



A DIVISION OF INNOVATION GROWTH PARTNERS SPECIALTY, LLC

PARKING OPERATOR SUPPLEMENTAL APPLICATION

YOUR INFORMATION

1. Provide the following information for the First Named Insured.

| | | |
|---|---|---|
| First Named Insured (only) <i>List Other Named Insureds on the ACORD 125 application.</i> | Principal Place of Business <i>Enter primary business office address, not a UPS Store or mailbox address.</i> | Mailing Address <i>(if different)</i> |
| | | |

2. Provide the date you began business (mm/dd/yyyy). / /

3. List your memberships in professional parking associations:

4. Indicate the level of deductible you prefer. (Some territories might require higher deductibles.)
 \$5,000 per occurrence
 \$5,000 (\$10,000 vehicle theft) per occurrence
 \$10,000 per occurrence
 Higher amount, per occurrence: \$

5. Provide the following information regarding your current CGL and GKLL coverage (two lines if separate policies):

| Insurance Company | Expiring Premium | Deductible or... | ...SIR |
|-------------------|------------------|------------------|--------|
| | | | / |
| | | | / |

YOUR OPERATIONS

ANNUAL GROSS RECEIPTS DEFINITION

Your total income before any operational costs have been deducted, including wages, insurance, and all overhead. (This does not include "pass-through" receipts, which is money you collect on behalf of others and remit to them.)

6. List annual gross receipts for parking and all other operations for the upcoming, expiring, and prior policy terms:

| Policy Term | Annual Gross Receipts |
|-----------------------|-----------------------|
| Upcoming (projected): | \$ |
| Expiring: | \$ |
| Prior: | \$ |

7. Do you conduct any other operations besides parking? If so, list each one separately below (e.g., on-site activities like customer car-washing, minor auto service, concierge service, and/or others; or on-site or off-site consulting services). Also provide total gross receipts. Yes No

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| <i>Of the Annual Gross Receipts above, how much is attributable to these other operations?</i> | \$ |

PARKING DEFINITIONS

Valet Parking: You take possession of a vehicle from its owner, park the vehicle, and retain the keys. (NOTE: This category includes garages with vehicle lifts, with each slot counting as one valet-parking space.)

Assisted Parking: Vehicle owners park their own vehicles but leave their keys with you, in case the vehicle must be moved.

Self-Parking: Vehicle owners park their own vehicles and retain possession of their vehicle keys.

Special Events: You are hired for a single occasion to provide parking services, such as (a) valet-parking vehicles for a private party or celebrity event or (b) handling parking management or traffic direction for a concert or sporting event at a location where you do not regularly provide such services.

8. Provide total space counts for the upcoming, expiring, and prior policy terms for all of your regular parking locations. *The "upcoming (projected)" totals should match the totals on your Schedule of Parking Locations.*

| Policy Term | Self-parking | Assisted Parking | Valet Parking |
|-----------------------|--------------|------------------|---------------|
| Upcoming (projected): | | | |
| Expiring: | | | |
| Prior: | | | |

9. 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 _____

10. How many of your employees are affiliated with your parking operations?

Full-time _____ Part-time _____

11. 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

12. 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.

13. What type of ticket system do you use?

2-part 3-part 4-part Other: _____

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")—*including how often you do each one you list.* Yes No

15. Do you ever drive customers' vehicles with the customers as passengers? (This includes "courtesy chauffeur" services for inebriated/impaired customers and/or airport customers, as well as on-call services.) Yes No

16. Do you hire security guards? Yes 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? *IMPORTANT NOTE: We do not provide coverage for parking operators that employ armed security guards.* Yes No

17. Do any of your locations use vehicle lifts or elevators? *If so, report each location on the Schedule of Parking Locations and enter the maximum vehicle capacity under Valet Parking.* Yes No

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| 18. 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 CGL/GKLL policy will not provide coverage for these types of vehicles if they are driven on any public roads.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| Vehicle Description | Passenger Capacity | Total Units | Use | Total Daily Trips |
|---------------------|--------------------|-------------|-----|-------------------|
| | | | | |
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PARKING LOCATION RISK MANAGEMENT

