

***This Questionnaire is supplemental to and part of the Colony Specialty Garage Application or the Colony Specialty Garage Renewal Application.***

**ALL APPLICANTS (EXCEPT VIRGINIA):** BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY** OR **ARGONAUT MIDWEST INSURANCE COMPANY**, A LICENSED INSURER.

**VIRGINIA APPLICANTS:** BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER.

**Complete for each location**

Business Trade Name \_\_\_\_\_

1. Name of the business for which you provide valet service: \_\_\_\_\_
  - a) Is the Insured an entity other than a valet service? .....  Yes  No
  - b) Address of the business for which you provide valet service: \_\_\_\_\_
  - c) What type of establishment are you parking for?  Restaurant  Bar  Club  Resort  Other \_\_\_\_\_
  - d) What days of the week and hours of the day do you provide valet service? \_\_\_\_\_
  
2. Is the parking lot on their premises? .....  Yes  No
  
3. Do you park customer's cars on the street? .....  Yes  No
  
4. If any parking is not on premises, what is the lot location address?  
 Main Lot: \_\_\_\_\_  
 Overflow Lot: \_\_\_\_\_
  
5. If any parking lot is not on their premises:
 

	<b>Main Lot</b>	<b>Overflow Lot</b>
Do you drive customer's cars on or across a street to get to the lot? . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes": a] is the street more than 2 lanes wide? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b] is the distance driven in either direction over 500 ft from the podium?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
  
6. How many spaces are reserved for valet parking? \_\_\_\_\_
  
7. Is self-parking permitted? .....  Yes  No  
 If "Yes", is self-parking in an area separated from valet parking? .....  Yes  No
  
8. Do you use at least a 3 part ticket (customer, dashboard, key-tag?) .....  Yes  No
  
9. Where do you keep the customer's keys? \_\_\_\_\_
  
10. Do you refuse to give an obviously intoxicated customer his/her car keys? .....  Yes  No  
 If "Yes", do you suggest or provide alternate transportation? .....  Yes  No
  
11. Is the lot manned by an attendant when open? .....  Yes  No  
 If "No," is the lot fenced and gated for controlled access? .....  Yes  No
  
12. Are you required to provide premises security for other than Valet operations? ...  Yes  No  
 If "Yes", describe security ops here:

13. Do you provide valet service for special events? .....  Yes  No  
 If "Yes," describe types of events and their parking locations:

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Please Note: Events must be reported to your agent for pre-approval with a completed Valet Questionnaire.

14. Do you hire employees under the age of 18? .....  Yes  No  
 15. Do you obtain MVR verification on all drivers? .....  Yes  No

**FRAUD WARNING**

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

**DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE APPLICABLE FRAUD WARNING(S).**

**I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.**

**SIGN AND DATE**

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE