



VALET AND PARKING SUPPLEMENTAL APPLICATION

Applicant Name: _____

Loc #	Business Name & Location Address	Type of Establishment	Hours and Days	# Parking Spaces
1)	_____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club	Hours: _____	# Valet : _____
	_____	<input type="checkbox"/> Resort <input type="checkbox"/> Condo	Days: _____	# Self Park: _____
	_____	<input type="checkbox"/> Other: _____		
2)	_____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club	Hours: _____	# Valet : _____
	_____	<input type="checkbox"/> Resort <input type="checkbox"/> Condo	Days: _____	# Self Park: _____
	_____	<input type="checkbox"/> Other: _____		
3)	_____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club	Hours: _____	# Valet : _____
	_____	<input type="checkbox"/> Resort <input type="checkbox"/> Condo	Days: _____	# Self Park: _____
	_____	<input type="checkbox"/> Other: _____		
4)	_____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club	Hours: _____	# Valet : _____
	_____	<input type="checkbox"/> Resort <input type="checkbox"/> Condo	Days: _____	# Self Park: _____
	_____	<input type="checkbox"/> Other: _____		
5)	_____	<input type="checkbox"/> Restaurant / Bar <input type="checkbox"/> Club	Hours: _____	# Valet : _____
	_____	<input type="checkbox"/> Resort <input type="checkbox"/> Condo	Days: _____	# Self Park: _____
	_____	<input type="checkbox"/> Other: _____		

What is the average value per vehicle? \$ _____. What is the maximum value per vehicle? \$ _____.

Are you the owner of the premises? Yes No

If yes, is Commercial General Liability coverage in place? Yes No

Are keys secured in a locked cabinet or attended by an employee at all times? Yes No

Do you use at least a 3 part ticket (Keys, Car & Customer) Yes No

Do you park customer's cars off site? If Yes, provide a map with secondary address & traffic route. Yes No

Do you park customer's cars on the street? Yes No

Do you drive customer's cars on or across the street? Yes No

Do you offer services for special events at locations not listed above? Yes No

If yes, how many special events per year and describe locations.

This questionnaire does not bind the Application nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. By signing you are hereby certifying that all information is accurate to the best of your knowledge.

 Signature of Agent

 Date

 Signature of Applicant