19. Which of the following are used at your owned or managed parking locations? Check "all" if used at all locations or "some" if NOT at all locations. Leave unchecked if not used at any locations.

| | | |
|---|------------------------------|-------------------------------|
| a. Bright lighting in all areas | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| b. Security cameras | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| c. Call boxes strategically located on each floor of garage or throughout lots | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| d. Fire extinguishers | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| 20. Are you under contractual agreement to maintain the premises of any of the parking lots you operate for others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Do you keep a regular written report of the maintenance of equipment and premises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you submit written reports to the management company or property owner when repairs are needed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. Which of the following maintenance protocols do you use at your parking locations? Check "all" if used at all locations or "some" if NOT at all locations. Leave unchecked if not used at any locations.

| | | |
|--|------------------------------|-------------------------------|
| a. Lighting repair and replacement | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| b. Sidewalks and stairwell inspections and maintenance | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| c. Ramp and deck inspections and maintenance | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| d. Call-box functionality | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| e. Camera cleaning, monitoring, and replacement | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| f. Fire extinguisher service, tags, and repair | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| g. Asphalt repair | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| h. Lot sweeping | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| i. De-icing and snow removal | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| j. Oil-slick removal | <input type="checkbox"/> All | <input type="checkbox"/> Some |
| k. OTHER (Describe below.) | <input type="checkbox"/> All | <input type="checkbox"/> Some |

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.

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| 22. Do you require current MVRs on all prospective drivers prior to hire? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. How often do you update MVRs for your current drivers (i.e., annually, semi-annually, etc.)? | | |
| 24. What are your standards for acceptable MVRs? | | |
| 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 Employee Benefits Liability coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Do you have a written employee benefits program established? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Has any claim for this exposure ever been made? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) | | |
| 30. If you do consulting work, do you wish to add Parking Operators Professional Liability (errors and omissions) coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

READ AND ACKNOWLEDGE THE FOLLOWING PARAGRAPH (required):

The ArmorPark CGL/GKLL policy does not provide coverage for vehicles that you operate for others (such as shuttles or service vehicles owned by a hotel or dealership but driven by your employees under agreement). This operation must be insured on a separate Automobile policy. *Check here to acknowledge.*

CONTINUE TO THE NEXT PAGE

to answer questions regarding Hired Automobile Liability and Non-owned Automobile Liability **and to sign this application.**

NOTE: The ArmorPark CGL/GKLL policy does not provide coverage for vehicles that you operate for others (such as shuttles or service vehicles owned by a hotel or dealership but driven by your employees under agreement). Coverage for these vehicles is not provided under Hired Automobile Liability or Non-Owned Automobile Liability coverage. This operation must be insured on a separate Automobile policy.

NOTE: If you own company automobiles and have an Automobile policy, the ArmorPark CGL/GKLL policy cannot provide either Hired Automobile Liability or Non-Owned Automobile Liability coverage. These lines of coverage should be added to your owned-automobile insurance policy instead.

HIRED AUTOMOBILE LIABILITY AND NON-OWNED AUTOMOBILE LIABILITY

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|--|------------------------------|-----------------------------|
| 31. 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. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. How much did hiring vehicles cost you during the past year? | \$ | |
| b. Estimate the cost of hired vehicles for the upcoming year. | \$ | |
| c. How many vehicles do you expect to hire for the upcoming year? | | |
| d. Describe the types of vehicles you expect to hire for the upcoming year, including maximum passenger capacity and usage (for example, transporting employees to work locations, transferring patrons from remote lot to location of event, and so forth). | | |
| 32. Do you wish to add excess Non-Owned Auto Liability coverage for employees' use of their personal vehicles on company business? If so, provide the following information. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Do you have a written company policy requiring employees who use their personal vehicles on company business to carry their own personal automobile liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do you maintain records of their personal automobile liability insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. What is the minimum required liability limit the employees must carry in order to use their cars on company business? | \$ | |
| d. How many employees use their personal autos for company business? | | |
| e. Describe the types of company business for which employees or supervisors use their personal vehicles. <i>(Using personal autos for company business does not include driving to and from work.)</i> | | |

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) |
| | |
| SIGNATURE | SIGNATURE DATE |
| | |