Submission Checklist

*Please include this coversheet with each submission

	Email (Preferred): **parksure@5starsp.com** Fax Number: **321-757-6147**
Submission for:	Agency Name:
Producer/Contact Name:	Agency Phone Number:
Comments:	

Before sending your submission, please use this checklist to ensure you have included all required documentation. For faster service, please include a copy of this completed form.

Documentation To Quote

_____ ACORD 125 Applicant Info

_____ ACORD 126 General Liability

_____ ACORD 128 Garage Liability

_____ 5Star Parksure Supplement – Supp100 (11/08)

_____ 5Star Parksure Location Supp101 (11/08), if more than one location

_____ Currently valued insurance company loss runs for 4 years-plus current year (must be valued within the last 60 days)

_____ If risk in business less than two years, supply resume of owner(s) detailing experience in parking industry, business plan and projected income statement if available.

_____ Explanation of losses in excess of $25,000

_____ Copy of employee-hiring, training and safety procedures

_____ Current list of valet drivers, including drivers license number

_____ MVRs for all drivers (no more than 60 days old from date submission is received)

Premium History: Expiring Premium: $ _____

Prior Year: $_____

(3) Years Prior: $_____

(4) Years Prior: $_____

Target Price: $ _____ **Quote Required By:** _____

Failure to include copies of all requested information will result in delay of processing and/or immediate rejection of this submission. Please contact 1-800-444-8474 with any questions.

5Star Specialty Programs
A division of Crump Insurance Services, Inc.
158 North Harbor City Blvd.
Melbourne, FL 32935