



# Parking Facilities Product Application – All States

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

## I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: \_\_\_\_\_

Location address: \_\_\_\_\_  Same as mailing address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Description of operations:

Number of employees: \_\_\_\_\_

Number of parking spaces at each location \_\_\_\_\_

Applicant is not a property manager or valet company operating the parking facility for the owner  True  False

### Liability Section

Limit:  \$100,000/\$200,000  \$300,000/\$600,000  \$500,000/\$1,000,000  \$1,000,000/\$2,000,000

What are the total annual gross sales? \$ \_\_\_\_\_

Total square feet of each parking lot \_\_\_\_\_

Is the parking facility used for or adjacent to a bar, casino, nightclub, adult entertainment, sports arena or concert area?  Yes  No

Is security employed or subcontracted?  Yes  No

Do any employees carry firearms?  Yes  No

Is an attendant on duty at all times while the facility is open?  Yes  No

Is an independent contractor hired to remove snow?  N/A  Yes  No

If "Yes," is the application additional insured on the snow removal contract's insurance policy?  N/A  Yes  No

How many years ago was the lot last installed, repaired or seal coated? \_\_\_\_\_

What percent of the parking spaces are rented on a monthly or longer basis? \_\_\_\_\_%

Automobile Parking Legal Liability (Not available Alaska, Hawaii, Louisiana, New York, West Virginia, and the City of Detroit MI)

Coverage option, check one if coverage is desired:  Specified causes of loss  Comprehensive coverage

Optional coverage, check if coverage desired:  Collision

Maximum limit per vehicle:  \$30,000  \$50,000

Aggregate limit per policy:  \$200,000  \$300,000  \$500,000  \$1,000,000

Deductible:  \$1,000  \$2,500  \$5,000

### Property Section

Construction:  Frame  Joisted masonry  Non-combustible  Masonry non-combustible  
 Modified fire-resistive  Fire-resistive  Other \_\_\_\_\_

Protection class:

Requested cause of loss:  Basic  Special

Requested valuation:  Replacement cost  Actual cash value

Deductible:  \$1,000  \$2,500  \$5,000

Coinurance:  80%  90%  100%

Building limit \$ \_\_\_\_\_

What year was the building constructed? \_\_\_\_\_

What is the square footage of the entire structure? \_\_\_\_\_ sq. ft.

Business personal property limit \$ \_\_\_\_\_

Business income and extra expense limit \$ \_\_\_\_\_

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## II. LOSS INFORMATION FOR THE PAST THREE YEARS

Liability Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Automobile Parking Legal Liability  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

Property Coverages  None, or provide detail below.

Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is older than 10 years old, please complete the following:

Age of roof \_\_\_\_\_ yrs. Plumbing updated (yr) \_\_\_\_\_ Electrical updated (yr) \_\_\_\_\_ Heating updated (yr) \_\_\_\_\_

Roof type:  Flat  Wood Shake  Shingle  Metal  Tile  Slate  Other \_\_\_\_\_

Plumbing type:  PVC  Copper  Lead  Galvanized  Other \_\_\_\_\_

What type of burglar alarm is on the premises?  Central station  Local  None

IV. ELIGIBILITY CRITERIA

- No past, pending or planned bankruptcy or judgment for unpaid taxes against, the named insured or any officer, partner, member or owner of the applicant individually within the past five years  True  False
- Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri)  True  False  
If "False," advise reason \_\_\_\_\_
- No parking facility under construction or renovation  True  False

General Liability

- No used car lots, car rental, auto repair or any other business operated from premises  True  False
- No tailgating permitted on premises  True  False
- No use of lifts or elevators to move vehicles  True  False
- No animals on premises  True  False
- If the premises is located in a climate exposed to snow and ice, the applicant has procedures in place to promptly clear snow from all sidewalks, walkways and parking areas as well as apply anti-freezing agent  N/A  True  False

Non-owned Automobile

- No Coverage Desired
- Applicant does not have a commercial auto policy in force  True  False
  - Applicant does not regularly shuttle people, deliver goods or products  True  False
  - Applicant's employees or volunteers do not use their personal vehicles on behalf of applicant's business on a regular basis.  True  False

Property - the below criteria does not apply for parking garages or small entrance gate structures

- For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers with a minimum of 100 AMP service  N/A  True  False
- For any building built prior to 1978, there is no aluminum or knob and tube wiring  N/A  True  False
- Functioning and operational smoke and/or heat detectors in all units and/or occupancies  True  False
- Functioning and operational fire extinguishers readily available  True  False
- Business does not operate on a seasonal basis  True  False

Automobile Parking Legal Liability

(General liability coverage must be purchased to receive this coverage)

- If the facility has a combination of self park and attendant park operations, all vehicle keys must be left with the parking attendant  True  False
- All vehicles are parked on ground level?  True  False
- No parking operations that drive on public roads for distances greater than 500 feet  True  False
- No customer vehicles parked on the street  True  False
- No customer keys left in the vehicle  True  False
- No customer keys that are not in a locked and secure area  True  False
- No parking attendant drivers under the age of 21  True  False
- No parking operations that include parking drivers with a criminal record including drug offenses, license suspensions or major moving violations (reckless driving, speeding over 25 mph or more over the posted speed limit, negligent driving, leaving the scene of an accident, vehicular homicide)  True  False

Operator Information (Automobiles, Recreational Vehicles)

Driver Name	Date of Birth	License Number	License State	Moving Violation Convictions (Last 3 Years)	*Major Moving Violation Convictions (Last 3 Years)	At Fault Accidents (Last 3 Years)	Drug or Alcohol Related Offenses (Last 5 Years)

\*Major moving violation convictions include, but are not limited to, speeding 25 or more over the posted limit, evading the Police, leaving the scene, vehicular homicide, driving under a suspended license and reckless driving.

ADDITIONAL APPLICANT INFORMATION

Form of business:  Individual  Corporation  Partnership  LLC  Other \_\_\_\_\_

What year did the business start? \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_ (if different than the location address above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Inspection contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

Audit contact name: \_\_\_\_\_ Telephone/E-mail address: \_\_\_\_\_

**Virginia Notice:** Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

**Minnesota Notice:** The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium."

**Colorado Fraud Statement:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

**District of Columbia Fraud Statement: WARNING:** 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.

**Florida Fraud Statement:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**Kentucky Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine and Washington Fraud Statement:** 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.

**New Jersey Fraud Statement:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New York Fraud Statement:** 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.

**Ohio Fraud Statement:** 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.

**Oklahoma Fraud Statement: WARNING:** 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.

**Pennsylvania Fraud Statement:** 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.

**Tennessee and Virginia Fraud Statement:** 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.

**Fraud Statement (All Other States):** 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

If your state requires that we have information regarding your authorized retail agent or broker, please provide below.

Retail agency name: \_\_\_\_\_ License #: \_\_\_\_\_

Main agency phone number: \_\_\_\_\_

Agency mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_