

***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 Special Event**

Named Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

1. Nature of the Special Event: \_\_\_\_\_
  - a. Address of Special Event for which you will provide valet service: \_\_\_\_\_
  - b. Date(s) of event \_\_\_\_\_
  - c. Duration of event:  1 day (up to 12 hours)  2 days  3 days  
 More than 3 days, specify duration: \_\_\_\_\_
  
2. What type of venue is this location?  Restaurant  Bar  Country Club  Church  Other \_\_\_\_\_  
 If "Other" is this a private residence? . . . . .  Yes  No  
 If yes, is there any street parking? . . . . .  Yes  No  
 If yes, provide details: \_\_\_\_\_
  
3. For Events not at a private residence, is the parking lot on premises? . . . . .  Yes  No
  
4. If any parking is **not on premises**, answer the following questions:
  - a. What is the parking lot address? \_\_\_\_\_
  - b. Will you drive customer's cars on or across a street to get to the lot? . . . . .  Yes  No  
 If yes:
    - 1) Is the street more than 2 lanes wide? . . . . .  Yes  No
    - 2) Is the distance driven in either direction over 500 ft **from the podium**? . . . . .  Yes  No
  - c. Will you park customer's cars on the street? . . . . .  Yes  No  
 If yes, provide details: \_\_\_\_\_
  
5. How many spaces are reserved for valet parking for this Event? \_\_\_\_\_
  
6. Garagekeepers Legal Liability Limits required for this event (Deductible is the same as currently on policy):  
 \$250,000  \$500,000  \$750,000  \$1,000,000  Over \$1,000,000
  
7. Is self-parking permitted? . . . . .  Yes  No  
 If yes, is self-parking in an area separated from valet parking? . . . . .  Yes  No
  
8. Where will you keep the customer's keys? \_\_\_\_\_
  
9. Will you refuse to give an obviously intoxicated customer his/her car keys? . . . . .  Yes  No  
 If yes, will you suggest or provide alternate transportation? . . . . .  Yes  No
  
10. Will the lot be manned by an attendant when open? . . . . .  Yes  No  
 If no, describe lot security: \_\_\_\_\_

11. Are you providing premises security for other than Valet operations? .....  Yes  No

If yes, describe security ops: \_\_\_\_\_

12. Will you be hiring additional employees for this event? .....  Yes  No

If yes, list names here and attach MVRs. \_\_\_\_\_

**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