Business Auto Insurance Supplement:

Important: Please provide a copy of your current policy Declaration Page listing the Named Insured, Policy Period, Payroll, Coverages, etc., (typically 1-2 pages per policy) and claims history/loss runs.

Coverage Information:

COVERAGES		COVERED AUTO SYMBOLS			LIMITS			
LIABILITY					**CSL**		**BI EA PER/ACC/PD**	
					$		$ /$ /$	
MEDICAL PAYMENTS					**EACH PERSON $**			
UNINSURED/UNDERINSURED					**CSL**		**BI EA PER/ACC/PD**	
					$		$ /$ /$	
HIRED / BORROWED LIABILITY	YES	NO	STATES _____		**COST OF HIRE $**		**IF ANY BASIS____**	
NON-OWNED LIABILITY	YES	NO	STATES _____		**# EMPL**	**# Volunteers**	**# Partners**	
COMP / OTC					**DEDUCTIBLE $**			
COLLISION					**DEDUCTIBLE $**			

COVERED AUTO SYMBOLS	(1) ANY AUTO (2) OWNED AUTOS ONLY (3) OWNED PRIVATE PASSENGER AUTOS ONLY	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER AUTOS ONLY (5) OWNED AUTOS SUBJECT TO NO-FAULT (6) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW	(7) SPECIFICALLY DESCRIBED AUTOS (8) HIRED AUTOS ONLY (9) NON-OWNED AUTOS ONLY

Driver Information (If more space is needed, please attach separate schedule):

DRIVER'S LICENSE #	NAME (LAST, FIRST) CITY, STATE AND ZIP CODE	SEX	DATE OF BIRTH	YEARS' LICENSED	VEHICLE # USED	% OF USE

Vehicle Information:

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE:			COST NEW
		MODEL:		VIN #:		PPT	SPEC	COMM'L	$
GARAGING ADDRESS:									
COVERAGES REQUESTED:		LIAB:	UM/UIM:		MED PAY:	COMP/OTC:		COLL:	
USAGE:		PLEASURE:	FARM:	COMM'L:	RETAIL:	SERVICE:	FOR HIRE:	DRIVEN LESS THAN 50 MI?	DRIVEN BTWN 51-100 MI? / DRIVEN OVER 100 MI?
LIENHOLDER:									

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE:			COST NEW
		MODEL:		VIN #:		PPT	SPEC	COMM'L	$
GARAGING ADDRESS:									
COVERAGES REQUESTED:		LIAB:	UM/UIM:		MED PAY:	COMP/OTC:		COLL:	
USAGE:		PLEASURE:	FARM:	COMM'L:	RETAIL:	SERVICE:	FOR HIRE:	DRIVEN LESS THAN 50 MI?	DRIVEN BTWN 51-100 MI? / DRIVEN OVER 100 MI?
LIENHOLDER:									

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE:			COST NEW
		MODEL:		VIN #:		PPT	SPEC	COMM'L	$
GARAGING ADDRESS:									
COVERAGES REQUESTED:		LIAB:	UM/UIM:		MED PAY:	COMP/OTC:		COLL:	
USAGE:		PLEASURE:	FARM:	COMM'L:	RETAIL:	SERVICE:	FOR HIRE:	DRIVEN LESS THAN 50 MI?	DRIVEN BTWN 51-100 MI? / DRIVEN OVER 100 MI?
LIENHOLDER:									

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE:			COST NEW
		MODEL:		VIN #:		PPT	SPEC	COMM'L	$
GARAGING ADDRESS:									
COVERAGES REQUESTED:		LIAB:	UM/UIM:		MED PAY:	COMP/OTC:		COLL:	
USAGE:		PLEASURE:	FARM:	COMM'L:	RETAIL:	SERVICE:	FOR HIRE:	DRIVEN LESS THAN 50 MI?	DRIVEN BTWN 51-100 MI? / DRIVEN OVER 100 MI?
LIENHOLDER:									

VEH #	YEAR	MAKE:		BODY TYPE:		VEHICLE TYPE:			COST NEW
		MODEL:		VIN #:		PPT	SPEC	COMM'L	$
GARAGING ADDRESS:									
COVERAGES REQUESTED:		LIAB:	UM/UIM:		MED PAY:	COMP/OTC:		COLL:	
USAGE:		PLEASURE:	FARM:	COMM'L:	RETAIL:	SERVICE:	FOR HIRE:	DRIVEN LESS THAN 50 MI?	DRIVEN BTWN 51-100 MI? / DRIVEN OVER 100 MI?
LIENHOLDER:									

Automobile & Valet Parking Underwriting Supplement

Business Automobiles

1	Do you have and enforce a distracted driving policy within your organization?	☐ Yes	☐ No
2	Are any owned vehicles allowed for personal or vacation use?	☐ Yes	☐ No
3	Do you have a planned schedule of regular vehicle inspection & maintenance?	☐ Yes	☐ No
4	Do you have self-powered vehicles or semi-trailers customized as mobile clinics?	☐ Yes	☐ No
4a	If "Yes" describe garaging: ☐ Indoor garage ☐ Fenced-in lot ☐ Open parking lot ☐ Covered awning ☐ Premises patrolled by security firm ☐ Employee residence		
4b	If "Yes" list the supplier(s) of your mobile clinic unit(s):		

Valet Parking – Garage Keepers Legal Liability Coverage

Location No: Complete this section for each location with valet parking

Desired limits per location (select one): ☐ $30,000 ☐ $60,000 ☐ $180,000 ☐ $300,000

Deductibles: Collision - $500 and Comprehensive - $ 500 per Auto/$2,500 per Occurrence

1	Is valet parking on-premises?	☐ Yes	☐ No
1a	If no, list locations: ☐ Owned		☐ Leased
2	Do you park client's autos on the street	☐ Yes	☐ No
3	Are valet spaces separately identified from public parking?	☐ Yes	☐ No
4	Do you use a 3-part ticket system (client, dashboard, with the keys)?	☐ Yes	☐ No
5	Where do you keep client's keys?		
6	Do you drive clients' vehicles on public streets?	☐ Yes	☐ No
7	If yes, how far? Operated on streets other than 2 lanes?	☐ Yes	☐ No
8	Please identify employees permitted to valet park clients' vehicles		

8a	Name	DL Number	DOB