



Insurance Systems & Solutions

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## Insurance Application for California Valet and Parking Risk

*This Application must be completed by the company owner, authorized principal or designee ("Applicant") on behalf of the entity for whose benefit insurance is being requested.*

### 1. Producer Contact Information

Producer Name:

Contact:

Phone:

Ext.

Email:

Website:

### 2. Applicant Contact Information

Applicant Name:

dba(s):

Business Form:

FEIN/SSN:

Mailing Address:

Unit No.:

City:

Zip:

Contact:

Ext.

Email:

Is this address where the Applicant also conducts garage operations? Yes No

### 3. Insurance History

List all insurance policies carried over the past three (3) years, if applicable:

*(Start with expiring (or most recent) policy)*

Check if no prior insurance:

Exp. Date	Carrier Name	Policy No.	Liability Limit	Premium
			\$	\$
			\$	\$
			\$	\$

### 4. Loss/Claim History

Check if no prior claims:

Date of Loss	Description of Loss	Amount Paid	Status
		\$	
		\$	
		\$	

**5.A.1. Rating for this Location: (Location No(s). )**

(Indicate a number count for each)	Full Time	Part Time
Owners/Officers:		
Lot Attendants:		

**B.1. Limits for this Location: (Location No(s). )**

Garage Liability	Aggregate	Liability Deductible	Liability Endorsements
Damage to Rented Premises	Medical Pay	Medical Pay Type	
Garage Keepers Liability	Deductible	GKLL Type	

(For additional locations, completed and attach: “**Valet Risk-Additional Location Addendum**”)

**6. General Business Operation Information**

- How many years has the Applicant been in the valet parking business? \_\_\_\_\_
- How many years of experience does Applicant have in the valet parking industry? \_\_\_\_\_
- Does the Applicant check MVRs on all new hires? ----- Yes No
- Are MVRs updated on all employees on a yearly basis? ----- Yes No
- Does the Applicant train all new hires? ----- Yes No
- Does the Applicant hold safety meetings on a regular basis? ----- Yes No
- Does the Applicant distribute safety literature, if any, to employees? ----- Yes No
- Does the Applicant review accidents (if any) with the employees? ----- Yes No
- Does the Applicant have someone designated as a safety director? ----- Yes No
- Does the Applicant keep accident reports? ----- Yes No
- Does the Applicant carry workers compensation insurance? ----- Yes No
- Are all of the owners and employees of the Applicant over age 21? ----- Yes No
- Does the Applicant use a two or three part ticket system? ----- Yes No
- Are any keys left in the customer's vehicles? ----- Yes No
- Are customer's vehicles kept overnight? ----- Yes No
- What are the Applicant's hours of operation? -----
- What % of customer cars are parked on the street instead of a designated lot? %
- What % of the Applicant's yearly gross receipts comes from:
 

Valet Parking at regular location:	%
Special Events:	%
Customer Self-Parking:	_____%
	(100%)
- For what % of these businesses does the Applicant provide valet service:
 

Restaurants:	%
Nightclubs:	%
Offices:	%
Other:	_____%
(Describe)	(100%)

## 7. Personnel

	Full Name	DOB (mm/dd/yy)	Location(s)	Hours	License No.	State
1.				FT PT		
2.				FT PT		
3.				FT PT		
4.				FT PT		
5.				FT PT		
6.				FT PT		
7.				FT PT		
8.				FT PT		
9.				FT PT		
10.				FT PT		
11.				FT PT		
12.				FT PT		
13.				FT PT		
14.				FT PT		
15.				FT PT		

(For additional personnel, completed and attach: “**Valet Risk-Additional Personnel Addendum**”)

## 8. A. Property Coverage: Location No.: Building No.

(Note: each building at the Location must be separately disclosed and rated)

Coverage	Limits	Cause of Loss	Deductible	
Building:		}		Bldg. Construction:
Contents:				Bldg. Sq. Footage: Sq. ft.
Bus. Income:				Bldg. Const. Year:
Outdoor Signs:				Number of stories:
				Central Station Alarm: <input type="radio"/> Yes <input type="radio"/> No

- Required: Protection Class:
- Does the Building have a wood shake roof? ----- ☐ Yes ☐ No
- Are there any fire hazards (gas pumps, OPEN fuel containers) at Location? ----- ☐ Yes ☐ No
- Are there operable and tagged fire extinguishers mounted and easily available in the Building? ----- ☐ Yes ☐ No
- Are there “No Smoking” signs clearly posted where combustibles are stored in the Building? ----- ☐ Yes ☐ No
- Is there an automatic sprinkler system in the Building? ----- ☐ Yes ☐ No
- Are there smoke or fire alarms in the Building? ----- ☐ Yes ☐ No
- What is the condition of the Building? ----- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- What is the condition of the neighborhood? ----- ☐ Excellent ☐ Good ☐ Fair ☐ Poor
- Date of last upgrades to the following:
 

Wiring	Heating	Plumbing	Roof
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(Please indicate the month and year (mm/yy))

**B. Additional Interests in Property:**

Check if there are NO additional interests in the Property:

**Interest No 1: Location No.:**

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	State:	Zip:

**Interest No 2: Location No.:**

Description of Interest	Address		
	Name:		
Reference/Loan No.	Street:		
	City:	CA	Zip:

**9. Scheduled Autos****VEHICLE NO. 1**

Year:

Make:

Model:

Last 4 VIN:

**COVERAGES**Liability LimitsLiability DeductibleComp. & Collision

Comp. &amp; Collision Deductible

Med Pay

UMBI

**VEHICLE NO. 2**

Year:

Make:

Model:

Last 4 VIN:

**COVERAGES**Liability LimitsLiability DeductibleComp. & Collision

Comp. &amp; Collision Deductible

Med Pay

UMBI

(For additional scheduled autos, completed and attach: **"Valet Risk-Additional Scheduled Auto Addendum"**)

POLICY NUMBER:

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WARRANTY FOR UNDISCLOSED DRIVERS

This endorsement modifies the Insurance provided under the following:

COMMERCIAL AUTOMOBILE COVERAGE  
FORM GARAGE COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: At Policy Inception	
Named Insured:	Countersigned By:

(Authorized Representative)

The insured hereby agrees and warrants that as a condition of this policy there is no coverage under this policy for any and all losses, claims, actions, lawsuits or damages arising out of an accident or incident in which the insured's driver or employee was involved UNLESS:

1. The Identity of that driver or employee was expressly disclosed in writing to **Trisura Specialty Insurance Company**, along with an acceptable MVR, prior to hiring and prior to the subject accident or incident and;
2. **Trisura Specialty Insurance Company** has approved, in writing, the acceptability under this policy of that driver or employee prior to the subject accident or incident and;
3. Any and all additional premium, fees and taxes have been paid prior to the subject accident or incident.

Agreed to by:

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Signature of First Named Insured or Named Insured

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Title of Named Insured(Owner/Partner/Corporate Officer)  
  

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## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Program Reauthorization Act of 2015 (Pub. L. 114-1, 129 Stat. 3) [TRIPRA 2015], that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an Individual or individuals acting on behalf of any person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United State Government by coercion. Coverage under your existing policy may be affected as follows:

ANY IN-FORCE TERRORISM EXCLUSIONS FOR ACTS OF TERRORISM, AS DEFINED IN THE ACT ALREADY CONTAINED IN YOUR POLICY OR INCLUDED IN AN ENDORSEMENT ARE NULLIFIED AS OF NOVEMBER 26, 2002.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. UNDER THIS FORMULA, THE UNITED STATES PAYS 90% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

[X] I hereby elect to have the exclusion for terrorism coverage reinstated. I understand that **I will have no coverage** for losses arising from acts of terrorism that were previously excluded

\_\_\_\_\_  
Policy Holder/Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Signature

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## **REJECTION OF ALL UNINSURED/UNDERINSURED MOTORIST COVERAGE**

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

The California Insurance Code requires an insurer to provide uninsured motorists coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to agree to provide the coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the Insurance Code but not less than the financial responsibility requirements. Uninsured motorists coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, that the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I completely reject and delete Uninsured/Underinsured Motorist Coverage entirely.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

## 10. Agreement of Insurance Applicant

(This document MUST be read and fully understood by the Applicant prior to signature.)

Applicant Name: \_\_\_\_\_  
dba(s): \_\_\_\_\_ ("Applicant")

1. I fully understand and agree that absolutely NO INSURANCE coverage whatsoever is applied for other than the insurance coverage that I have requested in this Application. I further understand and agree that absolutely NO INSURANCE coverage is effective until such insurance coverage is accepted and bound by the insurance company and payment is made for such insurance.
2. I understand, agree and warrant that all of the information provided by me and my insurance broker in this Application (as well as any information provided by either me or my broker that is related to this Application) is true and correct. I further understand and agree that if any of the information provided in this Application is not true then any and all insurance coverage will be void from the effective date of the insurance coverage.
3. I also fully understand and agree that if any of the information provided to the insurance company in this Application (as well as any information provided by either me or my broker that is related to this Application) turns out to be false, my insurance policy may be canceled or rescinded at any time at the option of the insurance company.
4. I also fully understand and agree that this insurance is NOT meant to cover to any driver under 21 years of age and that drivers under 21 years of age ARE EXCLUDED FROM COVERAGE under the insurance, even if I hire or utilize the services of anyone under the age of 21.
5. I have read and understood this entire Application as well as the statements made in this Application. I read and understand English.
6. All of the statements in this Application are EXPRESS WARRANTIES made by me, the Applicant, and relate to the past, present or future. The Application is attached and is fully incorporated into the policy of insurance.
7. My signature below authorizes any and all of my prior insurance companies to release all of my prior insurance and claims information to INSYT Insurance Systems and Solutions, Inc. on behalf of the insurance company upon presentation of a copy of this Agreement.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

## 10. Agreement of Insurance Broker

1. I warrant that all of the information contained in this Application was obtained from the Applicant after I asked the Applicant for the information.
2. I understand and agree that any and all unsigned Applications will be refused for binding and that no insurance coverage will be in force.
3. I understand and agree that no coverage is bound until such time as I receive written confirmation of binding and an assigned policy number.

Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_