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|  | James River Insurance Company and its Subsidiaries 6641 West Broad Street, Suite 300 Richmond, VA 23230 | Garagekeepers Liability Supplemental |
| | | GENERAL CASUALTY Division Email to GC@jamesriverins.com or, Fax to 804-420-1054 |
| APPLICANT'S INSTRUCTIONS: <ol style="list-style-type: none"> 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded. 2. Application must be signed and dated by the owner, partner, or officer not earlier than 45 days before the proposed effective date of coverage. 3. Please read the statements at the end of this application carefully. Thank you! | | |

GARAGEKEEPERS LIABILITY SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Area of risk: Metro City Suburb Rural

Proposed Effective date: _____ Proposed Expiration date: _____

GENERAL INFORMATION

Addresses of all premises where you conduct garage operations ("garage operations" include auto repair shops, service stations, storage garages or public parking places):

| LOCATION # | ADDRESS |
|------------|---------|
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(If you are conducting garage operations at more than one location, please answer all of the following questions for each location.)

What is the nature of your primary business?: _____

Which of the following operations are you conducting with respect to this application for insurance coverage:

- Auto Repair Shop
 Service Station
 Storage Garage
 Public Parking
 Tenant Parking
 Valet Parking
 Other : _____

What is the maximum number of vehicles that can be parked or stored at your location at any given time?: _____

Maximum value any one vehicle:\$ _____

Limits requested per location? \$ _____

Description of parking location(s):

a. Are all vehicles parked inside a building or garage?: Yes No

b. Are all vehicles parking in an open lot?: Yes No

If "no" to a&b above, please provide detail of the location _____

Do all customers park their own vehicles and retain keys 100% of the time? Yes No

If no, VALET PARKING section, below, must be completed in its entirety.

VALET PARKING

Do you provide valet or attendant parking services?: Yes No

Do your own employees perform valet or attendant parking or do you use subcontractors to perform this service?:

If your own employees provide parking and/or attendant services, please answer the following:

Are background investigations conducted prior to hiring? Yes No

Do you review MVRs of employees who park customer vehicles? Yes No

If subcontractors perform valet parking operations, are they required to provide COIs with limits of at least \$1,000,000 and name you as an Additional Insured?: Yes No

Please submit a copy of this COI along with this completed application.

Are customer vehicles parked exclusively at locations scheduled on page 1? Yes No

Do valets ever have occasion to move a customer's vehicle off a scheduled location?: Yes No

VEHICLE SECURITY

Is your parking area left unattended during operational hours? Yes No

If no, minimum number of attendants on duty and their hours?: _____

Are criminal background investigations, reference checks, and MVR reviews conducted on all attendants prior to hiring? Yes No

If no, please explain the pre-employment screening techniques that you use:

How are vehicles kept secure from theft (please describe in detail)?:

Are keys ever left in the vehicle? Yes No

If no, please explain your procedure regarding storage of vehicle keys:

If vehicles in your care are parked in a garage, please answer the following questions:

Describe the type of lock system in place for your garage:

Type of burglar alarm system used: _____

Does the parking facility have more than one floor? Yes No
If yes, give the number of total floors and please describe how ramp exits and elevators are protected:

If vehicles in your care are parked in an open lot, please answer the following questions:

Is the lot completely fenced? Yes No

Other perimeter protection from theft and/or vandalism in place?

How are exits and entrances supervised (please describe in detail)?:

AUTO SERVICE RISKS

Are customer vehicles ever left in an unsecured lot or parking area overnight? Yes No

Do you offer vehicle pick up and/or delivery service? Yes No

Do you test drive customer vehicles off premises? Yes No

LOSS EXPERIENCE

In the past 5 years, have you incurred any Garagekeeper's Liability losses? Yes No

If yes, please give details regarding the loss(es):

In the past 5 years, have you been declined or non-renewed for Garagekeeper's Liability Coverage by any insurance carrier? Yes No

If yes, please explain:

NOTICE TO APPLICANT: The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

In New York: 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, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Applicant's Name (print):

Date (MM/DD/YY):
