.e., annually, semi-annually, etc.)?		
23. What are your standards for acceptable MVRs? <i>If these exist in writing, include a copy with this application.</i>		
24. Do you participate in any state MVR Pull Notice program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25. Do you have established criteria for determining the acceptability of employees (such as formal employment application, background check, references, drug testing, physical-fitness testing, minimum age requirement, and so forth)? <i>If yes, include a copy with this application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26. Do you have a written employee-training and safety program? <i>If yes, include a copy with this application.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COVERAGE OPTIONS

27. Do you have any written contracts that require "waiver of subrogation" wording?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Do you have any written contracts that require "primary insurance" wording?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Do you wish to add Hired Auto Liability coverage for vehicles that you temporarily hire in the course of your parking operations? If so, provide the following information for each type of auto you expect to hire for this purpose during the upcoming policy term.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type	Number of Days	Passenger Capacity	Use

a. What are your annual costs to hire such vehicles?
 Expiring policy term: \$ _____ Upcoming policy term (projected): \$ _____

30. Do you wish to add excess Non-Owned Auto Liability coverage for employees' use of their personal vehicles on company business? *NOTE: If you have an owned-auto policy, the ArmorPark CGL&GKLL policy cannot provide Non-Owned Auto coverage. Instead, you should add Non-Owned Auto coverage to your owned-auto policy.* Yes No

a. How many of your employees drive their personal vehicles on company business?

b. Describe the types of company business for which employees or supervisors use their personal vehicles:

c. Do you require evidence that employees who drive their personal vehicles on company business carry their own auto liability insurance, and do you maintain a copy in your company records? Yes No

d. Do you require that these employees have minimum limits of at least \$300,000 on their personal auto liability policies? Yes No

31. Do you wish to add Employee Benefits Liability coverage? Yes No

a. Do you have a written employee benefits program established? Yes No

b. Has any claim for this exposure ever been made? Yes No

c. List all benefits offered to employees through your employee benefits program:

d. Provide the retroactive date for Employee Benefits Liability coverage. (Coverage is claims-made.)

32. If you do consulting work, do you wish to add Parking Operators Professional Liability (errors and omissions) coverage? Yes No

SIGNATURE

I declare that I am an owner/partner/LLC member/corporate officer of or an authorized signer for the First Named Insured and that all information contained in this application and in all accompanying documentation is complete and accurate.

SIGNER'S NAME (PRINTED) **SIGNER'S TITLE (PRINTED)**

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SIGNATURE **SIGNATURE DATE**

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